

**NEW MEXICO STATE PLAN  
FOR  
AGING & LONG-TERM  
SERVICES**



**AGING &  
LONG-TERM  
SERVICES**  
DEPARTMENT

**"Partners in Lifelong Independence & Healthy Aging"**

**October 1, 2017 - September 30, 2021**

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# **NM Aging & Long-Term Services Department**

## **MISSION**

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

## **VISION**

Lifelong independence and healthy aging

## **GUIDING PRINCIPLES**

Protect the safety and rights of those we serve

Promote personal choice and self-determination

Treat all persons with respect, embracing cultural diversity

Encourage collaborative partnerships

Provide fiscally responsible services

## INTRODUCTION

The role of the NM Aging & Long-Term Services Department is to develop programs and public policies which foster the delivery of integrated programs and services to older persons, persons with disabilities, and caregivers, throughout New Mexico. The Department is charged with creating a seamless, comprehensive, efficient and cost-effective array of programs and services, which emphasize home & community-based long-term care, healthy & productive aging, economic security, protection of rights, and prevention of abuse, neglect and exploitation. The Department has the authority to develop and manage budgets and programs, issue rules and regulations, and develop this statewide plan for addressing the needs of older New Mexicans and New Mexicans with disabilities. The Older Americans Act and the Governor of the State of New Mexico authorize the Department to prepare this plan for delivering services to New Mexico's older adults and adults with disabilities. The period covered by this plan is October 1, 2017 through September 30, 2021. The Cabinet Secretary of the Aging & Long-Term Services Department is appointed by, and serves at the pleasure of, the Governor. By State statute, the Governor appoints an eleven member Policy Advisory Committee to advise the Secretary regarding programs, policies and issues addressed by the Department. The Aging & Long-Term Services Department consists of the Office of the Secretary and four divisions.

The **Office of the Secretary** includes the Cabinet Secretary, Deputy Secretary, the Office of the General Counsel, Human Resources, Information Technology, the Long-Term Care Ombudsman Program, and the Office of Indian Elder Affairs.

The **Administrative Services Division** includes the Capital Projects Bureau, financial management, budgeting, procurement, contracting, and administrative support for the Department.

The **Adult Protective Services Division** provides a system of protective services to persons age 18 and older who are unable to protect themselves from abuse, neglect or exploitation. Investigations are conducted through a network of regional field offices which cover all New Mexico counties. When necessary, Adult Protective Services provides short-term services, including emergency protective placement, home care, adult day care, attendant care and filing of guardianship petitions in district courts.

The **Aging Network Division** includes an Employment Programs Bureau which administers two older worker programs and 50+ Employment Connection offices, the Indian Area Agency on Aging, the NM Conference on Aging, the Office of Alzheimer's & Dementia Care, and the Senior Services Bureau which provides technical and programmatic support for all area agencies on aging, Volunteer Programs (FGP, SCP, RSVP) and other aging network contractors.

The **Consumer and Elder Rights Division** includes the NM Aging & Disability Resource Center, Options Counseling, a Veteran Directed Home & Community-Based Services Program, the State Health Insurance Program (SHIP), the Senior Medicare Patrol (SMP), a Care Transitions Program, and a Prescription Drug Assistance Program.

## **EXECUTIVE SUMMARY**

The Aging and Long-Term Services Department is New Mexico's single state agency for the administration of programs and services designed to meet the needs of older adults, adults with disabilities and caregivers. The Department has developed a coordinated system of services for older adults, adults with disabilities and caregivers throughout New Mexico. The Department's array of services includes training & education, legal services, long-term care ombudsmen, an aging & disability resource center, health insurance & benefits counseling, prescription drug assistance, senior employment, volunteer programs, health promotion, nutrition, caregiver support, statewide capital projects, and adult protective services.

The focus of the Department's efforts is to support older adults and adults with disabilities to live on their own terms in their own communities with the highest possible quality of life. Many of the Department's programs and services ensure the rights of older adults and adults with disabilities and prevent their abuse, neglect and exploitation; others empower them to stay active, engaged and healthy. The Aging & Long-Term Services Department serves as the primary advocate for New Mexico's older adults, adults with disabilities, their families and caregivers. The Department's services facilitate easy access to health and social services for older adults, adults with disabilities, and caregivers. Department staff empowers these consumers to make informed decisions about their care options.

New Mexico is a geographically large, predominantly rural state. It is the fifth largest, and the sixth most sparsely populated state in the nation. New Mexico's population is ethnically and culturally diverse, with large Hispanic, Anglo and Native American Indian populations. Over a third of the state's population is non-English Speaking; the predominant other languages are Spanish, Diné (Navajo) and Pueblo dialects. New Mexico's aging population is growing rapidly. By the year 2030, 32.5% of New Mexico's population will be age 60 or older. Also by 2030, New Mexico will rank 3<sup>rd</sup> in the nation in percentage of population age 60 and older. New Mexico's growing population of older adults reflects the aging of its baby boomers, as well as the continuing migration of retirees and others to western states. The graying of New Mexico will have a significant effect on the state, ranging from changing demands on government services to increased political involvement and advocacy on the part of elders.

New Mexico continues to experience increasing demands for services from persons with low incomes, particularly for meals, in-home support services and employment. The problems of hunger and food insecurity in New Mexico are major. According to the National Foundation to End Senior Hunger, more than 42,300 New Mexicans age 60 and older are food insecure. They are not sure they have enough money to buy food; and many do not have enough to eat. Aging network providers are experiencing increased demands for meals, transportation, homemakers, respite care and other in-home services, as well as services that support economic security such as employment training and public benefits advocacy.

The Department is authorized, by the Older Americans Act and the Governor of the State of New Mexico, to prepare this plan for delivering services to New Mexico's older adults and adults with disabilities. The period covered by this plan is October 1, 2017 through September 30, 2021. The plan includes goals, objectives and strategies to address the growing needs of older adults, adults with disabilities and caregivers throughout New Mexico.

In this plan, the Department proposes to facilitate access to services and resources designed to build aging network capacity and to support the provision of home and community-based services throughout the state. State and federal resources will be maximized to target a full continuum of services to those with the greatest needs. The Department will maintain a statewide continuum of services which offers seamless access to a choice of culturally responsive, self-directed, and high quality services. The provision of quality services will be assured through monitoring of compliance and consumer satisfaction. The Department will improve access to long-term support services for older adults and adults with disabilities through its telephonic, web-based and community-based single-point-of-entry system, known as the Aging & Disability Resource Center.

The Department will support innovation in evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives. The health and wellness of New Mexico's older adults and adults with disabilities will be improved through the provision of health promotion and disease prevention information, activities and programs. The nutritional health of older adults will be improved, and their hunger alleviated, through the provision of nutritionally adequate congregate and home-delivered meals throughout New Mexico. Caregiver support programs, including culturally competent caregiver training and care coordination, will be enhanced. Public and private collaborative partnerships will be strengthened to build capacity and promote volunteerism throughout New Mexico. The Department will assist older workers in preparing for, and securing, meaningful employment, including transition from subsidized employment programs, to foster economic security. Employers will be educated about the value of hiring older workers to increase employment opportunities for older adults, statewide.

The Department and its contractors will provide systemic advocacy in the areas of public benefits, consumer protection, health care, and housing. Adult abuse, neglect, and exploitation will be investigated, prevented and/or reduced. Efforts to educate the public regarding recognition and reporting of adult abuse, neglect, and exploitation will be increased. The rights of residents in long-term care facilities will be preserved and protected. Access to legal services will be expanded through outreach, training and collaboration with other legal service providers.

The Department will continue to provide a wide array of services to assist well-elders in maintaining their health and functional ability, enable those with functional limitations to maintain their independence, and support the frail who have the greatest service needs. As those with limited incomes become frail, higher demands are placed on the system to provide them with all types of services. The adequate provision of services to all involves balancing resources and priorities. Preserving the independence of well-elders, and fostering their continued engagement in their communities, is as important as meeting the needs of the frail. This multi-faceted approach will enable the state to maintain the desire and right of its citizens to age in place.

## **PLANNING AND SERVICE AREAS (PSAs)**

New Mexico is unique in its establishment of planning and services areas. Planning and Service Areas 1 through 5 are designated under federal law. Planning and Service Area 6 is designated under state authority.

**PSA 1:** Bernalillo County

**PSA 2:** Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, San Juan, Santa Fe, Taos, Torrance and Valencia Counties

**PSA 3:** De Baca, Chaves, Curry, Guadalupe, Eddy, Harding, Lea, Lincoln, Quay, Roosevelt and Union Counties

**PSA 4:** Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro Counties

**PSA 5:** the New Mexico portion of the Navajo Nation, which includes areas within Bernalillo, Cibola, McKinley, Sandoval, San Juan and Socorro Counties. PSA 5 is an interstate planning and service area established under a tri-state agreement with the states of Arizona and Utah.

**PSA 6:** New Mexico's 19 Pueblos and 2 Apache Tribes.

## **NEW MEXICO AREA AGENCIES ON AGING**

The following organizations are the designated area agencies:

**PSA 1:** City of Albuquerque/Bernalillo County AAA (operated by the City of ABQ under a joint powers agreement with Bernalillo County)

**PSA 2:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 3:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 4:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 5:** Navajo AAA (operated by the Navajo Nation)

**PSA 6:** Indian AAA (operated under the umbrella of the NM Aging & Long-Term Services Department)

Specific descriptions of these organizations and the areas they serve, as well as a map of the Planning & Services Areas, comprise the rest of this section, as follows:

## **City of Albuquerque/Bernalillo County Area Agency on Aging: PSA 1**

In 1995, a joint powers agreement to provide services to older Americans was executed between the County of Bernalillo, the City of Albuquerque, the Village of Los Ranchos de Albuquerque, and the Village of Tijeras. The agreement authorized the City of Albuquerque Department of Family and Community Services to serve as the area agency and countywide sponsor for the receipt and use of federal, state and local resources to provide services benefiting older residents, as set forth in the area plan for PSA 1. As the designated area agency, the City of Albuquerque/Bernalillo County Area Agency on Aging enters into contracts with private and public entities, including the City's Department of Senior Affairs, for the provision of a variety of senior services. The joint powers agreement establishes an eleven-member advisory council consisting of six individuals representing the City of Albuquerque, three representing Bernalillo County, one representing the Village of Los Ranchos de Albuquerque, and one representing the Village of Tijeras.

In addition to its three incorporated municipalities - the City of Albuquerque, the Village of Los Ranchos de Albuquerque, and the Village of Tijeras, Bernalillo County includes portions of four Indian reservations. These include Sandia Pueblo to the north, Isleta Pueblo to the south, To'hajiilee Navajo to the west, and Laguna Pueblo, which extends from the southwest to the northwest border of the County. The U.S. Census Bureau 2014 American Community Survey 1-Year Estimates show that there are approximately 138,000 persons aged 60 and older living in Bernalillo County; this represents more than 20 percent of the county's total population. Nearly 30 percent of these residents are age 75 or older. The South Valley and the Southeast Heights areas of the county contain large immigrant populations of Cuban, Korean, Mexican and Vietnamese elders. Although PSA 1 is an urbanized area of New Mexico, access to services offered in the metropolitan area for those residing in outlying areas of the County is a factor that affects the service delivery system. Concern about the lack of public transportation in less populated areas is addressed through a coordinated transportation program utilizing senior vans.

Multiple resources, including funds, facilities, supplies and in-kind services, are provided to support programs and services offered to older residents within the county. Within Bernalillo County there are eight multipurpose senior centers and two multigenerational centers in various quadrants of Albuquerque and multiple satellite sites and community centers throughout the city and county, which provide nutrition programs and a variety of other services for elders. The City of Albuquerque contributes significant annual funding to support the operations of senior centers and programs for older adults, as well as to construct and equip the centers and to purchase vans. Bernalillo County also contributes administrative funding, as well as county-owned facilities used as senior centers and meal sites.

The needs and concerns of older adults in the service area include housing, home renovation, repair and retrofit, chore assistance, health care, health insurance, Medicare, Medicaid, benefits entitlement and prescription drugs. Many seniors believe they will need much more than they are currently receiving in terms of support services within the next five to ten years. The area offers a wide variety of services to the senior population, provided by federal, state, and local governments, as well as numerous private non-profit and for-profit organizations. Collaboration among the many organizations providing services within the PSA has resulted in a strong, cooperative network that promotes the sharing of information and resources. Even with efforts designated to avoid duplication of services, some needs are not being met. This is particularly true for those who are at-risk and in need of in-home services. As the number of seniors age 75 and older continues to increase, the importance of early identification of at-risk elders becomes crucial. Providing such seniors with services to improve or maintain their health status and functioning is a goal of the area agency. Toward this end, an extensive system has been developed for information, assistance & referral; this system continues to be a major strength and continues to operate as a satellite of the state's Aging & Disability Resource Center.

## **Non-Metro Area Agency on Aging: PSAs 2, 3 & 4**

The Non-Metro Area Agency on Aging administers three planning and service areas, comprising 120,189 square miles - the entire state of New Mexico with the exception of Bernalillo County. The area is primarily rural and has three urban communities; the City of Las Cruces with a population of 99,665, the City of Santa Fe with a population of 68,642 and the City of Rio Rancho with a population of 87,521. The number of individuals age 60 and older in PSAs 2, 3 and 4 is more than 274,700. More than 68,600 of these individuals are living with disabilities and 24,138 are living in poverty. The area is a combination of desert, high plains and rugged mountains. Elevations range from 13,161 to 2,842 feet above sea level. Weather is an important factor in the delivery of services throughout the entire area. Snow in the higher elevations along with dust storms in the desert areas can make the delivery of services a challenge. Distance and terrain impact travel throughout the area, as well as delivery of services. New Mexico is a culturally diverse state, and the three planning and service areas administered by the Non-Metro AAA reflect that diversity. New Mexico has the highest percentage of Hispanic Americans in the nation, including both recent immigrants and descendants of the Spanish colonial era. The state has the second highest percentage of Native American Indians – Navajo, Apache and Pueblo Indians. The demographics and diversity of the three planning and services areas are influenced by strong Spanish, Mexican and Native American Indian cultures. Cultural diversity plays a strong role in service delivery. The area agency and its contractors must have the staff and skills to deliver culturally, ethnically and linguistically appropriate services, statewide. The diversity of individuals served requires sensitivity and respect when addressing needs and delivering required services.

The parent organization of the Non-Metro AAA, the North Central New Mexico Economic Development District (NCNMEDD) was established through a joint powers agreement in 1967. The District is governed by a 35-member board of directors consisting of representatives from each north central county, including local elected officials, economic development committee representatives, members at large and representatives of tribal organizations. The NCNMEDD served as an area agency since 1974, starting with the administration of an 8-county planning and service area in northern New Mexico. In 1987, the NCNMEDD was designated as the area agency for PSA 2, expanded to include 13 counties. In 2002, the NCNMEDD was designated as the area agency for PSA 4, an 8-county area in southern New Mexico, and in 2006, the NCNMEDD was designated as the area agency for PSA 3, as well as PSAs 2 and 4. This designation provides a stronger voice to rural areas and smaller cities, and allows for efficiencies in administration and improved services. The centralized administrative structure provides more resources for contract providers. The Non-Metro AAA has a 32-member advisory council whose members assist in identifying the needs of older adults and provide advice on service delivery and planning. Advisory council members represent each county in PSAs 2, 3 and 4.

Planning and Services Area 2 has the largest number of older individuals and is the largest planning and service area in the Non-Metro AAA network. It is a 13-county area with almost 143,000 residents age 60 or older, representing 20% of the total population. Some counties have even higher percentages of older adult residents, mostly notably Mora at 27% and Colfax at almost 28%. McKinley County has the lowest percent at almost 14%. Over 34,400 older individuals are living with disabilities and 12,463 are living in poverty. More than 60,750 minority older adults reside in PSA 2; they include Hispanics, Native American Indians, Asians and African Americans. Many northern New Mexican Hispanic families have lived in the area for over 12 generations. PSA 2 is in the northern part of New Mexico, bordering the State of Colorado to the north and the State of Arizona to the west. Sixteen tribes and pueblos are located in PSA 2 and the service area borders the New Mexico and Arizona portions of the Navajo Nation. The area's terrain is a combination of high desert and the Rocky Mountains. Winters are cold with snow in the mountains and high desert areas; summers can be hot with little rainfall.

Planning and Service Area 3 is an 11-county area in eastern New Mexico, encompassing 37,592 square miles. It is largely composed of the Great Plains and extends from Union County on the Colorado border to Eddy County in the south. The state of Texas borders the entire eastern side of PSA 3. There is a “pioneer spirit” in the area, embodied in the many farming and ranching families who have lived on the eastern side of New Mexico for generations and the many individuals who spent most of their lives working in the oil and gas fields of the southeastern part of the state. The 60+ population in PSA 3 is expected to almost double by the year 2020. Almost 56,000 individuals age 60 or older live in PSA 3. This constitutes 19% of the area’s population. Almost 5,000 older adults live in poverty and almost 16,000 live with disabilities. New Mexico’s most scarcely populated county is located in the service area: Harding County with a total population of 695, of which, 278 are age 60 or older. Another county in the area, Guadalupe County, has the second highest Hispanic population in the state – almost 80%. The area’s weather ranges from snow storms in the high county to severe thunder storms on the high plains; the eastern side of the area is plagued with tornadoes.

Planning and Service Area 4, the second largest of the PSAs, encompasses 8 counties located in south central and southwestern New Mexico. Its southern borders include Mexico and the state of Texas; its western border is the state of Arizona. The area has a variety of mountain terrain and high desert. The area has almost 76,000 older adult residents; representing 21% of the total population. Several counties have significantly higher percentages of older adults - Catron and Sierra at 40% each, Grant at 29.5%, and Luna at 26%. The largest population of elders in PSA 4 resides in Doña Ana County in the City of Las Cruces. More than 18,200 individuals in PSA 4 live with disabilities; 9% live at or below the poverty level. Thirty-nine percent of the senior population in PSA 4 is minority, with Hispanics being the predominant minority. The border with Mexico presents service delivery challenges; many people residing close to the border are non-English speaking and have very low incomes. Many elders are isolated and live in “colonias”, residential areas of sub-standard housing along the Mexican border that lack basic water & sewer systems, electricity and paved roads. The mild climate of southern New Mexico also brings “snow birds”, or winter visitors, to the area. These visitors are retired, with middle to upper incomes, and go south to escape the winter cold of the northern United States. Many also go to Mexico for low cost medical treatments or prescription drugs. Towns such as Deming experience as much as a 30% increase in population during the winter months. Many retirees have also moved permanently to the area due to a lower cost of living. While this can be good for the economy, it can strain the infrastructure. Many of these retirees have moved away from family members and do not have support as they age. The area agency faces many challenges in meeting the needs of a region as diverse as it is long and wide; it takes at least 6 hours to travel from the small town of Lordsburg on the west side of the service area to the City of Alamogordo on the east side.

The Non-Metro AAA coordinates and supports a wide range of home and community-based services that enable older individuals to remain in their own homes and communities, preserving their independence and dignity. The area agency works to heighten awareness among other organizations and the public about the valuable contributions that elders make to their communities, as well as to alert them to the needs of vulnerable older adults. The area agency is dedicated to removing social and individual barriers for older adults and assuring the provision of a continuum of care for elders in need. With the rapid growth of the aging population, the needs will continue to increase. The rural and frontier communities of the three planning and service areas continue to experience increased demand for in-home services for frail and at-risk elders. Health and medical issues, such as lack of physicians and medical facilities in rural areas and the high cost of pharmaceuticals, are of concern to area residents. Housing, transportation and employment issues have also been identified as high priorities in the service areas. Historically, the current structure has relied almost exclusively on federal and state funding to provide services to this vulnerable population; some local governments also provide funding and resources. Limited funding and scarce resources make the area agency’s role in facilitating collaboration among organizations and across communities crucial in building the capacity of its service providers to meet the growing needs.

## **Navajo Area Agency on Aging: 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 Title III funding; Title VI funding is awarded directly to the Nation. In New Mexico, the Aging & Long-Term Services Department awards state general funds to the Navajo AAA. The Navajo AAA was the first Native American Indian area agency; it is located within the Navajo Nation Division of Health and is a tribal-government sponsored organization with official designation to serve as an area agency on aging. The Navajo AAA provides services to eligible elders residing throughout the vast, rural, frontier and isolated regions of the 27,673 square-mile Navajo Nation. The area consists of arid deserts and alpine forest with high plateaus, mesas and mountains reaching up to 10,500 feet in altitude. The Nation straddles three states - Arizona, New Mexico, and Utah with tribal, state, and federal jurisdictions interlocking and overlapping.

According to the 2010 Census, 36,227 Navajo elders age 60 or older live on the Navajo Nation; 11, 288 of these elders reside on the New Mexico portion of the Nation. An additional 4,820 elders age 55 – 59 comprise New Mexico’s Navajo elder population. Many tribal elders have fixed incomes well below the federal poverty level. Many elders are monolingual - speaking only the Navajo language of Diné, and many elders inhabit the rural and frontier regions of the Nation where inadequate infrastructure presents challenges to them, as well as to service providers. Ninety-five percent of the Nation’s elders live in these isolated rural and frontier areas, accessible only by dirt and gravel roads. Public transportation is neither readily available nor accessible and, during adverse weather, roads become impassable and conditions become perilous for elders. According to the 2010 Census, there are 43,627 housing units on Navajo land. Of the total, 11,153 homes belong to elders; many of these homes are trailers or traditional hogans, some are wood frame or concrete block homes. These homes often lack indoor plumbing, electricity, gas, or telephone service. Navajo elders haul water (in barrels), firewood (for cooking and heating), and, in some instances, coal (for primary heating), over great distances. Often elders’ homes are inaccessible for those with disabilities and are in need of repairs or renovations. Remote regions of the Nation lack grocery stores, health care providers, pharmacies, ambulance service and other basic services. The cost of living is inflated, which affects elders who subsist on fixed incomes. In many instances, elders deplete their fixed monthly incomes within the first two weeks of a month.

Since 1978, the Navajo AAA has been the sole organization designated to provide Older Americans Act Title III and Title VI services to tribal elders who are age 60 or older. In certain communities, age eligibility is lowered to 55, subsequent to incorporating Title VI of the Older Americans Act. Currently, the area agency operates 81 senior centers (39 of which are located in New Mexico), family caregiver support services, a Foster Grandparent Program, a LTC Ombudsman Program, elder abuse prevention, and health insurance/benefits counseling services. The Navajo AAA has established five regional agencies. The Crownpoint Regional Agency is entirely within New Mexico’s state boundaries and operates 20 senior centers; the Shiprock Regional Agency operates 11 centers in New Mexico and the Fort Defiance Regional Agency operates 8 centers in New Mexico. Senior centers provide congregate and home delivered meals, transportation, health promotion and social services. More than 14,200 Navajo elders benefit from Navajo AAA services, which are culturally and linguistically targeted to meet the needs of the elders served. In anticipation of a growing population of Navajo elders, in part, due to the aging of the “baby boomers”, the Navajo Nation government has directed the area agency to take the lead in establishing comprehensive service programs to meet the needs of the expanding elderly population. Tribal funds have been allocated to support this endeavor.

## **Indian Area Agency on Aging: PSA 6**

The Indian Area Agency on Aging provides contract management, compliance monitoring, technical assistance, advocacy and training to New Mexico's 19 Pueblos and 2 Apache Nations with regard to their provision of services to older adults. In 1991, the State Agency on Aging (now known as the NM Aging & Long-Term Services Department), entered into a joint powers agreement with the Office of Indian Affairs (now known as the NM Department of Indian Affairs), creating the first state-designated Native American Indian area agency on aging. The joint intent of the two departments was to empower the Indian Area Agency on Aging (AAA) with roles and responsibilities similar to the state's federally designated area agencies and for it to serve as the leading advocacy organization for Indian elders in the state. In 2000, the Indian AAA was placed within the NM Aging & Long-Term Services Department.

Planning and Service Area 6 includes nineteen federally-recognized Pueblos and two federally-recognized Apache Nations. These tribes receive Title VI federal funding directly from the U.S. Administration for Community Living/Administration on Aging. To supplement the Title VI funding, the Aging & Long-Term Services Department awards significant state funding, under contract, to each sovereign tribal government. The Indian AAA works with each tribal provider to manage these contracts. Each tribal government operates a tribal senior center program. There are more than 17,600 Indian elders living in New Mexico who are eligible to receive various senior services offered in their communities. Tribal senior centers provide congregate and home delivered meals, social and supportive services, health promotion/disease prevention programs, and family caregiver services. Some centers also provide adult day care and volunteer programs. Tribally-based services are most effective in reaching the target elderly populations. However, low salaries and limited benefits contribute to staff turnover, thereby increasing the need for ongoing training and technical assistance, important factors in capacity building.

The majority of frail Indian elders live at home, cared for by family members; many live with several generations of family. Some of the tribal programs provide in-home services and caregiver support. Adult Day Care Centers operate in Zuni, Isleta and Santa Clara Pueblos. The Isleta Pueblo also operates a tribal assisted living facility. Two tribal nursing facilities are currently operating in PSA 6: the Laguna Rainbow Center located in the Laguna Pueblo, 50 miles west of Albuquerque, and the Mescalero Care Center at the Mescalero Apache Reservation in southern New Mexico. The Mescalero Apache Reservation and Zuni Pueblo also have dialysis care units.

New Mexico's Indian lands can be described as rural or frontier and predominantly isolated from urban areas. This isolation impacts tribal members' access to services, and particularly impacts tribal elders. There is a need for additional long-term care services (both in-home and facility-based), access to adequate medical care, expanded transportation services, adequate housing and legal services to address issues of elder abuse, neglect or exploitation. The major concerns of Indian elders in PSA 6 include transportation, nutrition, long-term care, and social and supportive services. In addition, elders are concerned about the role of Indian Health Service in providing long-term care and geriatric care. The Indian AAA conducts outreach to identify Native American Indian elders eligible for assistance, and informs them of the availability of aging programs and benefits, including those provided directly by the Department. These outreach efforts place special emphasis on reaching older individuals with greatest economic and social needs, with particular attention to those with low incomes. The Indian Area Agency on Aging maintains an active advocacy network which responds to Indian elder concerns throughout tribal, state, and national venues, and works to address identified gaps and barriers.



# STATE DATA AND DEMOGRAPHICS

## New Mexico Population Data Summary by PSA

New Mexico PSAs	60+ Population	% of Total 60+ PSA Population
Planning & Service Area 1	117,660	27%
Planning & Service Area 2	145,352	34%
Planning & Service Area 3	55,949	13%
Planning & Service Area 4	75,953	18%
Planning & Service Area 5	23,573	5%
Planning & Service Area 6	12,414	3%
Total	430,901	100%

PSA 1 Bernalillo County

PSA 2 San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Santa Fe, Taos, Tarrant, Colfax, Mora, & San Miguel Counties

PSA 3 Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy and Lea Counties

PSA 4 Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Doña Ana and Otero Counties

PSA 5 New Mexico portion of the Navajo Nation

PSA 6 Mescalero Apache & Jicarilla Apache Nations; 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 2010

## CHANGING DEMOGRAPHICS The Boomers are Aging Projections of the Population, By Age: 2000 to 2030

AGE 60 & Older	2000	2005	2010	2015	2020	2025	2030
United States – Persons	45,797,200	49,712,714	56,922,418	65,551,441	75,487,837	84,652,165	91,129,331
New Mexico – Persons	283,837	329,715	430,901	486,868	575,267	647,186	682,036
United States – %	16.3%	16.8%	18.4%	20.3%	22.5%	24.2%	25.1%
New Mexico – %	15.6%	17.3%	20.3%	23.8%	27.6%	30.7%	32.5%

US Census

## Percent of Persons 60+ by Race and Hispanic Origin

Geography	Total 60+	Persons Not Hispanic						Hispanic/ Latino (may be of any race)
		Black/ African American (Alone)	American Indian/ Alaskan Native (Alone)	Native Hawaiian/ Pacific Islander (Alone)	Asian (Alone)	Two or More Races	White (Alone - Non- Hispanic)	
US Total (50 states + DC)	100.0%	8.8%	0.5%	0.1%	3.6%	0.8%	78.9%	7.3%
New Mexico	100.0%	1.3%	5.2%	0.0%	1.0%	0.8%	60.1%	31.5%

US Census

## Non-institutionalized Persons Age 65 or Older with Disabilities

Geography	Non-institutionalized persons age 65 or older	Persons with any disability	Persons with a hearing difficulty	Persons with a vision difficulty	Persons with a cognitive difficulty	Persons with an ambulatory difficulty	Persons with a self-care difficulty	Persons with a difficulty living independently
US Persons (50 States + DC)	40,086,253	14,658,874	6,030,390	2,727,843	3,783,900	9,470,278	3,550,196	6,491,548
New Mexico Persons	278,206	112,020	52,185	24,435	30,567	70,556	26,006	46,878
US %	-----	36.6%	15.0%	6.8%	9.4%	23.6%	8.9%	16.2%
New Mexico %	-----	40.3%	18.8%	8.8%	11.0%	25.4%	9.3%	16.9%

Note: A person may have more than one disability

US Census

## Income and Poverty Status of New Mexicans Age 60 & Older

Geography	At or Below Poverty Level	At 125 % of Poverty Level
US Persons (50 States + DC)	4,690,091	5,892,679
New Mexico Persons	40,340	49,242
US %	12%	14.7%
New Mexico %	15%	17.7%

US Census

## TRENDS

- From 2000 to 2030, the number of New Mexicans age 60 or older will more than double.
- By the year 2030, New Mexico will rank third in the nation in percentage of population age 60+.
- New Mexico's growing population of older adults reflects the aging of its Baby Boomers, as well as the continuing migration of retirees and others to western states.
- New Mexico is the 5<sup>th</sup> largest, and the 6<sup>th</sup> most sparsely populated, state in the nation.
- The 85+ population of New Mexico will more than triple from 23,306 in 2000 to 75,629 in 2030.
- Fifteen percent of New Mexicans age 60 or older live at or below the federal poverty level; seventeen percent live at 125% of the federal poverty level.
- New Mexico's 60+ population is ethnically and culturally diverse; 31.5% of persons age 60 and older are of Hispanic origin, 5.2% are Native American Indian, 1.3% is African American and 1% is Asian.
- Over a third of the state's population is non-English Speaking; the predominant other languages are Spanish, Diné (Navajo) and Pueblo dialects (such as Zuni, Keres, Tiwa, Towa or Tewa).
- Almost 1/3 of all New Mexicans age 65+, or more than 112,000 people, are living with disabilities.
- 31,000 people in New Mexico are directly suffering from Alzheimer's disease or related disorders; this is projected to increase to 43,000 New Mexicans by 2025. Many more caregivers and family members of these individuals are secondarily affected.
- More than 400,000 people in New Mexico, or approximately one in every five New Mexicans, serve as family caregivers. The estimated economic value of this care is \$3.1 billion annually.
- More than 54,500 grandparents in New Mexico are living with their grandchildren, almost 26,400 of whom are raising, and solely responsible for, their grandchildren; almost 50% of these grandparent-headed families are living below the federal poverty level.
- The problems of hunger and food insecurity (not knowing where one's next meal will come from) in New Mexico are major, and greatly impact the state's older population. More than 42,330 New Mexicans age 60 and older are food insecure. They are not sure they have enough money to buy food and many do not have enough to eat.

## IMPACTS

- The aging of the baby boomers is already impacting New Mexico's Aging Network:
  - Boomers are more physically active; more inclined toward fitness, travel and outdoor activities;
  - Boomers are less inclined to participate in traditional senior center services;
  - Many Boomers, with more education than previous generations and a history of activism, want to remain civically engaged and continue contributing to their communities;
  - Although the prevalence of diabetes, arthritis and cancer has increased, the health status of the Boomer generation is, on average, better than that of previous generations.
- The fastest rate of population growth is among those age 85 or older. Increased age increases the probability of frailty, and frail elders have different needs from those of younger, more active elders.
- As New Mexico's older population increases, the percentage of New Mexicans who are disabled or functionally limited will increase, putting more of a strain on the dwindling pool of paid caregivers, and the growing pool of family caregivers.
- New Mexico is experiencing an increasing demand for comprehensive, coordinated services for at-risk frail elders, as well as for adults of all ages with disabilities and functional limitations. These individuals require different, more intensive and more costly services.
- As New Mexico's population ages, per capita hospital and nursing facility expenditures will continue to rise. Per capita health care spending is 3.5 times greater for elders than for those under age 65. The debilitating effects of unhealthy behavior at earlier ages can often be reduced or reversed by health promotion and disease prevention activities later in life.
- Due to significant number of elders with low incomes, the demand for services designed for these elders, such as employment programs, is projected to increase. As elders with limited incomes become frail, the demand for many types of subsidized services will increase.
- Multi-faceted services are needed to assist well-elders in maintaining health and functional ability, to enable those with functional limitations to maintain independence and to support frail elders who have the greatest service needs. Provision of multi-faceted services involves balancing resources and priorities. Maintaining the independence of older New Mexicans, and encouraging their productive aging and civic engagement, is key in enabling them to serve as resources in their communities, benefiting all New Mexicans.

# QUALITY MANAGEMENT & DATA COLLECTION

The quality management processes utilized by the Aging & Long-Term Services Department consist of a performance-based budgeting system, internal performance measures, and integrated data collection, analysis and reporting. These processes serve as the basis for qualitative and quantitative performance assessments and continuous improvement of services, organizational capabilities and management.

## **The New Mexico State Government Performance Based Budgeting System (PBBS)**

The PBBS requires a strategic plan, updated each state fiscal year and formally submitted with the annual budget. The strategic plan includes priorities, goals, objectives, performance measures and targets, which are reviewed quarterly and annually by the Department's senior management, as well as by the Department of Finance and Administration and the Legislative Finance Committee. The Department's Strategic Plan is aligned with the State Plan and with area plans developed by the state's four area agencies on aging. The New Mexico Accountability in Government Act requires state agencies to develop and implement performance measures against which organizational and cost effectiveness can be evaluated. The act identifies five types of performance measures:

1. Efficiency – to measure cost per unit of service provided,
2. Explanatory – to measure external factors over which an agency has little or no control, but that have a material effect on the agency's ability to achieve its goals,
3. Outcome – to measure the actual impact or public benefit of a program,
4. Output – to measure the volume of work completed or the level of services or products delivered,
5. Quality – to measure the value of a service being provided.

The Aging & Long-Term Services Department has six outcome measures, two output measures, four quality measures, and four explanatory measures, as detailed in this plan. The measures are approved a year in advance of implementation. Performance measures often remain in effect for more than one year, and are reviewed annually with analysts from the Department of Finance and Administration and the Legislative Finance Committee. The Legislative Finance Committee prepares a quarterly report card for each state agency and the measures and targets are incorporated into the Governor's Executive Budget recommendation.

## **Internal Performance Measures**

Each division establishes internal performance measures across the Department. Measures tie directly to customer and stakeholder value and to overall performance. The resulting alignment ensures consistency of purpose across the Department while supporting flexibility, innovation, and decentralized decision making. Feedback, developed through review of performance results, leads to action-oriented cycles of improvement with four stages:

1. Designing and selecting effective processes, methods, and measures,
2. Executing with consistency,
3. Assessing progress and capturing new knowledge, including seeking opportunities for innovation,
4. Revising plans based on assessment findings and organizational performance, harmonizing processes and work-unit operations, implementing better processes and selecting new measures.

## **Data Collection, Analysis and Reporting**

The New Mexico Aging & Long-Term Services Department and New Mexico's aging network have used what is now known as Mediarware Information Systems *Social Assistance Management System* (SAMS) since 1998 to meet U.S. Administration on Aging State Program Report requirements. The Department administers numerous state and federal programs; reporting requirements for these programs are satisfied through the use of applications from Mediarware Information Systems. These applications consist of Harmony Products, including those for Information & Referral, Care Transitions, Ombudsman Programs and Adult Protective Services.

The Aging & Long-Term Services Department functions as the administrator of the state-wide SAMS database; this requires the provision of on-going technical support to area agencies and aging network providers. The Department purchases annual licenses from Mediuware Information Systems to serve as the host. Users access SAMS through the internet and a web browser. The Department has implemented, and maintains, a single state-wide database to prevent duplication of data and effort. The benefits of this system include the capacity to track multiple service programs and consumers who receive services from multiple programs. Area agencies and providers throughout New Mexico have the ability to access provider and consumer data for care coordination, planning, contract oversight and reporting.

## **PERFORMANCE MEASURES**

### **Adult Protective Services Division**

1. Number of 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 time frames.
3. Percent of contracted home care and adult day service providers receiving no deficiencies during annual on-site audits by Adult Protective Services.
4. Number of adults who receive home care or adult day services as a result of an investigation of abuse, neglect, or exploitation.

### **Aging Network Division**

1. Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network.
2. Number of hours of caregiver support provided.
3. Number of persons served through healthy and productive aging programs and initiatives.
4. Percentage of older New Mexicans receiving services to support caregiving and healthy & productive aging through the aging network.
5. Average cost per individual served with aging network services.
6. Percent of individuals exiting from the federal older worker program who obtain unsubsidized employment.
7. Number of clients appointed as legal guardians of kinship children in their care.

### **Consumer and Elder Rights Division**

1. Percent of calls to the Aging & Disability Resource Center that are answered by a live operator.
2. Percent of people receiving options counseling who indicate the information they received regarding long-term support services made a positive difference in their decisions.
3. Percent of Ombudsman complaints resolved within sixty days.
4. Percent of residents who remained in the community for at least six months following a nursing home care transition.
5. State ranking for the number of complaints per nursing and assisted living facility beds.

## **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. The Department's annual allotment of OAA Title III funds is allocated to two of New Mexico's four area agencies on aging based on an 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 AoA. New Mexico's Pueblos and Apache Nations receive OAA Title VI funding directly from the AoA. New Mexico provides funds appropriated by the State Legislature to all four of its area agencies on aging.

### **SUPPORTIVE SERVICES**

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 or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural, tribal and frontier areas. Some of the many services offered include, but are not limited to, adult day care, home delivered meals, congregate meals, in-home care, transportation, caregiver support, health promotion and nutrition education. Aging Network contract providers help families remain together, at home, in their own communities and create a safety net for many of New Mexico's elders, those who may not qualify for Medicaid but whose resources are limited, those whose families are stretched to capacity caring for loved ones at home. Senior employment and volunteer opportunities enable older adults to remain active, vital members of their communities. Financial subsidies offered by the employment programs and some of the volunteer programs help seniors maintain their economic independence. The Department sponsors an annual New Mexico Conference on Aging that offers older adults, caregivers and professionals a chance to learn and network in an environment that supports independence and dignity. It is one of the few conferences attended by both seniors and professionals; approximately 1500 people, reflecting New Mexico's ethnic and cultural diversity, attend each year. The conference includes numerous workshops, entertainment highlighting the talents of older New Mexicans, and wellness activities, such as health screening and exercise classes.

### **Goals**

- Maintain an effective aging network structure that delivers a coordinated system of services to older New Mexicans.
- Enhance public and private collaborative partnerships to build capacity and maintain and develop quality state-wide services and supports.

### **Objectives**

- Work with area agencies on aging and other contract providers to maximize resources and target a full continuum of services to those with the greatest needs.
- Work with area agencies on aging and other contract providers, to assure provision of quality services, by monitoring compliance and consumer satisfaction.
- Support evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives.
- Identify and create options for older persons to engage in meaningful activities throughout their lives.
- Provide training and disseminate information to and about older adult issues, including training for contract providers and aging network partners, to meet federal mandates and build capacity.

## **NUTRITION**

New Mexico's Nutrition Services are funded through state and federal funds. Breakfast, lunch and/or dinner are provided to individuals aged 60 and older, or 55 and older in tribal programs, and to spouses of any age, with emphasis on those with the greatest social or economic needs. Meals and other nutrition services are provided in a variety of settings, such as senior centers and community centers, and are also delivered to individuals' homes. Congregate meal programs give seniors the opportunity to socialize with others and engage in daily activities. Nutrition screening, assessment, education and counseling are provided to help enhance the health and well being of participants. Home-delivered meals are provided to persons who are homebound by reason of illness or disability, or otherwise isolated. The Nutrition Program addresses the growing incidence of food insecurity and hunger in New Mexico, preventing malnutrition and maintaining elders' independence, enabling them to remain in their own homes and communities. Meals are provided at least once a day, five days or more per week. New Mexico has 212 congregate meal sites throughout its thirty-three counties and twenty-two tribal communities (19 Pueblos, 2 Apache Nations and the Navajo Nation).

### **Goal**

Improve nutritional health, alleviate hunger and prevent malnutrition by providing nutritionally adequate meals to older adults throughout New Mexico.

### **Objectives**

- Promote visually appealing, appetizing meals that meet the nutritional requirements and dietary guidelines for older adults.
- Promote the provision of therapeutic meals, particularly "diabetes friendly" meals.
- Assist area agencies in the operation of senior nutrition programs, including conducting on-site assessments, and providing training and technical assistance.

## **HEALTH PROMOTION/DISEASE PREVENTION**

Health Promotion activities are designed to maintain or improve physical and mental well-being, maintain independence, manage chronic disease, and build knowledge to enable older adults to make informed choices about lifestyle and health issues. Such efforts include evidence-based programs such as *Enhance Fitness*, *A Matter of Balance* and *My Chronic Disease (MyCD)*.

### **Goal**

In collaboration with area agencies on aging, aging network providers, governmental entities, health care organizations and others, provide health promotion & disease prevention information, activities and programs throughout New Mexico.

### **Objectives**

- In partnership with the NM Department of Health, sponsor and support health promotion & disease prevention activities, including chronic disease self-management, to help older adults maintain or improve their physical and mental well-being.
- Conduct and promote health fairs, workshops and other venues to assist healthy active seniors in maintaining their lifestyles and to teach techniques for improving health status to others.
- In partnership with NM Senior Olympics, promote physical fitness, statewide, for adults age 50 and older, by providing year-round opportunities and motivation to participate in local, state and national Senior Olympic games and other health promotion initiatives.
- Maintain up-to-date knowledge on current best practices in health promotion and disease prevention through involvement in collaborative partnerships and organizations that promote healthy aging.
- Maintain a leadership role in the New Mexico Healthy Aging Collaborative, a collaboration of public and private organizations focused on providing statewide health promotion activities and initiatives.

## **CAREGIVER SUPPORT**

New Mexico's Family Caregiver Support Program targets family caregivers of older adults, as well as grandparents and older adults caring for children or younger adult relatives with disabilities (known as kinship caregivers). Emphasis is placed on serving older individuals with the greatest social and/or economic needs, with particular attention to those with low-incomes. Service categories include:

- **Information** about health conditions, resources, and services;
- **Access** in securing appropriate help;
- **Counseling, Support Groups & Caregiver Training** to help caregivers make decisions and develop skills to care effectively for loved ones;
- **Respite Care** to provide caregivers with relief from caregiving responsibilities;
- **Supplemental Services**, such as provision of home modifications, incontinence supplies, nutritional supplements and assistive devices.

### **Goal**

Work with the Aging & Disability Resource Center, area agencies, faith-based & community organizations and service providers to implement the NM State Plan for Family Caregivers.

### **Objectives**

- Provide caregiver training and technical assistance throughout the New Mexico.
- Maintain and enhance support services for caregivers, statewide.
- Develop new partnerships with other state agencies, community providers, and faith-based organizations to enhance services.

## **COLLABORATION WITH VOLUNTEER PROGRAMS**

The Department, in collaboration with the federal Corporation for National and Community Service provides state funding, training and technical assistance to Volunteer Programs, statewide, as follows:

**FOSTER GRANDPARENT PROGRAM (FGP):** FGP offers meaningful part-time volunteer opportunities to persons with low incomes, aged 55 and older, who provide one-to-one supportive services to children with special or exceptional needs. Foster Grandparents serve in health and social service settings and help address children's physical or psychosocial needs. Foster Grandparents receive stipends to support their volunteer work. New Mexico has nineteen Foster Grandparent Programs.

**SENIOR COMPANION PROGRAM (SCP):** SCP offers meaningful part-time volunteer opportunities to persons with low incomes, aged 55 and older, who provide supportive one-to-one services to older adults who need assistance remaining independent in their own homes. Senior Companions receive stipends to support their volunteer work. New Mexico has nineteen Senior Companion Programs.

**RETIRED SENIOR VOLUNTEER PROGRAM (RSVP):** RSVP has the dual purpose of engaging persons 55 years of age and older in volunteer service to meet critical community needs and of providing high quality experiences to enrich the lives of the volunteers. RSVP encourages older adults to share their talents, expertise, and skills with community projects and organizations needing volunteer talent. New Mexico has ten RSVPs with more than 500 volunteer stations throughout the state.

## **ELDER RIGHTS PROGRAMS**

The Department's **Adult Protective Services (APS)** Division operates under the authority of the NM Adult Protective Services Act, the purpose of which is to establish a system of protective services for adults unable to protect themselves from abuse, neglect, or exploitation. The Act further requires that due process be followed when imposing any restrictions. In addition to investigating reports of adult abuse, neglect, and exploitation, APS provides short-term protective services to alleviate and prevent continued abuse. Least restrictive alternatives, utilizing community based-services rather than institutional services, are employed whenever possible. Actions taken by APS balance the duty to protect the safety of an individual with the individual's right to self-determination. A key concept defined in the Adult Protective Services Act is the "ability to consent", which is defined as an adult's ability to understand and appreciate the nature and consequences of proposed protective services or protective placement, including the benefits, risks, and alternatives to such, and to make or communicate an informed decision.

### **Adult Protective Services**

#### **Goals**

- Protect adult victims who are unable to protect themselves from abuse, neglect, and exploitation.
- Continue to provide all counties with a coordinated system of referral, response, assessment, investigation, and when appropriate, short-term services, to mitigate risk to victims.
- Provide public education and outreach to help people recognize and report adult abuse, neglect, and exploitation.

#### **Objectives**

- Strengthen the capability of Adult Protective Services to respond to the growing numbers of disabled adults and elders who are abused, neglected, or exploited.
- Maintain contracts for home and community-based services which provide optimal benefits to clients with the most serious incapacities and immediate need for assistance.
- Assist the general public in making appropriate referrals to Adult Protective Services through dissemination of its toll-free intake number and through public outreach presentations.

**Legal Services** are a resource offered to consumers served by all divisions of the Department. The Department's Legal Services Development includes contracts with area agencies and legal service organizations, statewide, to provide advocacy and legal representation for older adults with the greatest economic or social needs, to assist them in securing and maintaining government benefits, housing, health care, human rights, consumer protection and domestic relations protection. Contractors provide services throughout New Mexico, including brief telephone consultation, intensive personal contact, in-depth legal consultation and advice, and legal representation in judicial and administrative settings. The Department provides funding to the New Mexico Bar Foundation to operate a hotline and coordinate a pro-bono panel of attorneys to provide legal services, outreach and education to older adults, statewide. As part of its Grandparents Raising Grandchildren Initiative, the Department contracts with Pegasus Legal Services to provide Kinship Caregiver Legal Advocacy Services, including a statewide legal services delivery network for kinship caregivers. A kinship caregiver is any individual who has assumed primary responsibility for raising a child who is not his or her legal child. Most kinship caregivers in New Mexico are members of a child's family, tribe or clan, or are godparents; many are grandparents. The Kinship Caregiver Legal Advocacy Network includes a guardianship legal helpline, community outreach & education, legal advice, information & brief service, legal representation in guardianship cases, and counseling for kinship caregivers who represent themselves in guardianship legal proceedings.

## **Legal Services**

### **Goal**

- Provide legal assistance to older New Mexicans with the greatest economic and social needs, particularly in the priority areas of income, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination and defense of guardianship.

### **Objectives**

- Expand access to legal services through provider outreach, continuing legal education venues, and community attorney associations.
- Provide systemic advocacy on legal issues impacting older New Mexicans with the greatest economic and social needs.

The **Long-Term Care Ombudsman Program** is federally and state mandated to provide oversight, advocacy and resident-centered protection of the rights of New Mexicans living in long-term care facilities. Funded primarily under the Older Americans Act, the Ombudsman Program provides independent, individual and systemic advocacy on behalf of long-term care residents. Staff and volunteers strive to fulfill this responsibility by providing prompt and fair resolutions of residents' complaints, advocating for their wishes and providing a voice for those who often go unheard. The Program has eight fulltime staff and a corps of over 75 Certified Ombudsmen Volunteers who maintain a weekly presence in nursing homes and a quarterly presence in assisted living facilities. Advocacy services are offered at the request of any resident or surrogate decision maker regardless of payer source. In addition to in-facility advocacy, the Ombudsman Program provides advocacy to residents living in institutions who wish to return to a less restrictive setting, to ensure that residents' wishes are heard and respected during the nursing home discharge process. Providing advocacy during this process has positively impacted the safety of residents returning to their communities. The NM Ombudsman Program maintains a mutually supportive relationship with the Navajo Nation Ombudsman Program. Navajo volunteers have been trained by the NM Ombudsman Program and are assigned to facilities in New Mexico.

## **Long-Term Care Ombudsman Program**

### **Goals**

- Preserve and protect the rights of residents in long-term care facilities and those wishing to transition to different care settings.
- Ensure that all long-term care facility residents have regular contact with an Ombudsman to support and protect their civil and resident rights, including the right to be free from harm.
- Increase access to person-centered home and community-based services in order to minimize the need for more restrictive long-term care services.

### **Objectives**

- Conduct quarterly visits of all nursing facilities in the state, and maintain monthly volunteer contacts, in order to offer residents regular opportunities for complaint resolution and advocacy.
- Expand the number of trained and certified volunteer Ombudsman to ensure resident access to advocacy services.
- Advocate for increased minimum staffing requirements in long-term care facilities.
- Advocate for stronger regulation of assisted living facilities, board and care homes and shelter homes.
- Advocate for individuals who are transitioning from nursing homes to home and community-based service settings.
- Collaborate with area agencies on aging, independent living centers, other state agencies and local service providers to facilitate the provision of home and community-based long-term care services.

## **SERVING NATIVE AMERICAN INDIAN ELDERS**

The Department's Office of Indian Elder Affairs is charged with developing government-to-government relationships between sovereign tribal governments and the state of New Mexico on behalf of all Indian elders in New Mexico. The Department's Cabinet Secretary serves as the Director of the Office of Indian Elder Affairs and, as such, appoints the Department's tribal liaison. New Mexico has two state planning & service areas (PSAs) designated specifically to serve its Native American Indian populations and tribal service providers. These are PSA 5, which consists of the Navajo Nation, and PSA 6, which consists of the 19 pueblos and 2 Apache Nations in New Mexico. The designated area agency on aging for PSA 5 is the Navajo Area Agency on Aging (a unit of the Navajo Nation government) and the designated area agency on aging for PSA 6 is the Indian Area Agency on Aging (a unit within the Department's Aging Network Division). These area agencies provide technical assistance, program development and oversight for tribal providers. They also conduct outreach to identify Indian elders eligible for assistance under the Older Americans Act 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.

Traditionally, Indian elders occupy an important, revered position in tribal life; age is equated with wisdom and experience. Many elders live with several generations of family under one roof. Indian elders who require long-term care, often live at home, cared for by family members. These caregiving families are in need of services which are consistent with the desires of their elders and cohere with their unique cultures. Many tribes provide in-home services, respite care, and caregiver support, and several tribes have developed adult day care programs to address this need. Some of the traditional ways are changing, however, as the impact of non-Indian culture becomes more prevalent. The rise of elder abuse and the need for tribal elder protection codes is an indication of these changes.

The concerns of New Mexico's Indian elders are similar to the concerns of the general older adult population throughout New Mexico. They include chronic disease, health care, long-term care, housing, adequate nutrition, caregiver support, and prevention of elder abuse, neglect & exploitation. Gaps in service delivery and related barriers are numerous and complex for tribal elderly programs. Isolation, distance from health and support services, limited transportation, complex state and federal regulations, lack of adequate funding, language barriers, cultural disparities, and buildings in need of repair, are some of the major issues effecting the service delivery system for Indian elders in New Mexico. These gaps and concerns have been identified by the NM Indian Council on Aging, the NM Title VI Coalition, the Indian AAA and the Navajo AAA, as well as the Department's public hearing process. Tribal elders are concerned about the need to develop and support long-term care services on tribal lands, using available federal, state and tribal resources. Another area of focus is the development of health promotion, chronic care management and disease prevention services. Most tribal elderly programs have access to Title VI funding, USDA cash in lieu of commodities, and NM state funding. Programs also rely heavily on tribal in-kind support and local fundraising efforts.

The Department has addressed these needs and issues by promoting and supporting tribal programs that serve Indian elders in their own communities. Frequent communication and training keep the Indian Aging Network in New Mexico informed about issues, funding opportunities, and best practices. Staff from the Indian AAA and the Department's Senior Services Bureau conduct site visits and provide individualized technical support and culturally sensitive training at each site throughout the state. Staff work with local providers to maintain or expand services within tribal communities and to facilitate the development of relationships between various tribal and non-tribal service providers. The main focus continues to be providing services to older individuals in their own homes and communities, targeting those with the greatest economic or social needs, with particular emphasis on persons with low incomes.

## **ACL/AoA DISCRETIONARY GRANTS**

### **Aging & Disability Resource Center**

The Department's Aging & Disability Resource Center (ADRC) serves more than 4,200 people a month, connecting constituents to a broad array of services. The ADRC is a "visible and trusted" source to which people turn for objective information. It assists New Mexico's older adults, caregivers, adults with disabilities and their families through an integrated telephonic, web-based, and community-based system. The ADRC integrates information about numerous programs and services, which has resulted in increased efficiency and access to services throughout New Mexico. The ADRC reaches out to New Mexico's 33 counties and 22 tribal pueblos and nations, providing information, assistance, referrals, resource coordination and advocacy to maximize personal choice and independence for all consumers. ADRC staff offers options about services and supports and empowers people to make informed decisions. The ADRC offers one-on-one counseling and assistance to all New Mexicans, regardless of income. Families, friends, caregivers, providers, and others who work with or care about older people and people with disabilities access the services offered by the ADRC. ADRC information services are provided in person, over the telephone, during visits to individual homes, and at other locations convenient to consumers.

ADRC Counselors are knowledgeable about programs and services that address varied and complex needs, such as independent living, legal assistance, homemaker services, transportation, home-delivered meals, home modifications, assisted living, long-term care, respite care, and caregiver support. ADRC staff provides information and education on health and wellness, maintaining independence, and preventing and managing disease. These services include medication review, nutrition education, chronic disease management, elimination of home hazards and falls prevention. Prescription Drug Assistance programs, offered by the ADRC, assist uninsured and under-insured individuals in obtaining medications they need at costs they can afford. A state-funded Prescription Drug Assistance Program also provides vouchers, up to \$300, to enable eligible enrollees to obtain prescription medications while awaiting free medications from drug manufacturer subsidy programs.

ADRC staff provides options counseling to empower individuals to make informed decisions regarding long-term services and supports (LTSS). This critical service helps provide clear pathways for individuals wishing to access LTSS. Some consumers may only need information, but many need options counseling. A tremendous amount of information about LTSS is available on-line, but it can be complex, contradictory and confusing. Individuals and families may want or need additional support interpreting available information and weighing the pros and cons of different choices regarding LTSS. Few people plan ahead for long-term care and many are often unaware of available community-based options. ADRC Options Counselors educate consumers regarding how to access public and private resources. The ADRC registers consumers for the NM Centennial Care Medicaid Waiver. The Medicaid Waiver serves elders and persons with disabilities, providing in-home care, adult day care, respite care, assisted living, emergency response services and environmental modifications. Community transition services, private duty nursing, and physical, occupational, and speech therapies are also provided under the waiver.

The ADRC State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one counseling and assistance to Medicare and Medicaid beneficiaries and their families. SHIP Counselors provide benefits counseling with regard to private health insurance, Medicare, Medicare prescription drug coverage, Social Security, Medicaid, and veteran benefits. SHIP ensures that older New Mexicans receive accurate, unbiased information about health care options and other entitlements. Adult Protective Services Intake is another component of the ADRC. Adult Protective Services is mandated by New Mexico statute to provide a system of protective services to persons age 18 and older, who are unable to protect themselves from abuse, neglect or exploitation. The ADRC intake function is a key component of New Mexico's 24/7 adult protective coverage and its system of safety for the state's most vulnerable residents.

The New Mexico Social Services Resource Directory, another component of the ADRC, provides easy access for consumers, families and caregivers to find up-to-date comprehensive information about national, state and local services and service providers. The directory can be accessed at [www.nmresourcedirectory.org](http://www.nmresourcedirectory.org). ADRC staff conducts a variety of community presentations on Medicare, Medicare Prevention Services, Low-Income Subsidy, Medicare Fraud and the services of the ADRC. The ADRC began offering a live web-chat feature in November of 2015. This has increased the ability of consumers and caregivers to access services available to them at the ADRC. The ADRC web-chat feature allows consumers to easily access information by methods which include increasingly popular mobile devices.

The ADRC has recently entered into an agreement with the New Mexico Veteran's Health Administration to provide the Veteran Directed Home & Community-Based Services Program. The program accepted its first veteran on August 1, 2016 with the goal of serving 10 veterans by the end of 2016. The program provides veterans of all ages with the opportunity to receive self-directed home and community-based services, enabling them to avoid nursing home placement and to continue to live in their own homes and communities. Through the program, the VA Medical Center refers eligible veterans to the ADRC, which assists them in managing flexible budgets, deciding what mix of services will best meet their personal care needs, hiring their own personal care aides (including family or neighbors) and purchasing items or services needed to live independently in the community.

### **Goals**

- Increase access to person-centered home & community-based services in order to minimize the need for more restrictive long-term care and health care services.
- Increase the Department's capability to recruit, train and retain qualified and committed volunteers to augment and effectively deliver programs and services.
- Improve access to long-term support services for older adults, adults with disabilities and caregivers by utilizing options counseling to assist them in making informed decisions.

### **Objectives**

- Collaborate with Area Agencies on Aging, Independent Living Centers, other state agencies, and local service providers to facilitate the provision of home & community-based long-term care.
- Increase utilization of the ADRC web-based Social Services Resource Directory among aging network providers, hospital discharge planners, care transition staff, pharmacy staff, and case managers.
- Provide a telephonic, web- & community-based, single-point-of-entry system to enable consumers to access services.
- Collaborate with veteran organizations to support veterans and their families in accessing services.
- Increase screening for, and enrollment in, subsidy programs that cover some or all of the costs of Medicare prescription drug coverage, premiums, yearly deductibles, coinsurance and co-payments for New Mexicans with limited incomes and resources, to prevent gaps in coverage.
- Increase access to prescription drug assistance programs so that older adults and adults with disabilities can obtain the medications they need at costs they can afford.
- Increase the number of volunteers serving as SHIP benefits counselors.

## **Senior Medicare Patrol**

The Senior Medicare Patrol (SMP) operates as a program within the Department's ADRC. Program staff and volunteers help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. This enables beneficiaries to protect themselves and helps preserve the integrity of the Medicare Program. The SMP program empowers older adults by increasing their awareness and understanding of health care programs. SMP staff works to resolve beneficiary fraud complaints in partnership with state and national fraud control and consumer protection entities. These activities support the goals of the Federal Administration for Community Living to promote increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical and mental well-being of older adults – thereby increasing their capacity to maintain security and independence and make better financial and health care choices.

The Department received a three-year grant on June 1, 2015 to foster statewide program coverage, provide high quality beneficiary education and inquiry resolution, improve the efficiency of the SMP program, and target training and education to isolated and hard-to-reach populations. These enhanced efforts are supporting increased awareness of health care fraud among Medicare beneficiaries throughout the state of New Mexico. The SMP grant has enabled the program to increase and expand recruitment of volunteers with a focus on multicultural and multilingual volunteers and to enhance and increase outreach. Public awareness of health care fraud has been increased as a result of statewide outreach events, public service announcements, and television and radio advertising. The program targets New Mexico's 373,754 Medicare beneficiaries, empowering them by increasing their knowledge of their rights and how to recognize and advocate for themselves with regard to Medicare and Medicaid error, fraud and under/over utilization.

### **Goals**

- Increase and expand the recruitment of SMP Program volunteers.
- Enhance and increase outreach and educational strategies and initiatives.

### **Objectives**

- Provide statewide program coverage.
- Provide high quality beneficiary education and inquiry resolution.
- Improve the efficiency of the SMP program, increasing results for both operational and quality measures.
- Target training and education to isolated and hard-to-reach populations.

## **PARTICIPANT-DIRECTED PERSON-CENTERED PLANNING**

The Department addresses participant-directed person-centered planning by empowering older people, their families, caregivers and other consumers to make informed decisions about, and to access, existing health, social service and long-term care options. This is primarily accomplished through the work of the Department's Consumer & Elder Rights Division, including the Aging & Disability Resource Center and the Care Transition Bureau.

The **Aging & Disability Resource Center** (ADRC) integrates access to numerous programs and services. New Mexico's implementation of the "No Wrong Door" model has gained national recognition as an innovative single-point-of-entry to access services and supports. The Center's database and on-line directory include extensive information regarding the state's health care, social service and long-term care resources. Specific measures and methods include the following:

- The ADRC is New Mexico's single point-of-entry by which caregivers, older adults, people with disabilities and their families can access a variety of health, social and long-term care services. ADRC staff offers options regarding long-term services and supports, provides information and assistance, and empowers people to make informed decisions.
- ADRC Options Counseling provides individualized short-term assistance and possible solutions to help consumers identify their needs and the resources to meet those needs. Options Counseling is an interactive, person-centered process whereby individuals, family members and significant others are informed of all care options available and are supported in their decisions to choose the resources they feel are most appropriate. Providing services to at-risk populations presents health care providers, social service providers, families and informal caregivers, with complex challenges; the added involvement of multiple payers and managed care providers further complicates service delivery. Options Counseling helps consumers sort through the "maze" of available options.
- The ADRC has strengthened its person-centered planning approach by expanding Options Counseling to New Mexico veterans in need of long-term support services. A formal provider agreement has been established with the NM Veteran's Health Administration for these services.
- The ADRC utilizes a variety of instruments and tools for screening, assessment, and evaluation so that the daily living needs of individuals can be adequately identified and addressed. These instruments are used to assess consumers' abilities to perform Activities of Daily Living and Instrumental Activities of Daily Living, as well as to assess other functional and health status domains.
- An ADRC web-based Social Services Resource Directory is available to anyone with internet access.
- ADRC resources include a person-centered planning tool, accessible on the Social Services Resource Directory web-site, which individuals can use to plan for future long-term care needs.

The **Care Transition Bureau** assists individuals wishing to transition out of nursing or assisted living facilities into community settings. The Bureau advocates for individuals, and provides options for long-term services and supports that will permit the highest level of independence possible. Program staff uses a person-centered approach and face-to-face assistance, engaging consumers, long-term care facility staff, families, guardians, community service providers and other relevant entities in the transition process. Options Counseling is offered to facility residents who are transitioning back to the community. Bureau staff administer Minimum Data Set screening and assessment that is component of the Resident Assessment Instrument (RAI). The RAI provides a comprehensive and standardized assessment of each long-term care facility resident's functional capabilities and helps staff to identify health problems. This assessment is performed on every resident in a Medicare and/or Medicaid-certified long-term care facility. Bureau staff work with nursing home and hospital discharge planners to provide an interface between home-based and facility-based care. Staff provide education, information and access to a variety of community services, public benefits, and other long-term services and supports, to help transitioned individuals remain in the community.

## ELDER JUSTICE

The Aging and Long-Term Services Department is the designated state agency for the protection of adults who are victims of abuse, neglect, or exploitation. The Department's Adult Protective Services Division provides a statewide system of protective services for adults and elders without the capacity to protect themselves. Annually, the Adult Protective Services Division receives and screens over 11,500 reports of adult abuse, neglect, and exploitation and investigates approximately 6,300 cases. Over sixty percent of these cases involve adults age 60 and older, and 27% involve individuals age 80 and older. More than half of the victims are female. The most frequently reported and substantiated allegations in New Mexico involve self-neglect (64%), followed by neglect (13%), exploitation (12%), and abuse (10%). In high risk situations, service interventions are utilized to increase victims' safety, reduce the potential for premature institutionalization, and prevent continued abuse, neglect, and/or exploitation. Many older adults are "aging in place" and Adult Protective Services is committed to assisting adult victims in the least restrictive manner consistent with the individuals' welfare and safety. Annually, approximately 1,600 adult victims receive home care, adult day care, emergency placement, attendant care, or assistance with a guardianship filing through Adult Protective Services.

As New Mexico's designated State Unit on Aging, the Aging and Long-Term Services Department is the designated administrative home of the Long-Term Care Ombudsman Program. The Long-Term Care Ombudsman Program is mandated by state and federal law to advocate for the respect, recognition and enforcement of the rights of all residents in long-term care facilities throughout New Mexico. Eight employees and a corps of more than 75 volunteers provide prompt investigation and resolution of resident complaints, advocacy for resident wishes and a voice for those who often go unheard. The intent of the Elder Justice Act provisions within the Patient Protection and Affordable Care Act are to support pilot programs to improve Ombudsman services and establish training programs for state agencies involved in Ombudsman activities. The NM Long-Term Care Ombudsman Program provides oversight and advocacy to more than 12,000 citizens living in long-term care facilities.

National standards for all Long-Term Care Ombudsman Programs require quarterly visits to nursing facilities and assisted living facilities. During federal fiscal year 2016, Ombudsman employees and volunteers visited 100% of New Mexico's nursing facilities, with the majority visited weekly; 85% of assisted living facilities were visited quarterly. Ombudsman employees and volunteers resolve more than 3,600 complaints annually; 75% of complaints involve nursing facilities, 24% involve assisted living facilities and less than 1% involve other settings. Approximately eighty percent of complaints pertain to rights, quality of life and care. In addition, Ombudsmen provide more than 8,700 proactive consultations, log over 30,000 resident contacts, and provide systems advocacy to more than 7,000 individuals through facility and community presentations.

Ombudsmen work closely with other New Mexico State agencies (such as the Department of Health and the Human Services Department) to resolve complaints beyond the scope of the Long-Term Care Ombudsman Program. The State Ombudsman works through national networks, including the National Association of State Ombudsman Programs, to address systemic issues in the long-term care industry. The State Ombudsman is authorized to represent the interests of vulnerable adults residing in long-term care facilities, working with governmental agencies, private organizations, legislators and other persons. The State Ombudsman is authorized to seek administrative, legal and other remedies on behalf of residents, with regard to their problems and concerns, in order to protect their health, safety, and welfare. The State Ombudsman represents the interests and wishes of residents in long-term care facilities, as well as those seeking to transition to community-based settings, in partnership with state and national entities concerned with the protection and self-determination of vulnerable adults.

# **DISASTER PREPAREDNESS**

## **NEW MEXICO PANDEMIC INFLUENZA EMERGENCY RESPONSE PLAN AND NEW MEXICO HAZARD EMERGENCY OPERATIONS PLAN**

The Aging & Long-Term Services Department has collaborated with the NM Department of Health to insure that New Mexico's Pandemic Influenza Emergency Response and All-Hazard Emergency Operations Plans address the needs of elders and other vulnerable populations. The focus is on individuals living in the community who may require additional assistance during an emergency, as well as those living in long-term care facilities. In addition to playing a significant role in the development of the state's emergency plans, the Department has developed disaster preparedness guidance for area agencies.

### **AAA DISASTER PREPAREDNESS GUIDANCE**

An area on agency on aging will work with local authorities and state, federal and private sector personnel to coordinate assistance efforts on behalf of the elderly population in an affected planning and service area in the event of a disaster. In the event of government designation of a coordinating agency, an area agency will work under the direction of that coordinating agency. The primary role of an area agency in disaster relief is assuring the well being and safety of the elderly population. Achieving this goal requires close cooperation with all others involved in disaster relief. Specific activities may include:

1. Providing information to elders about the nature of a disaster and its consequences.
2. Collecting information about the impact of a disaster on an area's elderly population.
3. Training and empowering employees and volunteers to provide direct immediate assistance, such as evacuation, emergency shelter, food and clothing.
4. Providing funds and other assets for emergency needs.
5. Providing referrals and linkages to services for elders and their families.
6. Assisting in long term recovery efforts with special attention to the needs of elders.
7. Insuring that at least one member of the area agency staff has attended Federal Emergency Management Agency disaster coordination training.

### **PROCEDURES AT THE TIME OF A DISASTER:**

- Designate a Disaster Preparedness Coordinator at the area agency level, and local coordinators throughout the planning & service area(s). Provide the Aging & Long-Term Services Department (Office of the Secretary, Public Information Officer and ADRC) and the State Disaster Relief Office with the names of the designated coordinators. Train all designated coordinators, to include methods for accessing assistance, conducting assessments, and providing advocacy and relief services.
- Establish contacts with all public and private organizations involved in providing assistance, such as the Federal Emergency Management Agency, the American Red Cross, the State Disaster Relief Office, and local governments.
- Conduct an assessment to determine the type, scope and exact location of the disaster. Assess the impact of the disaster on the elderly population based on data gathered by all disaster relief agencies. Determine the number of affected elders; the number of ill, injured or deceased elders; the extent of damage to the property of elders, including homes and mobile homes; the type and extent of services needed by elders; and the impact on long-term care facilities in the area.
- In coordination with other disaster relief agencies, inform all affected elders of available assistance and develop an action plan specific to the role of local aging network providers. Address provision of services such as transportation, meals, and emergency housing; and include a communication plan, forms for conducting individual assessments and a method for assessing the cost of services provided.
- Seek funding for the provision of emergency services. Identify unobligated funds that could be shifted to disaster relief; contact state and federal governments for financial assistance, including targeted disaster relief funds.
- In coordination with other disaster relief agencies, assess the long-term needs of elders after the disaster's initial impact. Some services, such as counseling or in-home support, may be needed for months after a disaster.

## TITLE III INTRASTATE FUNDING FORMULA

The Older Americans Act specifies the guidelines that states are to follow to distribute federal funds to planning and service areas. New Mexico has four federally designated planning and service areas to which the Department distributes federal Older Americans Act funds. The Intrastate Funding Formula incorporates population data using the 2010 census. The formula for the allocation of Title III funds includes the following elements:

- grandfather differential, which allows for maintenance of the same funding level as the previous year;
- A 10% base of new funds divided equally;
- 60 and older population;
- 60 and older minority population; and,
- 65 and older low-income population.

The final three factors are weighted equally and are applied only to the funds that exceed the amount allocated under the first two elements. The following chart identifies the specific data for the last three elements.

### NEW MEXICO INTRASTATE FUNDING FORMULA

PSA	60+ POPULATION		60+ MINORITY		65+ & Below 100% FPL		AVERAGE
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	PERCENT
<b>1</b>	117,660	29.98%	45,530	29.09%	7,955	24.47%	27.85%
<b>2</b>	145,352	36.40%	64,337	41.11%	12,883	39.63%	39.05%
<b>3</b>	55,949	14.26%	16,602	10.61%	4,611	14.19%	13.02%
<b>4</b>	75,953	19.36%	30,024	19.19%	7,056	21.71%	20.08%
<b>TOTAL</b>	394,914	100.00%	156,493	100.00%	32,505	100.00%	100.00%

Planning & Service Area 1, Bernalillo County, is the largest urban area of the State. New Mexico has defined "rural" as those areas outside Standard Metropolitan Statistical Areas as defined by the US Census. The use of the base and the grandfather differential has provided additional funds for the balance of the state, thereby providing increased resources to rural areas. The additional urban areas, Santa Fe and Las Cruces, are included in Planning & Service Areas 2 and 4, respectively. Area agencies have been encouraged to develop distribution formulas to address the needs of rural areas. Increased state funding has allowed targeting of specific appropriations to areas requiring additional funding.

### IMPLEMENTATION EXAMPLE

The chart below illustrates an example of the implementation of New Mexico's formula. The assumption is that in the year 201X, PSA 1 received \$966,033, PSA 2 received \$1,947,568, PSA 3 received \$1,127,049 and PSA 4 received \$1,165,884 in Title IIIB funds. It is also assumed that an additional \$100,000 in new Title IIIB funds becomes available in the following year. Based on these assumptions, the distribution for the following year would be as indicated below.

PSA	Grandfather Differential	Distribution of \$100,000 of new funds				Total Allocation
		Base 10% percent	Distribution factor %	Percent amount	Total factor distribution	
<b>1</b>	966,033	2,500	27.85%	25,066	27,566	993,599
<b>2</b>	1,947,568	2,500	39.05%	35,144	37,644	1,985,212
<b>3</b>	1,127,049	2,500	13.02%	11,716	14,216	1,141,265
<b>4</b>	1,165,884	2,500	20.08%	18,075	20,575	1,186,459
<b>Total</b>	5,206,534	10,000	100.00%	90,000	100,000	5,306,534

# **ATTACHMENT A: ASSURANCES & REQUIRED ACTIVITIES**

## **Older Americans Act, As Amended in 2016**

*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 2016.*

### **ASSURANCES**

#### **Sec. 305, ORGANIZATION**

(a) In order to be eligible to participate in programs of grants to states from allotments under this title--  
(2) The State agency shall, except as provided in subsection (b) (5), designate for each such area (planning and service 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)(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.

(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 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.

**States must assure 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 (a), AREA PLANS

(a) Each area agency on aging and area plan shall--

(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 who are victims of 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.

(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 subclause (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 and 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 on--

(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; 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.

(9) 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 2000 in carrying out such a program 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.

(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;

(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;

### **Sec. 307, STATE PLANS**

(a) Each such plans shall comply with all of the following requirements:

(3) The plan shall

(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.

(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.

(7)(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.

(9) The plan shall provide assurances that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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) 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.

(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.

(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.

(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.

(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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) 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.

### **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 (as numbered in statute)**

(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

## **REQUIRED ACTIVITIES**

### **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—

(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; and

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

### **Sec. 306, AREA PLANS**

(a) Each area agency will:

(6)(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 health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(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;

## Sec. 307 (a), STATE PLANS

(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.

*THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF 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) have the capacity and actually meet such need;

(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). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

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

(A) afford an opportunity for a public 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 an area agency on aging, by a 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.

(8)(A) The plan shall provide that the 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.

(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).



Myles Copeland, Cabinet Secretary

2017

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*Signature and Title of Authorized Official*

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*Date*

## ATTACHMENT B: INFORMATION REQUIREMENTS

### Section 305(a)(2)(E)

*Describe the mechanism(s) for assuring 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.*

**The Department gives preference, and instructs area agencies on aging to give preference, to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas. Special efforts are made to provide technical assistance and training to minority providers of services, particularly tribal providers and those serving Hispanic elders. These efforts include the availability of multilingual and multicultural staff and training materials in culturally and linguistically appropriate formats, as well as designation of two tribal area agencies on aging - the Navajo Area Agency on Aging which serves the Navajo Nation, and the Indian Area Agency on Aging, which serves New Mexico's 19 pueblos and 2 Apache nations. These area agencies provide technical assistance, program development and monitoring to build the capacity of tribal providers and others serving American Indian elders. The Department requires area agencies to arrange for outreach at the community level to identify individuals eligible for assistance under the Older Americans Act and through other programs, both public and private, and inform those individuals of the availability of assistance. These outreach efforts place special emphasis on reaching older individuals with the greatest economic or social needs, with particular attention to minority individuals with low incomes, and individuals residing in rural areas. These efforts also include outreach to identify American Indian elders in each planning and service area. The Department and area agencies on aging utilize care coordination, as appropriate, to facilitate access to supportive services. The Department's statewide Aging & Disability Resource Center is a key component in facilitating access to supportive services, as well as in providing assistance in securing and maintaining benefits and rights.**

### Section 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.*

**The Department requires each area agency on aging to develop, and submit for approval, an area plan that complies with the Older Americans Act. The Department prepares and distributes uniform guidance, known as *Area Plan Guidelines*, for use by area agencies in developing plans in a uniform format. Further information is provided in the Disaster Preparedness section of this plan.**

### Section 307(a)(2)

The plan shall provide that the State agency will--

(C) *Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2)*

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

- **Access Services: 43%**
- **In-Home Services: 7%**
- **Legal Assistance: 2.1%**

**Section (307(a)(3)**

The plan shall--

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

(i) provide assurances the State agency will spend for each fiscal year 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); and

<b>Title III-B:</b>	<b>\$ 1,635,633</b>
<b>Title III-B Ombudsman:</b>	<b>\$ 350,902</b>
<b>Title III-C1:</b>	<b>\$ 1,954,214</b>
<b>Title III-C2:</b>	<b>\$ 1,007,388</b>
<b>Title III-D:</b>	<b>\$ 121,577</b>
<b>Title III-E:</b>	<b>\$ 897,195</b>
<b>Title III Administration:</b>	<b>\$ 500,000</b>
<b>Total:</b>	<b>\$ 6,441,908</b>

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

**The Department, in collaboration with area agencies, conducts periodic evaluations, including public hearings, of activities and projects carried out under the Older Americans Act, including evaluation of the effectiveness of the Department in reaching older individuals with the greatest economic needs, social needs or disabilities, with particular attention to minority individuals with low incomes and individuals residing in rural areas. In conducting such evaluations and public hearings, the Department solicits the views and experiences of entities knowledgeable about the needs and concerns of the populations served. The Department holds public hearings and employs other means, such as web site communication, establishment of task force workgroups, and statewide conferences/meetings/training, to obtain the views of older individuals, area agencies, recipients of OAA Title VI grants and others regarding programs carried out under the Older Americans Act.**

**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.*

**The special needs of older individuals residing in rural areas are taken into consideration and those needs are met by locating senior centers and meal sites in rural areas throughout New Mexico. Twenty-seven of New Mexico’s 33 counties are designated as rural, of these, 17 are designated as frontier. These counties contain a total of 125 senior centers and/or meal sites funded through the Department. In addition, New Mexico includes 19 pueblos, 2 Apache nations and portions of the Navajo Nation. The Department has contracts with tribal providers to serve all of these communities, with a total of 65 senior centers on tribal lands. Funds have been allocated to meet identified needs through the Department’s intrastate funding formula base and the provision of state funding.**

**Methods used to meet the service needs of older individuals residing in rural areas include:**

- **use of state capital outlay funds to construct, renovate and equip senior centers in rural areas;**
- **use of state capital outlay funds to purchase vehicles to serve rural residents;**
- **continuation and expansion of services provided by organizations with a history of, and expertise in, providing services in rural areas;**
- **conducting meetings and training in rural locations to gather information regarding concerns and recommendations for future planning.**

**With respect to services for older persons residing in rural areas, the Department will spend, for each fiscal year of this plan, not less than the amount expended for such services in the prior fiscal year.**

**Section 307(a)(14)**

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

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

**New Mexico has 17,273 minority persons age 60 and older with low incomes. Those with limited English proficiency speak predominantly Spanish, followed by American Indian languages such as Diné, Tewa, Tiwa, Towa, Zuni and Keres.**

(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.*

**In planning and service areas in which a substantial number of older persons have limited English-speaking ability, the Department requires area agencies to utilize staff fluent in the other predominant language(s) to assist the limited English-speaking in participating in programs and receiving assistance under the Older Americans Act. Area agencies are also required to employ culturally and linguistically competent staff, reflecting the diversity of each community, and to sensitize staff with regard to cultural and linguistic diversity. Other methods used to address the needs of minority older persons, including those with low incomes, include conducting targeted outreach, providing information in culturally/linguistically appropriate formats, locating senior centers in minority communities, and staffing senior centers with culturally and linguistically competent staff.**

**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.*

**This is detailed in the Serving Native American Indian Elders section of this plan.**

**Section 307(a)(28)**

(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.

**This is detailed in the State Data and Demographics, Trends, and Impacts sections of this plan.**

**Section 307(a)(29)**

*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.*

**This is detailed in the Disaster Preparedness section of this plan.**

### **Section 307(a)(30)**

*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.*

**This is included in the Disaster Preparedness section of this plan.**

### **Section 705(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:*

*(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).*

*(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.*

**The 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 area agencies. The Department provides all Ombudsman services and coordinates a statewide network of volunteers under agreements with the area agencies on aging. The Department provides a Long Term Care Ombudsman Program in accordance with the Older Americans Act.**

**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.**

**With respect to programs for the prevention of abuse, neglect and exploitation under OAA Title VII, the Department conducts such programs consistent with relevant state law. The Department has established and operates a Division within the Department that focuses on elder rights protection activities, including health insurance & benefits counseling, advocacy and an Aging & Disability Resource Center. This Division is known as the Consumer & Elder Rights Division. The Department has also established and operates a Division within the Department that focuses on Adult Protective Services, including prevention of elder abuse, neglect and exploitation. This Division is known as the Adult Protective Services Division. The Department has also established a Legal Services Developer in the Aging Network Division.**

**Programs operated under OAA Title VII are coordinated with other state adult protective service activities, including public education to identify and prevent elder abuse, receipt of reports of elder abuse, active engagement of older individuals through outreach/educational efforts, referral of such individuals to other sources of assistance, and referral of complaints to law enforcement or public protective services if appropriate. The state does not permit involuntary or coerced participation in these services by alleged victims, abusers, or their households. All information gathered in the course of receiving reports and making referrals remains confidential, unless all parties consent in writing to the release of such information or the release of such information is to a law enforcement agency, public protective services agency, licensing and certification agency, ombudsman program, protection & advocacy system, or upon court order. The Department works in collaboration with area agencies on aging to prevent elder abuse, neglect and exploitation, through the following activities:**

- **public education to identify and prevent abuse of older individuals;**
- **receipt of reports of abuse of older individuals;**
- **active participation of older individuals in educational programs;**
- **referral of such older individuals to appropriate sources of assistance;**
- **referral of complaints to law enforcement or other public protective service agencies where appropriate.**

**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 US AoA. 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 of AoA, 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: NM STATE PLAN PUBLIC MEETINGS

## Public Hearing, Albuquerque, New Mexico

XXXXX XX, 2017

XX persons attended a Public Hearing in Albuquerque at the XXXXXX to provide input regarding the New Mexico State Plan for Aging & Long-Term Services to be submitted to the US Administration on Community Living. Comments were as follows:

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# **NM Aging & Long-Term Services Department Contact Information**

## **STATEWIDE**

Adult Protective Services Statewide Centralized Intake  
866-654-3219 (toll-free)

Aging & Disability Resource Center  
800-432-2080 (toll-free in NM)

Department web site: [www.nmaging.state.nm.us](http://www.nmaging.state.nm.us)

## **SANTA FE**

Main Office, Toney Anaya Building  
2550 Cerrillos Road  
Santa Fe, New Mexico 87505  
(PO Box 27118, Santa Fe, NM 87502)  
505-476-4799  
866-451-2901 (toll free in NM)

## **ALBUQUERQUE**

Silver Square  
625 Silver SW  
Albuquerque NM 87102  
Adult Protective Services Division, Suite 400  
505-841-4500  
Aging Network Division and Consumer & Elder Rights Division, Suite 414  
505-383-3900  
866-842-9230 (toll free in NM)

## **LAS CRUCES**

Palms Office Complex  
2407 West Picacho, Suite B2  
Las Cruces, New Mexico 88007  
575-647-2023  
800-762-8690 (toll free in NM)