



**Michelle Lujan Grisham**  
GOVERNOR

**Katrina Hotrum - Lopez**  
CABINET SECRETARY

# FY23 QUARTER #3 PERFORMANCE REPORT

**Aging and Long-Term Services Department**



# Aging and Long-Term Services Department

## **Agency Mission:**

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

## **Agency Goals:**

The Aging and Long-Term Services Department's three primary goals for FY23 are:

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

**Goal 2:** Expand and Innovate Services

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

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

## AGENCY PROGRAMS

|   |      |
|---|------|
| CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM | P592 |
| ADULT PROTECTIVE SERVICES   | P593 |
| AGING NETWORK   | P594 |

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

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

CERD consists of the following areas:

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

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

### Program Budget (in thousands):

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

| FY23         | General Fund   | Other State Funds | Federal Funds  | Other Transfers | TOTAL          | FTE |
|--------------|----------------|-------------------|----------------|-----------------|----------------|-----|
| 200          | 1,647.2        |                   | 1,032.7        | 1,300.0         | 3,979.9        | 48  |
| 300          | 10.0           |                   | 442.8          |                 | 452.8          |     |
| 400          | 244.6          |                   | 508.4          |                 | 753.0          |     |
| <b>TOTAL</b> | <b>1,901.8</b> | -                 | <b>1,983.9</b> | <b>1,300.0</b>  | <b>5,185.7</b> |     |

### Program Performance Measures:

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

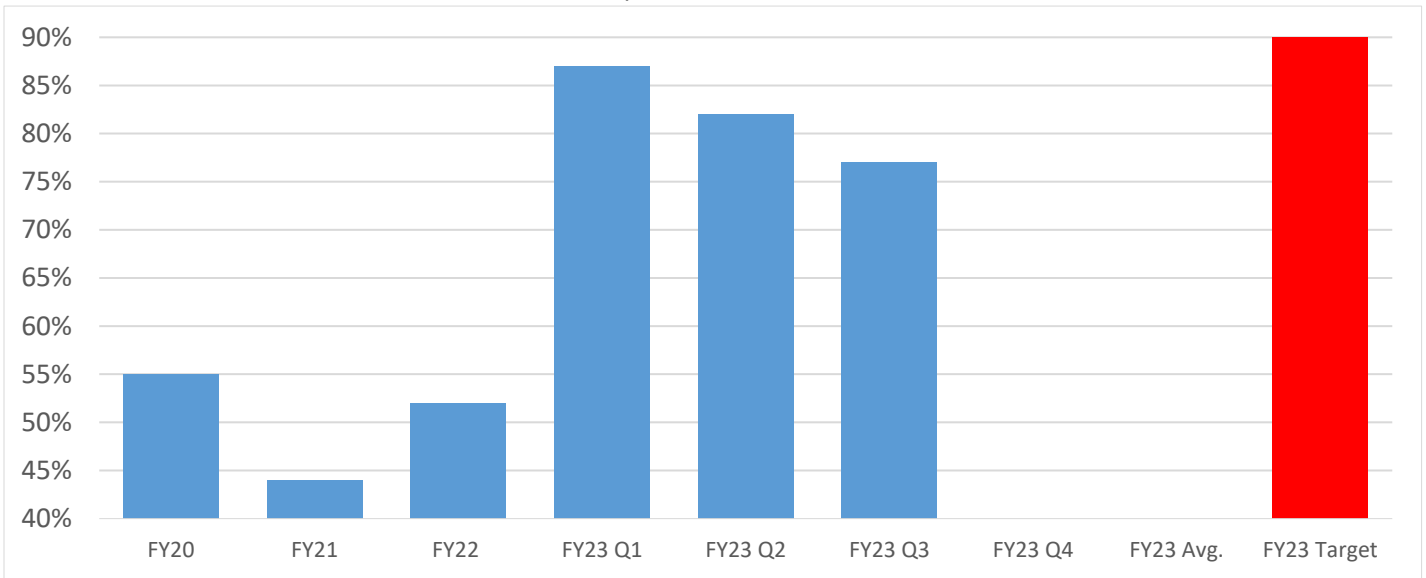
# PERFORMANCE MEASURE #1

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

## Results

| FY20 | FY21 | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 55%  | 44%  | 52%  | 87%     | 82%     | 77%     |         |           | 90%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the third quarter the ADRC received 6,847 calls (an average of 116 calls per day), of which 77% of the calls were answered by a live operator. The ADRC worked with an average of 7 Options Counselors, with the assistance of 1 scheduler who answered live calls. We continue to do a hybrid of answering and handling live calls and scheduling appointments. We have 2 counselors dedicated to appointments, at all times. All other Options Counselors besides the 2 handling live calls were responsible for callbacks and overflow appointments. During the 3rd quarter, we had from 2 to 3 positions vacant, at certain times, which contributed to the 5% decrease from the last quarter. Additionally, we had the assistance of 1 scheduler for the 3<sup>rd</sup> quarter, whereas during the 2<sup>nd</sup> quarter, we had the assistance of 3. Schedulers are solely responsible for answering live calls. Training new staff is a factor with answering calls. During training, a supervisor, who can usually stand-in answering calls, is removed from that duty because they are training, and the

trainee is unable to get on phones until fully trained. Also, there were 2 Holidays during the third quarter, and we had 3 full days and 2 days with 2-hour delays, due to inclement weather. Additionally, we had staff shortages due to leave (sick, annual, and administrative).

**IMPROVEMENT ACTION PLAN:** We hope to fill the vacant Options Counselor positions, to be closer to being fully staffed. Additionally, we are looking into upgrading our system, which would alleviate the issue of abandoned calls because instead of voicemails, it would allow immediate callbacks and the option of CHAT and robotchat, providing additional assistance to live calls. The system upgrade is expected to happen in early FY24.

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

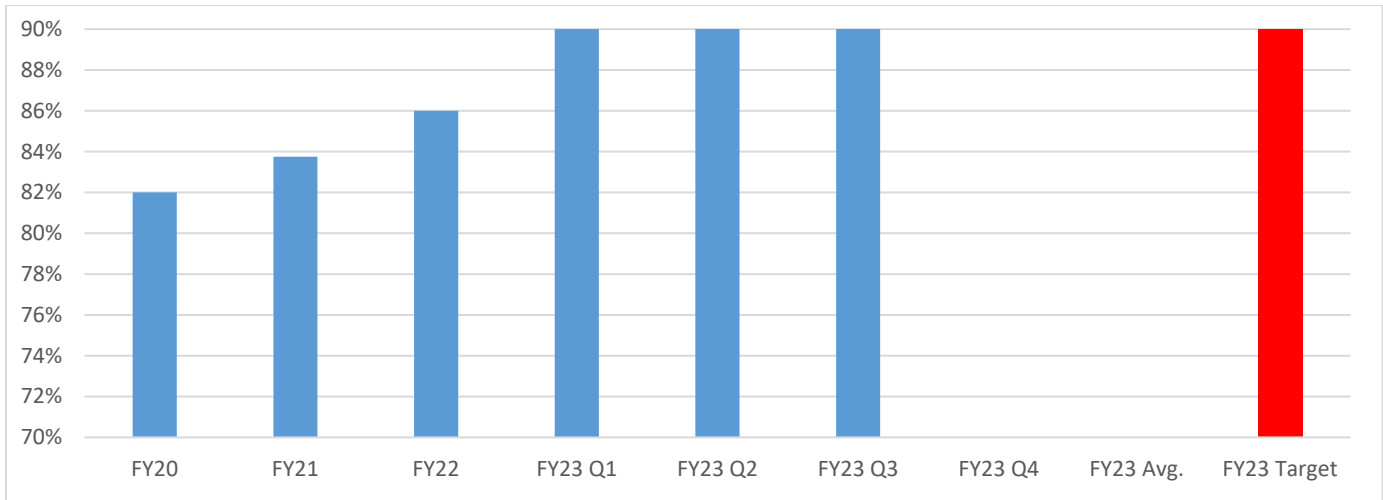
- Medicaid – 4,556 consumers
- Medicare – 2,795 consumers (benefit explanation, enrollment, and counseling)
- PDA – 147 consumers
- COVID – 33 consumers
- VA - 20 consumers

## PERFORMANCE MEASURE #2

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

| FY20 | FY21   | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|-----------|-------------|
| 82%  | 83.75% | 86%  | 98%     | 98%     | 99%     |         |           | 90%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the 3<sup>rd</sup> quarter of FY23, 99% of residents remain in the community for six months following a nursing facility transition. CTU continues to utilize an individualized process to develop a plan for the individual’s transition to engage with clients, families, nursing and assisted living facilities and other agencies. This process guides CTU’s advocacy for the rights and wishes of those wanting to move to a less restrictive environment. As a result of engagement efforts with individuals, CTU has seen a decrease in readmissions to a hospital setting and overall, better care of these clients in any type of setting. Additionally, CTU maintains a working rapport with Managed Care Organizations (MCO), nursing facility staff and many other state agencies, providing education about community resources and Medicaid. These ongoing efforts position the program to have success in its advocacy for all clients on the continuum of least restrictive environments-community-based settings to long-term care settings.

**IMPROVEMENT ACTION PLAN:** CTU will continue to provide updated information on community resources, the community reintegration process to a less restrictive environment, access and supports for residents transitioning from a nursing or assisted living facility to another facility. The program will continue to work with the Managed Care Organizations (MCO’s), facility staff, many other state agencies and with the NM Ombudsman program to increase Medicaid outreach and education among facility staff and residents.

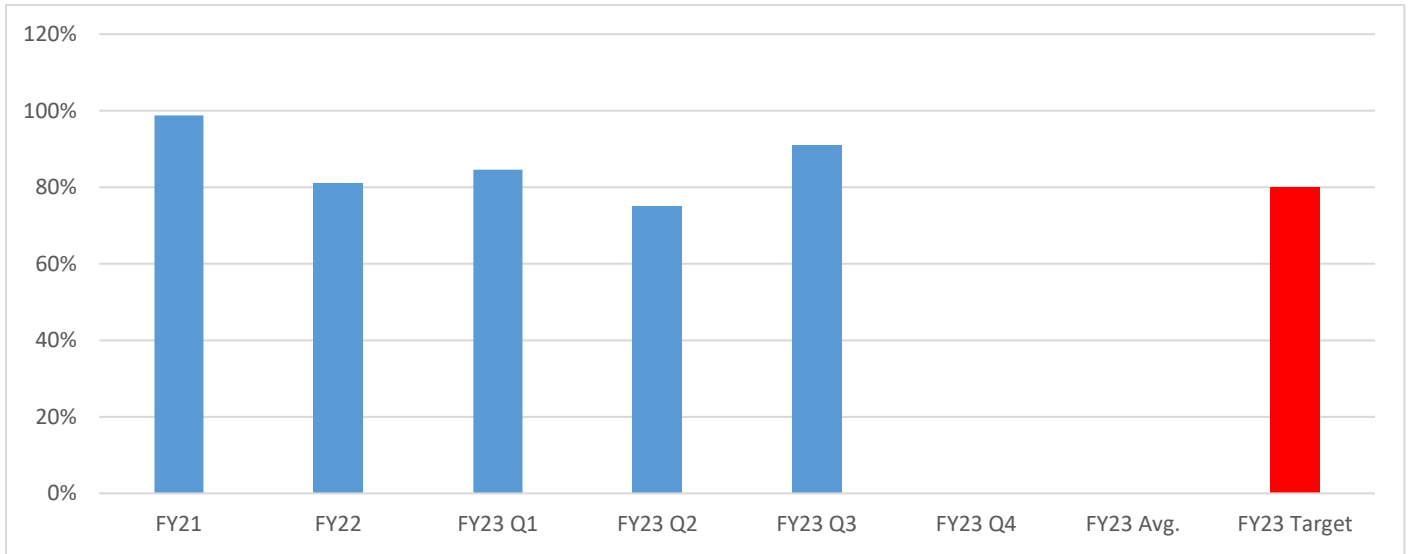
## PERFORMANCE MEASURE #3

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

### Results

| FY20 | FY21   | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|-----------|-------------|
| N/A  | 98.75% | 81%  | 84.6%   | 75%     | 91%     |         |           | 92%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The Short-Term Assistance Program utilizes Regional Coordinators to assist consumers in obtaining services such as Medicaid, Medicare, home modifications, meals, and more that allow them to remain in the community. The program, if fully staffed, has five coordinators throughout the State. During Q3 of 2023, the program had three fully trained coordinators and one new hire. The vacancies caused the percentage of individuals provided short-term assistance that accessed service within 30 days of a referral to fall short of the goal of 92%.

**IMPROVEMENT ACTION PLAN:** The coordinator who was hired on Q3 is now fully trained and we have hired a new coordinator effective April 1, 2023. The increase in staff will improve our outcomes.

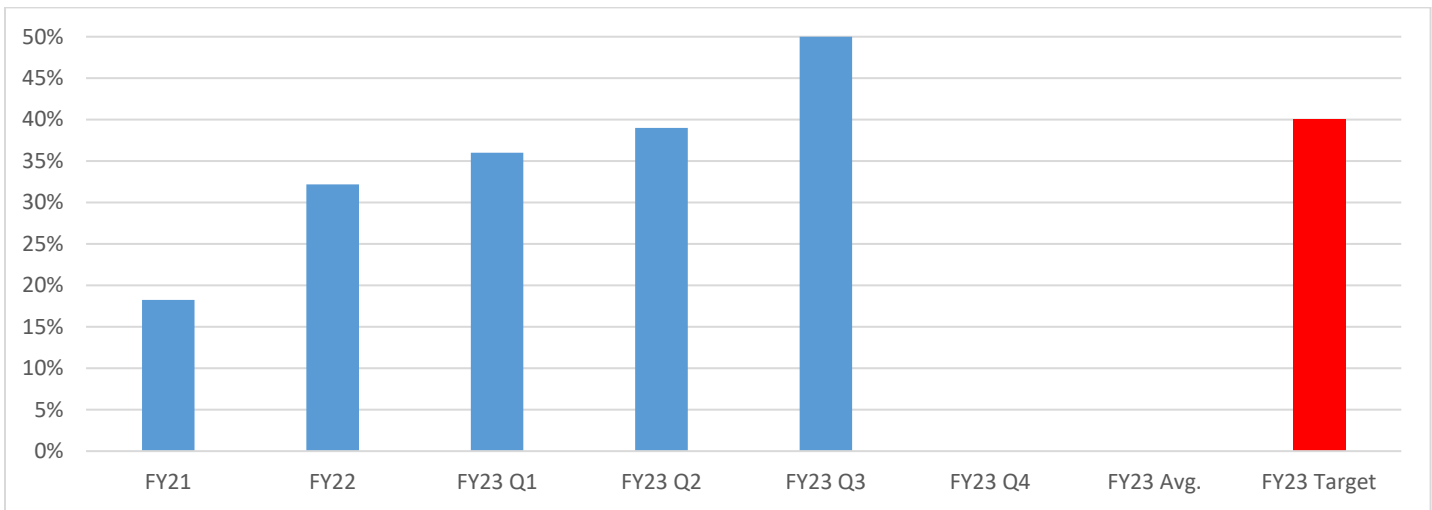
## PERFORMANCE MEASURE #4

### *Percent of Facilities Visited Monthly*

#### Results

| FY20 | FY21   | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|----------|-------------|
| N/A  | 18.25% | 32%  | 36%     | 39%     | 50%     |         |          | 40%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The Long-Term Care Ombudsman Program (LTCOP) utilizes program representatives, including program staff and volunteers to complete in-person visits to nursing facilities (NF) and assisted living facilities (ALF), in response to complaints and for the purposes of quarterly routine visits. The complexity of complaints and investigations impacts the capacity of representatives to make in-person routine visits to additional facilities within a given month. LTCOP is continuously working to increase the capacity to perform more in-person visits, through volunteer recruitment, training, and retention. This includes the implementation of a strategy in which Care Transition Services, which assists individuals with a desire to move to a less restrictive environment, also serve as LTCOP representatives and make in-person visits to facilities that are not otherwise attended to in response to complaints.



**IMPROVEMENT ACTION PLAN:** LTCOP implemented a strategy by which additional program representatives will aim to complete in-person routine visits to each assisted living facility on a monthly basis, as most NFs currently receive monthly in-person visits due to complaints made to the program. The program has filled one vacancy that existed during the 2nd quarter and is actively working on filling other vacancies. Ombudsman regional coordinators will continue to actively engage in community outreach to recruit new volunteers. LTCOP will continue to identify and train Community Advocates – individuals who are inside long-term care facilities for personal or professional reasons – to identify concerns that should be referred to LTCOP and bring awareness to issues at a facility that may not be observed during routine visits.

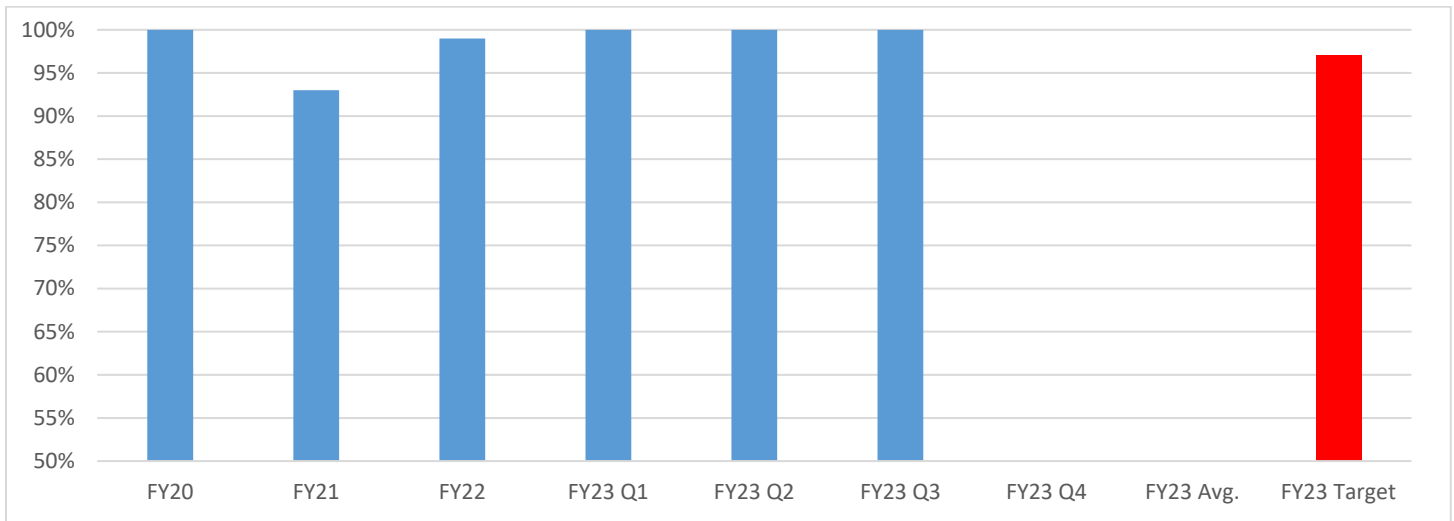
## PERFORMANCE MEASURE #5

*Percent of Ombudsman complaints resolved within sixty days.*

### Results

| FY20 | FY21 | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 100% | 93%  | 99%  | 100%    | 100%    | 100%    |         |           | 97%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** There were 97 cases received by the Ombudsman Program in the 3rd quarter, which encompassed 180 complaints. Out of all complaints received, (100%) were resolved in under 60 days, within an average of 7 days.

**IMPROVEMENT ACTION PLAN:** LTCOP will continue to strive for excellence in case resolution on behalf of long-term care residents, including timely, comprehensive, case resolution for long-term care residents requesting LTCOP assistance.

## Adult Protective Services

**Program Description, Purpose, and Objectives:**

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

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

**Program Budget (in thousands):**

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

| FY23  | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL    | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200   | 8,068.8      |                   |               | 2,200.00        | 10,268.8 | 128 |
| 300   | 1,242.3      |                   |               | 2,176.30        | 3,418.6  |     |
| 400   | 721.4        |                   |               |                 | 721.4    |     |
| TOTAL | 10,032.5     | -                 | -             | 4,376.30        | 14,408.8 |     |

**Program Performance Measures:**

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

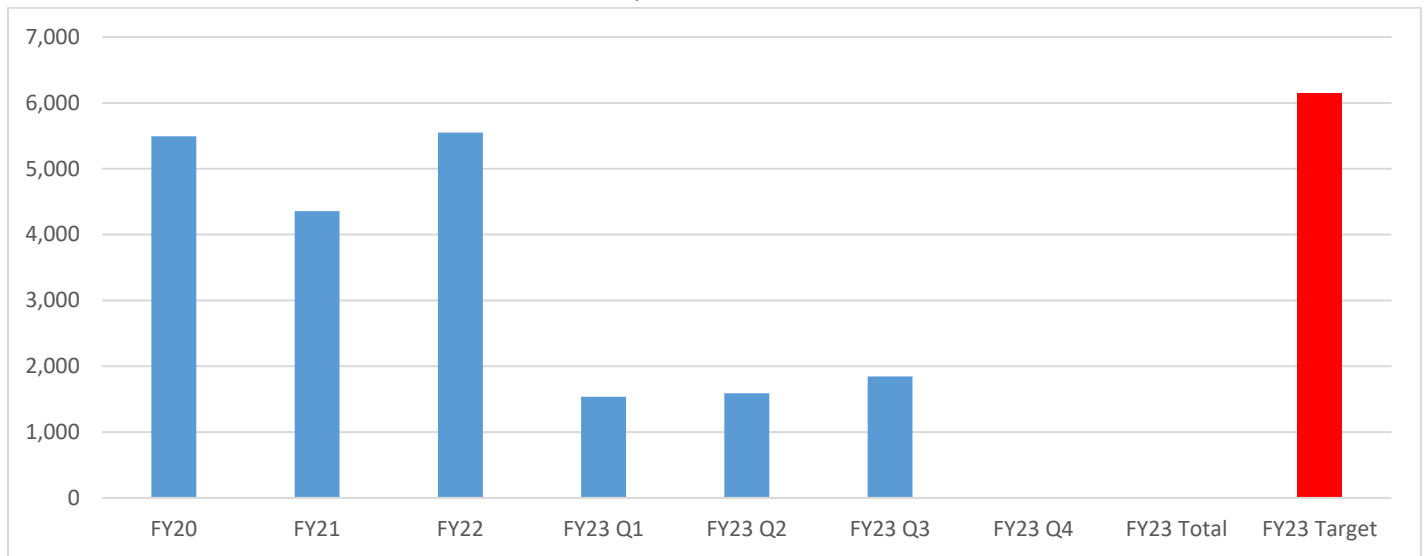
# PERFORMANCE MEASURE #1

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

## Results

| FY20  | FY21  | FY22  | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY23 Target |
|-------|-------|-------|---------|---------|---------|---------|------------|-------------|
| 5,494 | 4,355 | 5,550 | 1,537   | 1591    | 1845    |         |            | 6,150       |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the third quarter of FY23, the public made 3,409 reports of suspected abuse, neglect, or exploitation, of which 1,845 (54.1%) were accepted for investigation. In the third quarter of FY23, there was a 20% increase over the quarter's target. APS will maintain its efforts to investigate suitable referrals.

**IMPROVEMENT ACTION PLAN:** APS will keep screening all reports based on criteria to ensure that relevant ones are directed to their corresponding region. Additionally, APS intends to enhance the utilization of web-based reporting to gather more reports concerning abuse and neglect in the community. This move will offer the public greater access to report such incidents within the state.

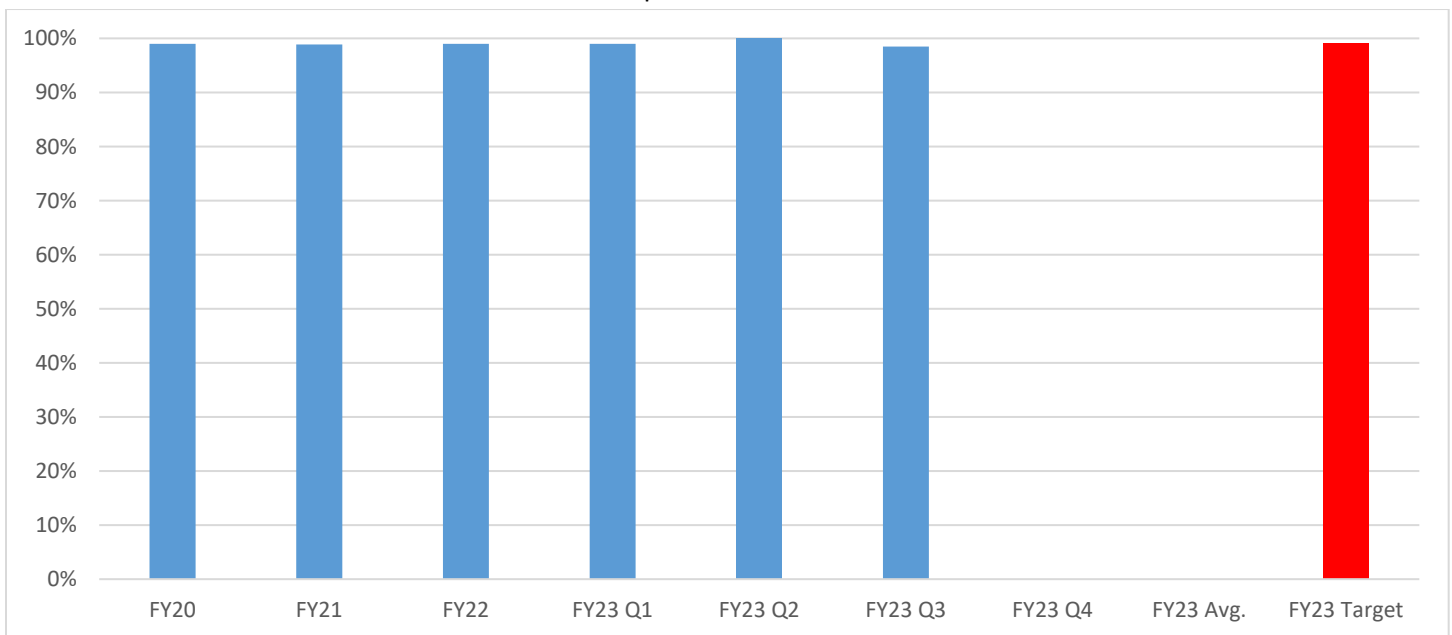
## PERFORMANCE MEASURE #2

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

### Results

| FY20 | FY21   | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|-----------|-------------|
| 99%  | 98.86% | 99%  | 99%     | 100%    | 99.2%   |         |           | >99%        |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS conducted 1,845 investigations during the third quarter of FY23, of which 264 (14.3%) required face-to-face contact within 24 hours or less. Of these, 36 (1.95%) were screened in as Emergencies (E) and 228 (12.3%) were Priority 1 (P1). Staff responded to 262 investigations within the prescribed timeframes. APS responded to 100% of Emergency and Priority 1 investigations. APS supervisors prioritize and coordinate efforts to assign and dispatch investigators to contact victims within 24 hours or less.

**IMPROVEMENT ACTION PLAN:** To maintain accurate and up-to-date case documentation in the Wellsky system, APS field supervisors will conduct regular meetings with their investigators. APS Regional Managers will oversee this process by holding weekly meetings that will review the progress of face-to-face initiations and ensure that supervisors and investigators adhere to established timelines. These meetings will also ensure that caseworker initiations are promptly entered into the Wellsky system.

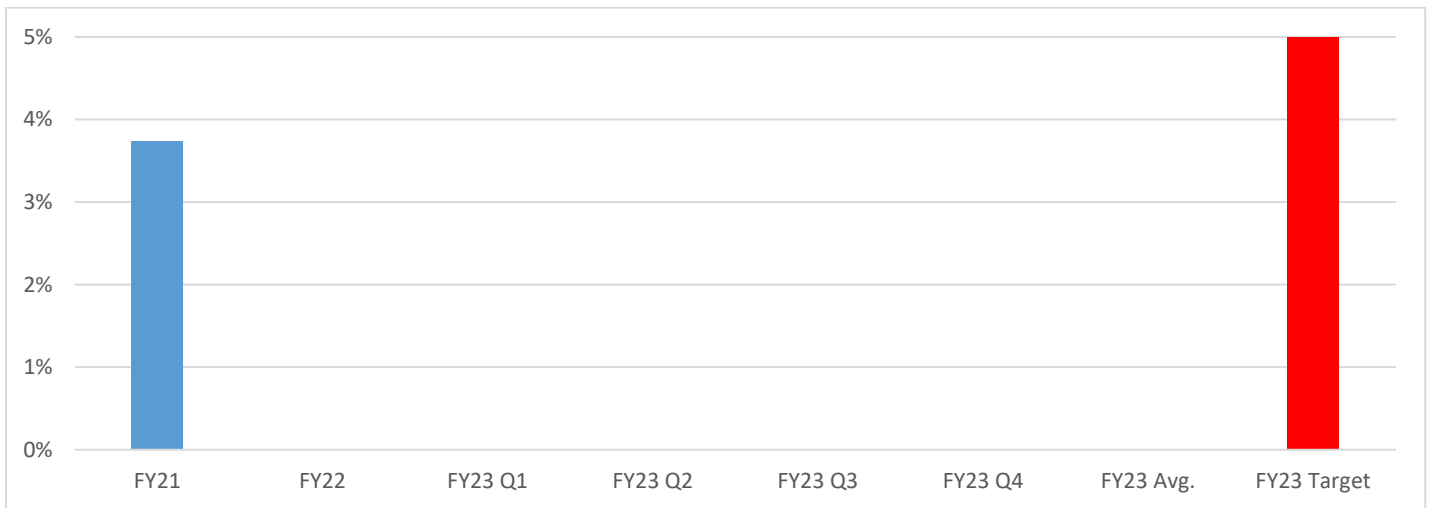
## PERFORMANCE MEASURE #3

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

### Results

| FY20 | FY21  | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|-------|------|---------|---------|---------|---------|-----------|-------------|
| N/A  | 3.74% | 0%   | 0%      | 0%      | 0%      |         |           | 5%          |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS maintains the practice of leaving some cases open to offer limited case management services to those requiring closure attention. During the specified timeframe, APS had cases open for an average of 31 days before closure, which is significantly below the mandatory 45 days stipulated in APS policy. As a result, there have been no cases of recidivism during the second quarter of FY23.

**IMPROVEMENT ACTION PLAN:** APS will continue to keep some cases open longer than what is mandated in order to monitor and provide ancillary case management and referral services.

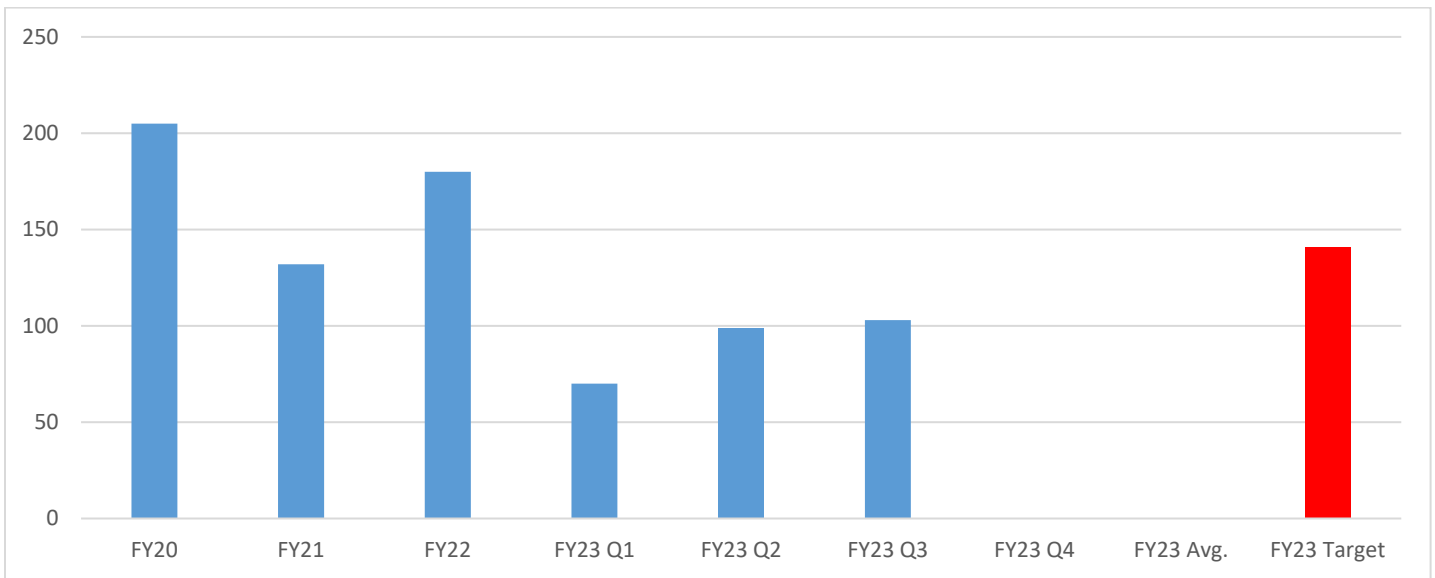
## PERFORMANCE MEASURE #4

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

### Results

| FY20 | FY21 | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY22 Target |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| 205  | 132  | 180  | 70      | 99      | 103     |         |            | 141         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS has increased its outreach and education to the community by 4% over the last quarter. APS supervisors are persistently promoting the prevention of elder abuse and neglect to the community. As COVID restrictions are eased in the community, and concerns about the virus subside, APS supervisors are increasingly being invited to be physically present with community members, including those in urban and rural areas of New Mexico.

**IMPROVEMENT ACTION PLAN:** APS will continue to stay on target through continual supervisory staffing's, and review by Regional Managers. In addition, one-to-one meetings between higher level management and middle management to ensure goals are met on a timely basis.



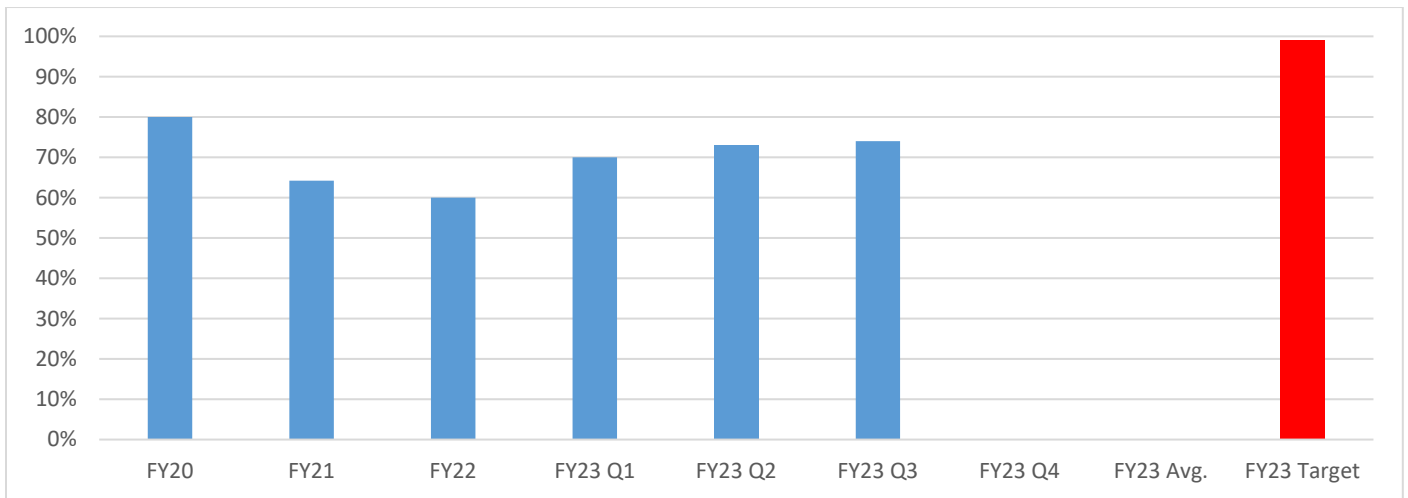
## PERFORMANCE MEASURE #5

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

### Results

| FY20 | FY21   | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|-----------|-------------|
| 80%  | 64.19% | 60%  | 70%     | 73%     | 74%     |         |           | 99%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** This quarter, APS has enlisted more contractors, and it is expected that there will be a fresh approach to initiating new referrals within designated timeframes. The newly recruited contractors are anticipated to display increased motivation and a commitment to perform better than their predecessors in recent quarters.

**IMPROVEMENT ACTION PLAN:** APS provided one-time grants to incentivize local contractors to quickly implement services. These grants enable contractors to recruit and retain caregivers and motivate providers to hire, train, and develop their staff, thereby ensuring that caregivers and staff are ready to meet the needs of APS and its clients.

Moreover, APS is actively recruiting and onboarding additional providers who can fulfill the needs of the state's citizens by delivering services in a timely manner and within established guidelines. Contractors also have easy access to statewide managers and leadership to address any barriers they encounter in meeting client timelines.

APS plans to regularly meet with new and existing providers to assess and assist with any agency-related needs. These meetings will also aid in reducing delays in meeting timelines for contractors.

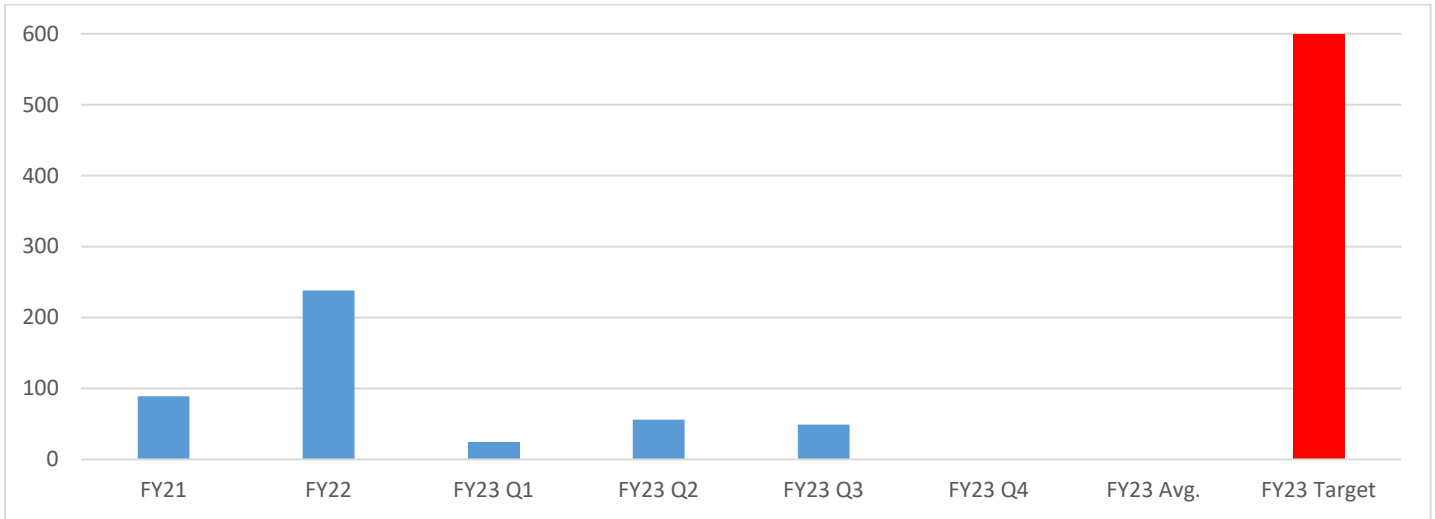
## PERFORMANCE MEASURE #6

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

### Results

| FY20 | FY21 | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY23 Target |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| N/A  | 89   | 238  | 25      | 56      | 49      |         |            | 600         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the third quarter FY23, there were 49 referrals and enrollments into home care and adult day services due to an APS investigation into abuse, neglect, or exploitation. APS completes the community services waiver applications for all home and daycare referred clients. This added measure has contributed as an added factor to the decreased number of referrals. APS investigators can link Medicaid-funded services to APS clients before making a referral for APS-funded services. APS contracts with home care providers to ensure clients that do not qualify for home and community-based services, still have support.

**IMPROVEMENT ACTION PLAN:** APS will continue to identify and enroll clients for referrals as necessary, while also making referrals to providers as the state reopens. As home and day care facilities accept more referrals, APS investigators and supervisors review all cases to determine appropriate referrals. Additionally, APS is encouraging more community businesses to provide home and day care services through incentives and grants designed to develop small businesses in New Mexico.

APS has taken steps to simplify our referral process by allowing individuals to be referred directly to Medicaid home and community-based services without needing APS funding. While this approach improves client outcomes and better serves community needs, it reduces APS's involvement in a process intended to directly aid the client. APS therefore will have lower referral numbers as this more efficient process takes shape.

Additionally, APS is collaborating with the Human Services Department (HSD) and Aging & Disability Resource Center (ADRC) to perform eligibility screenings before making referrals. Furthermore, APS is expanding its provider network to reduce the time it takes to refer clients to appropriate services.

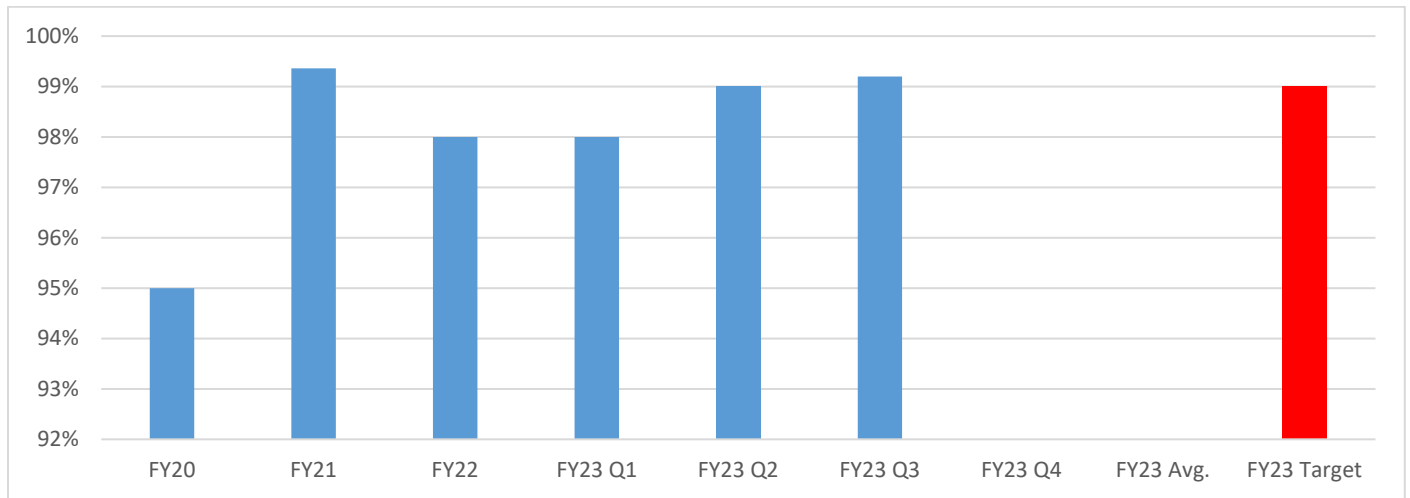
## PERFORMANCE MEASURE #7

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

### Results

| FY20 | FY21   | FY22 | FY23 Q1 | FY22 Q2 | FY22 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|------|---------|---------|---------|---------|-----------|-------------|
| 95%  | 99.36% | 98%  | 98%     | 99%     | 99.2%   |         |           | 99%         |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS conducted 1,845 investigations during the third quarter of FY23, of which 1,581 (85.7%) required face-to-face contact within 5 days or less. APS was able to meet priority two investigation time frames more quickly due to the additional time allowed for these investigations. It gives caseworkers additional time to interview the alleged victim and coordinate a safe way to conduct the face-to-face visit. APS met its target of 99% for the third quarter, FY23.

**IMPROVEMENT ACTION PLAN:** APS field supervisors will continue to meet with their investigators regularly to review and ensure case documentation is updated into the Wellsky system. APS Regional Managers will ensure supervisors and investigators follow timelines for face-to-face timelines. Regional Managers will use excel spreadsheets as a tool to monitor compliance with policy in this area.

## Aging Network

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

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

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

### Program Budget (in thousands):

| FY22  | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL    | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200   | 795.0        | 34.5              | 555.3         |                 | 1,384.8  | 15  |
| 300   | 1,235.1      | 10.0              |               |                 | 1,245.1  |     |
| 400   | 29,570.5     | 71.3              | 11,142.5      |                 | 40,784.3 |     |
| TOTAL | 31,600.6     | 115.8             | 11,697.8      | -               | 43,414.2 |     |
| FY23  | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL    | FTE |
| 200   | 943.8        | 34.5              | 555.3         |                 | 1,533.6  | 18  |
| 300   | 1,735.1      | 10.0              | 307.6         |                 | 2,052.7  |     |
| 400   | 31,042.5     | 71.3              | 10,834.9      |                 | 41,948.7 |     |
| TOTAL | 33,721.4     | 115.8             | 11,697.8      | -               | 45,535.0 |     |

### Program Performance Measures:

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

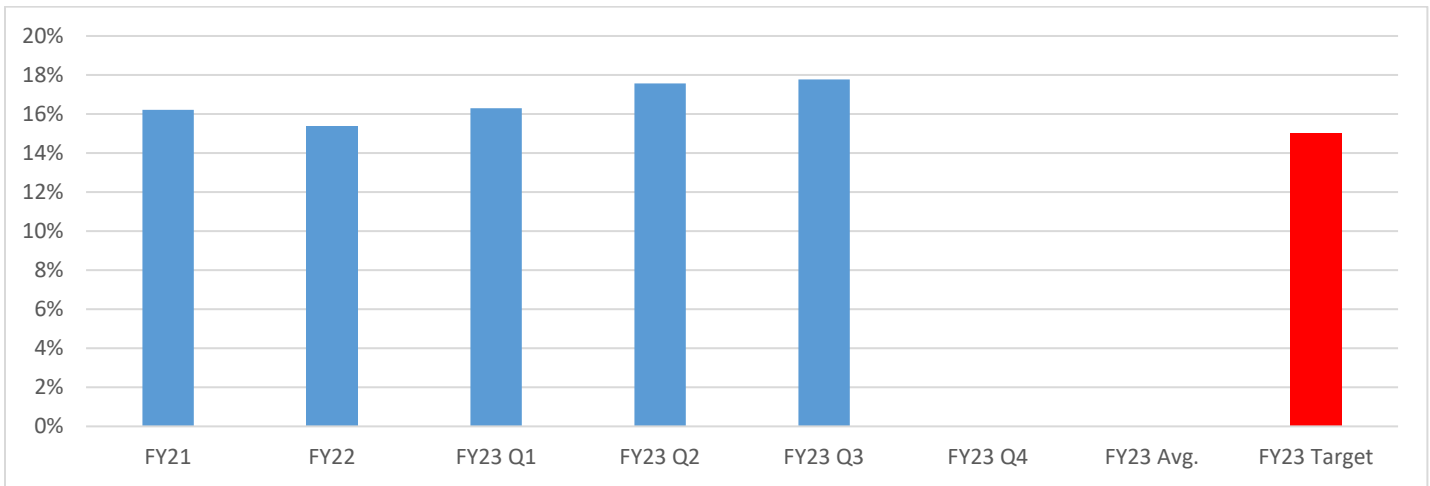
## PERFORMANCE MEASURE #1

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

### Results

| FY20 | FY21   | FY22   | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Avg. | FY23 Target |
|------|--------|--------|---------|---------|---------|---------|-----------|-------------|
| N/A  | 16.22% | 15.37% | 16.30%  | 17.57%  | 17.77%  |         |           | 15%         |

Graph of Data Above



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

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

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

**STORY BEHIND THE DATA:** In an innovative collaboration with the Human Services Department (HSD) and Help NM, the Aging Network Division will provide support throughout FY23 to HSD to increase SNAP benefits for the older adult population served and support to Help NM, for emergency food vouchers. Additionally, NM Grown supports the enhancement of the meals provided through partnership with local farmers.

COVID exposure closures impacted senior center congregate services during the 3rd quarter in FY23, resulting in program providers having to revert to grab-n-go meals for up to a two-week period. On average we see two program providers per week reporting COVID exposures and/or closures.

**IMPROVEMENT ACTION PLAN:**

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

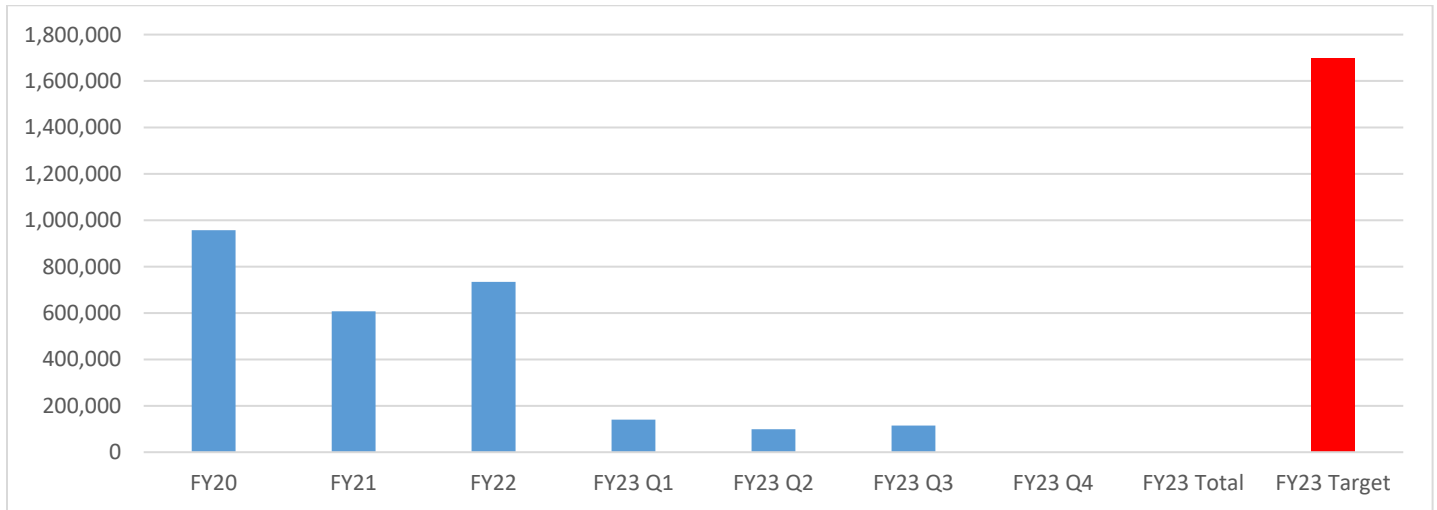
## PERFORMANCE MEASURE #2

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

### Results

| FY20       | FY21    | FY22    | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY23 Target |
|------------|---------|---------|---------|---------|---------|---------|------------|-------------|
| 957,031.06 | 607,258 | 733,910 | 140,199 | 98,659  | 114,727 |         |            | 1,700,000   |

Graph of Data Above



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

**DATA SOURCE/METHODOLOGY:** The statewide contractors for the AmeriCorps Seniors: FGP, SCP, and RSVP submit quarterly data to the Senior Services Bureau which is then compiled, verified, and reported for this performance measure. When a contractor does not timely provide their data during the applicable quarter, that data is included in the following quarter's data.

#### STORY BEHIND THE DATA:

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

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

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



The recruitment of volunteers was conducted. Some schools limited the number of volunteers allowed. ALTSD produced a video to recruit volunteers on social media and during the Conference on Aging.

**IMPROVEMENT ACTION PLAN:**

| Action  | Responsibility  | Timeline    |
|---|---|-------------|
| 1. Work with direct providers to recruit volunteers     | ALTSD   | 3rd Quarter |
| 2. Outreach to promote and recruit volunteers           | AmeriCorps Senior Grantees                            | 4th Quarter |
| 3. Support and approve development of recruitment plans | ALTSD   | 4th Quarter |
| 4. Service delivery and reporting                       | AmeriCorps Senior Grantees Contract Service Providers | Monthly     |
| 5. Training   | ALTSD   | Quarterly   |

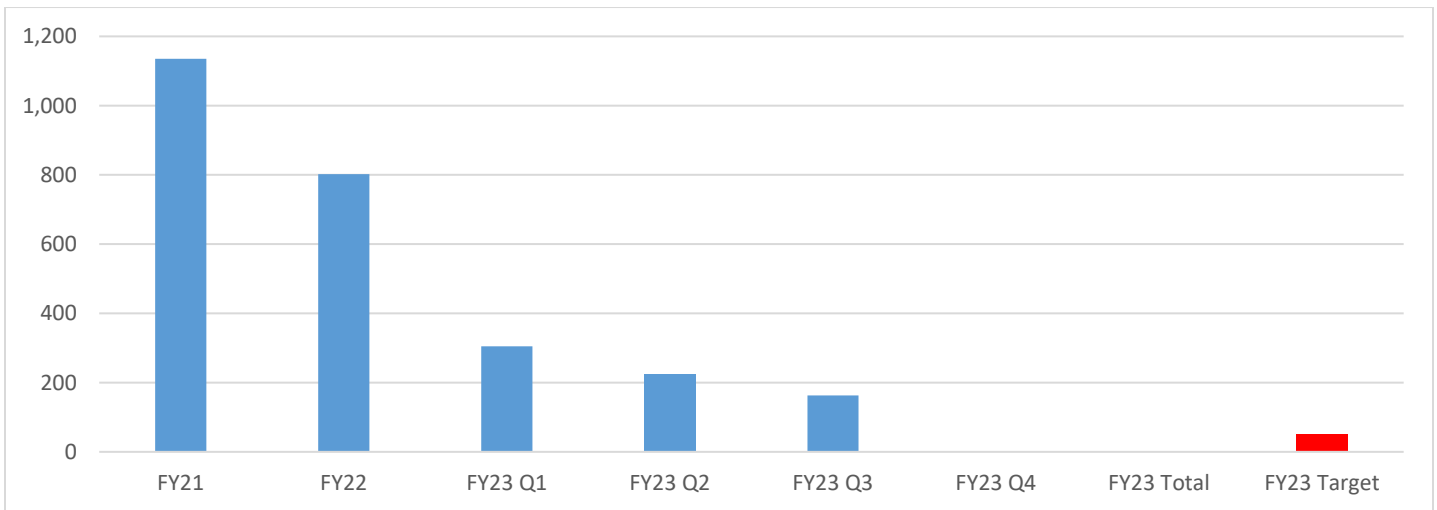
## PERFORMANCE MEASURE #3

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

### Results

| FY20 | FY21  | FY22 | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY23 Target |
|------|-------|------|---------|---------|---------|---------|------------|-------------|
| N/A  | 1,135 | 802  | 138     | 224     | 163     |         |            | 50          |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** *During the 3<sup>rd</sup> quarter of FY23 AND has conducted **129** outreach events (including provider volunteer outreach events), CERD has conducted **19** outreach events and OMB has conducted **15** outreach events, for a total of **163 events showcasing the availability of services within the Aging Network, which is higher than our goal.** However, because of the COVID-19 pandemic, there was a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY23 Quarter 3 has been affected by the pandemic, in that agency outreach events have been modified by using virtual collaboration. The remaining outreach events are affected by the facilities that continue to be closed due to employer, city, and county restrictions.*

**IMPROVEMENT ACTION PLAN:**

| <b>Action</b>   | <b>Responsibility</b>  | <b>Timeline</b> |
|---|------------------------|-----------------|
| 1. Define Outreach Activities                         | ALTSD                  | Quarters 1–4    |
| 2. Collaborate with AAAs for targeted outreach events | Area Agencies on Aging | 4th Quarter     |
| 3. Approve plans                                      | ALTSD                  | 4th Quarter     |

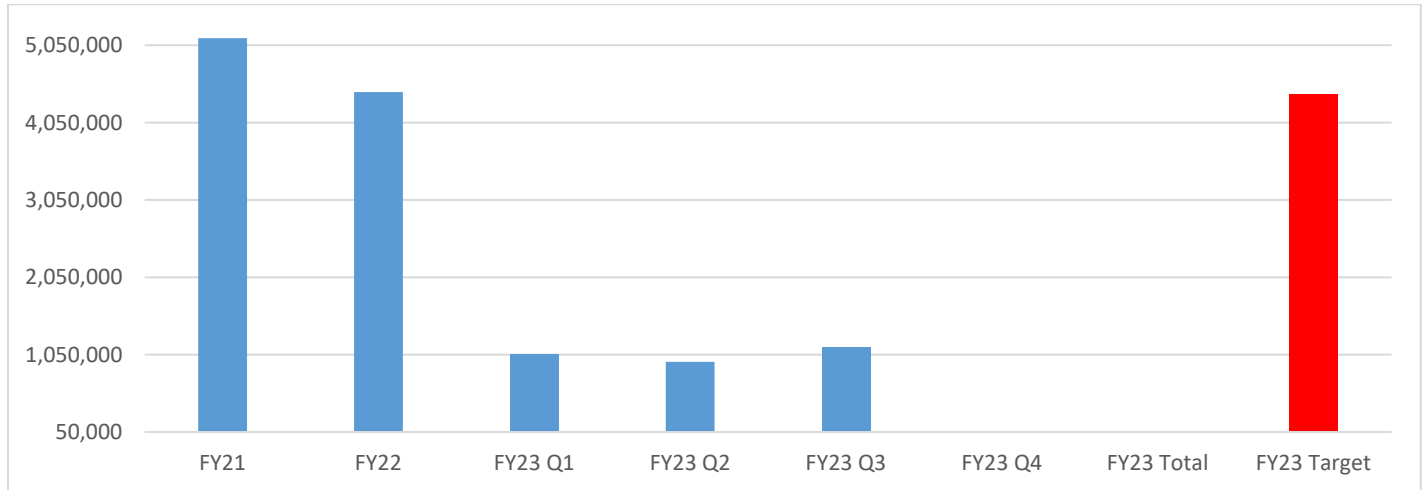
## PERFORMANCE MEASURE #4

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

### Results

| FY20 | FY21      | FY22     | FY23 Q1  | FY23 Q2 | FY23 Q3   | FY23 Q4 | FY23 Total | FY23 Target |
|------|-----------|----------|----------|---------|-----------|---------|------------|-------------|
| N/A  | 5,141,387 | 4,443,06 | 1,052,23 | 957,658 | 1,141,817 |         |            | 4,410,000   |

Graph of Data Above



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

**DATA SOURCE/METHODOLOGY:** The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. This data doesn't reflect the total meals served for Shiprock, Crownpoint, or Fort Defiance.

**STORY BEHIND THE DATA:**

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

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

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

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

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

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

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

**IMPROVEMENT ACTION PLAN:**

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

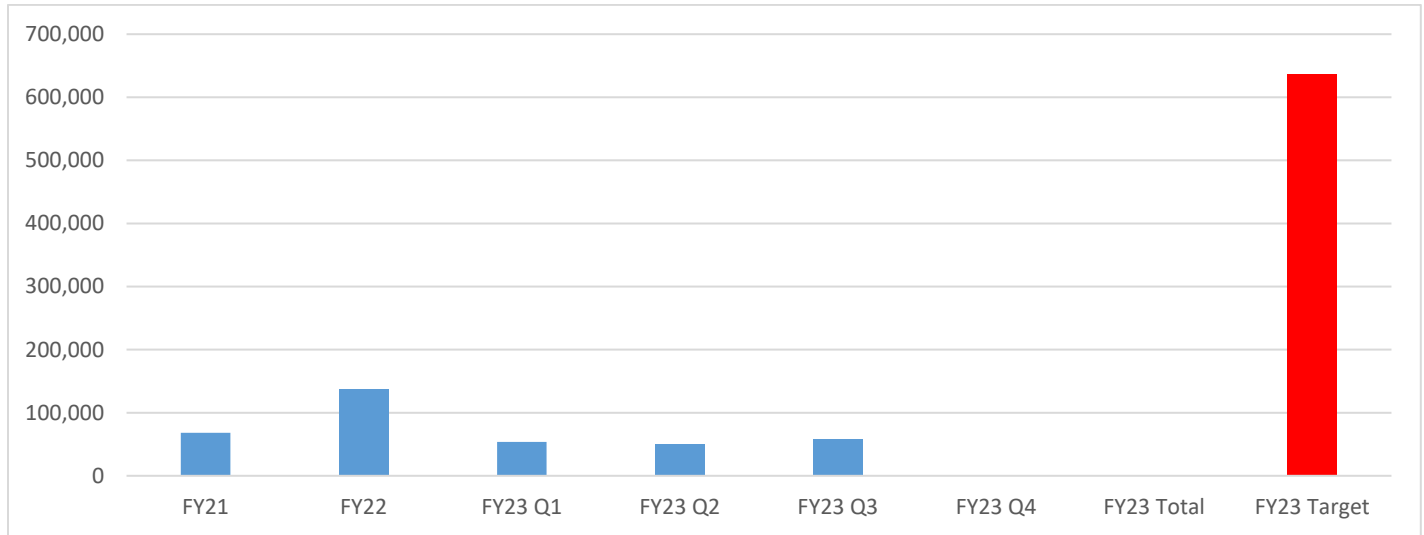
## PERFORMANCE MEASURE #5

### Number of Transportation Units Provided

#### Results

| FY20 | FY21   | FY22    | FY23 Q1 | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY23 Total | FY23 Target |
|------|--------|---------|---------|---------|---------|---------|------------|-------------|
| N/A  | 68,180 | 136,426 | 53,723  | 50,630  | 57,484  |         |            | 637,000     |

Graph of Data Above



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

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

#### STORY BEHIND THE DATA:

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

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

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

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

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

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

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

**IMPROVEMENT ACTION PLAN:**

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

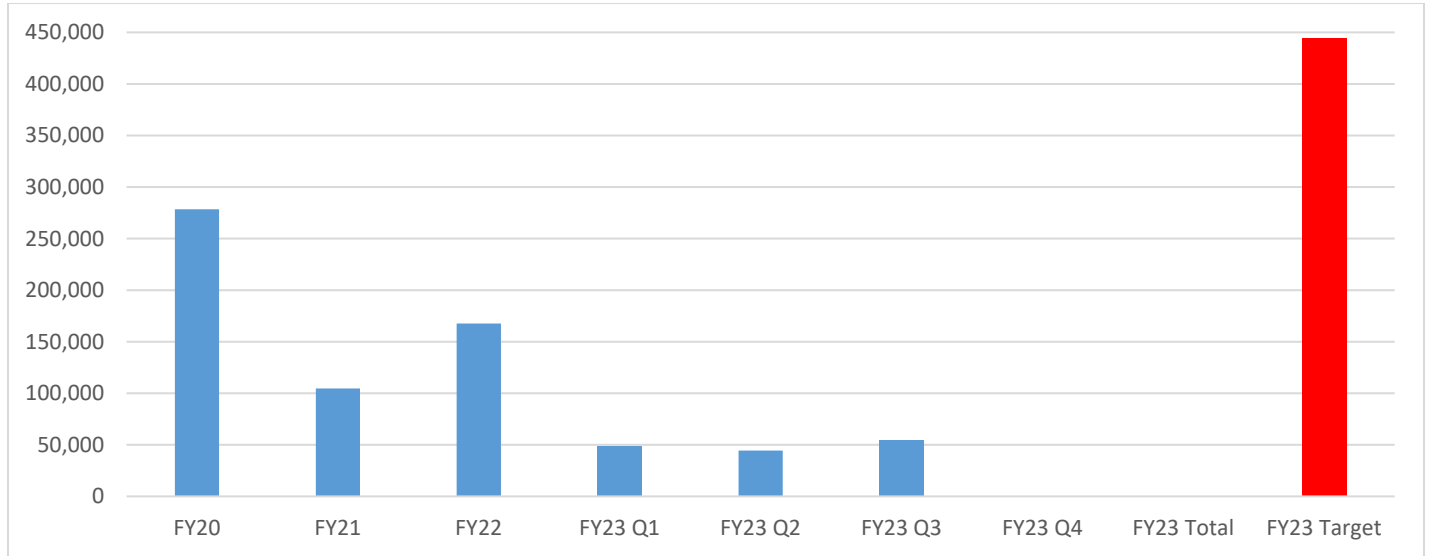
## PERFORMANCE MEASURE #6

*Number of hours of caregiver support*

### Results

| FY20    | FY21      | FY22       | FY23 Q1   | FY23Q2    | FY23 Q3   | FY23 Q4 | FY23 Total | FY23 Target |
|---------|-----------|------------|-----------|-----------|-----------|---------|------------|-------------|
| 278,513 | 104,730.3 | 167,701.39 | 48,986.39 | 44,490.78 | 54,801.28 |         |            | 444,000     |

Graph of Data Above



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

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

**STORY BEHIND THE DATA:**

**Key Performance Measure 6. Number of hours of caregiver support provided FY23 Quarter 3 equals the Total Units of Service = 54,801.28, including the following:**

- FY23 Quarter 3 Respite Care = 16,280.05
- FY23 Quarter 3 Adult Day Care = 21,869.48
- FY23 Quarter 3 Homemaker = 13,558.25
- FY23 Quarter 3 Other Support Services = 3,093.50



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

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

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

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

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

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

**IMPROVEMENT ACTION PLAN:**

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