

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



**AGING &
LONG-TERM
SERVICES
DEPARTMENT**

“Partners in Lifelong Independence & Healthy Aging”

October 1, 2009 - September 30, 2013

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MISSION

To promote the independence and dignity of adults and persons living with disabilities, and their families, by offering services that support autonomy, health, safety, economic well-being, cultural diversity, community involvement and personal responsibility, thereby enabling them to live on their own terms in their own communities.

VISION

ALTSD will be a leader in achieving lifelong independence and healthy aging for all adults, persons living with disabilities and their families.

GUIDING PRINCIPLES

- **We are here to serve the public and respond accordingly through our legislative and regulatory mandates.**
- **The rights, well-being and safety of those we serve are our first priority.**
- **We treat all persons with respect and dignity.**
- **We act as advocates on behalf of those we serve.**
- **We promote personal choice, self-determination and independence.**
- **We respond through active and effective communication.**
- **We promote flexible, creative and fiscally-responsible service delivery systems.**
- **We are active partners with those we serve.**
- **We promote healthy aging, including healthy and productive lives for those living with disabilities.**
- **We promote community involvement and civic engagement.**
- **We foster dynamic teamwork and a shared sense of purpose.**
- **We value and recognize the achievements of our volunteers, employees and collaborative partners.**

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 adults in need, older persons, persons with disabilities, and their families, 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 state plan for delivering services to New Mexico's older adults and adults with disabilities. The period covered by this plan is October 1, 2009 through September 30, 2013. 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 five divisions.

The **Office of the Secretary** includes the Department Secretary, Deputy Secretary, Director of Policy & Planning, Office of the General Counsel, Constituent Services, Legal Services Development, Public Information Office, Information Technology, Adult Abuse Prevention & Education Team, Geriatric Behavioral Health Services, Office of Faith-Based & Community Initiatives, Office of Indian Elder Affairs and Office of the State Long-Term Care Ombudsman.

The **Consumer and Elder Rights Division** includes the Aging & Disability Resource Center which provides information, referrals, intake and resource coordination; and the Community Advocacy Bureau, which provides community outreach, health insurance & benefits counseling, prescription drug assistance, money management and HIV advocacy.

The **Aging Network Division** includes the Employment Programs Bureau which administers two Older Worker Programs, as well as the Golden Opportunities for Lifelong Development (GOLD) Program and the 50+ Employment Connection; and the Senior Services Bureau which provides technical and programmatic support for all Older Americans Act programs, area agencies on aging, Volunteer Programs (FGP, SCP, RSVP) and other aging network contractors, such as Senior Olympics and the NM Alzheimer's Association.

The **Elderly and Disability Services Division** administers home and community based long-term care programs including Coordination of Long-Term Services (CoLTS), the Disability and Elderly Waiver Program, the Personal Care Option Program, the Program of All-inclusive Care for the Elderly (PACE), the Traumatic Brain Injury Program, the Mi Via Self-Directed Waiver Program and the Gap Program.

The **Adult Protective Services Division** provides protective services to abused, neglected or exploited New Mexicans age 18 and older, and to those at-risk of abuse, neglect or exploitation. The division is mandated by state law to investigate reports of abuse, neglect or exploitation and manages a statewide adult protective services system with staff in 23 offices throughout New Mexico. The array of services provided includes screening, investigation, guardianship petitions, attendant care, and contracted home and community-based care.

The **Administrative Services Division** includes fiscal, human resources, and capital projects bureaus which provide accounting, budget management, procurement, contracting, personnel functions, clerical support, record keeping and administrative support to the Department.

EXECUTIVE SUMMARY

The NM 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 and adults living with disabilities. The Department has developed a coordinated system of services for older adults and adults with disabilities and manages a comprehensive home and community-based long-term care system throughout New Mexico. The Department's array of services includes training & education, legal services, geriatric behavioral health, faith-based & community initiatives, long-term care ombudsmen, an aging & disability resource center, health insurance & benefits counseling, prescription drug assistance, HIV advocacy, senior employment and mentoring, civic engagement initiatives, volunteer programs, health promotion, nutrition, caregiver support, Medicaid home & community-based long-term care programs, statewide capital building projects, and adult abuse prevention, education & protection.

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 living with disabilities, their families and caregivers. The Department's services are designed to empower older adults, adults with disabilities, and their families, to make informed decisions about, and to easily access, health and long-term care options.

New Mexico is a geographically large, predominantly rural state. It is the fifth largest, and the eight 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. From 2000 to 2030, New Mexico's population of persons age 65 and older is projected to double. By the year 2030, New Mexico will rank fourth in the nation in percentage of population age 65 and older; currently New Mexico is thirty-ninth. 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.

The current economic crisis has resulted in increasing demands among persons with low incomes for services, particularly meals, in-home support services and employment. The problems of hunger and food insecurity in New Mexico are major. New Mexico ranks second in the nation in food insecurity and third in hunger. Nearly one in six New Mexicans are not sure they have enough money to buy food; and many do not have enough to eat at least once during the month. Aging network providers are experiencing increased demand 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, 2009 through September 30, 2013. The plan includes specific goals, objectives and strategies to address the growing needs of older adults and adults with disabilities 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 long-term care services throughout the network. 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 long-term care continuum of services which offers seamless access to a choice of culturally responsive, self-directed, and high quality long-term 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 civic engagement initiatives and 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 prevented 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 multi-faceted services to assist well-elders in maintaining their health and functional ability, to enable those with functional limitations to maintain independence, and to 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 will involve 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 is 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 by the Office of Indian Elder Affairs 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 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 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 2000 census figures show that there are more than 84,500 persons aged 60 and older living in Bernalillo County; this represents more than 15% of the county's total population. Thirty-six percent of these older adults 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 for those residing in outlying areas of the County to many of the services offered within the metropolitan area is a factor affecting the service delivery system. Concern about the lack of public transportation in less populated areas is addressed through the use of 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 seven multipurpose senior centers in various quadrants of Albuquerque and multiple satellite sites 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 individuals, as well as to construct and equip centers located throughout the city and to purchase vans. The County of Bernalillo contributes administrative funding, as well as county-owned facilities used as senior centers and satellite sites.

The needs and concerns of older adults in the service area include housing, home repair & 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 now operates 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 86,268, the City of Santa Fe with a population of 72,056 and the City of Rio Rancho with a population of 71,607. The number of individuals age 60 and older in PSAs 2, 3 and 4 is more than 209,000. Over 148,000 are age 65 or older; 65,165 of these individuals are living with disabilities and 20,699 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 plays an important role in the delivery of services throughout the entire area. Snow in the higher elevations along with dirt storms in the desert areas can make the delivery of services a challenge. Distance and terrain also impact travel throughout the area and the delivery of services. It is a five-hour drive from Santa Fe to the AAA Deming Regional office and three hours from Santa Fe to the AAA Clovis Regional office. From the Raton Senior Center, in Colfax County, it is a six hour drive to the AAA Regional office in Deming.

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. According to the U.S. Census Bureau, 1.5% of the population is multiracial or of mixed-race. 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 the area agency for an 8-county area of northern New Mexico from 1974 to 1984. In 1983, the state legislature designated new planning service areas, and the 8-county area was expanded to include 13 counties and designated as PSA 2. In 1984, a new area agency was designated to administer PSA 2 until 1987, at which time the NCNMEDD was again designated as the area agency for PSA 2. 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 new designation gives a stronger voice to rural areas and smaller cities, and allows for greater efficiencies in administration and improved services to seniors. Regional offices have been established in Deming, Taos, Tucumcari and Clovis, in addition to the main office in Santa Fe. Response to the change has been positive; the new administrative structure provides more resources for contract providers. The Non-Metro AAA has established a 21-member advisory council whose members assist in identifying the needs of older adults and provide advice on service delivery and planning. AAA Advisory Council members serve as ex-officio members of the NCNMEDD Board of Directors.

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 over 655,000 senior residents, representing 11% of the total population. Some counties have even higher percentages of older adult residents, mostly notably Mora at 15% and Colfax at almost 17%. McKinley County has the lowest percent at 6.9%. More than 10% of the area's senior residents are age 65 or older. Over 29,990 older individuals are living with disabilities, and 10,020 older individuals are living in poverty. More than 24,000 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. There are sixteen tribes and pueblos 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 lifetimes 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. The frail, at-risk elderly population is growing at the fastest rate; more than 38,000 individuals age 65 and older live in PSA 3. Almost 14% of the total 60+ population lives in poverty, and over 16,600 non-institutionalized individuals age 65 years or older live with disabilities. Over 6,000 grandparents are caregivers of one or more grandchildren under the age of 18. Four of counties in PSA 3 have 60+ populations of less than 1,000. New Mexico's most scarcely populated county is located in the service area: Harding County with a total population of 810, 229 who over the age of 60. Another county in the area, Guadalupe County, has the second highest Hispanic population in the state - 81%. 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 334,000 senior residents; representing 13% of the total population. Several counties have significantly higher percentages of older adults - Grant at 16.5%, Luna at 18%, Catron at 19% and Sierra at 28%. The largest population of seniors in PSA 4 resides in Doña Ana County in the City of Las Cruces. More than 18,550 individuals in PSA 4 live with disabilities; almost 14% live at or below the poverty level. Thirty-four percent of the senior population in PSA 4 is minority, with Hispanics being the predominate 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 have come 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 increase their population by 30% 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 area. 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 federally recognized Navajo Reservation in 1974, when the first senior 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, and isolated regions of the 26,000 square-mile Navajo Nation. The Nation straddles three states - Arizona, New Mexico, and Utah with tribal, state, and federal jurisdictions interlocking and overlapping.

Ten percent of the Navajo Nation population, or almost 18,000 persons, is age 60 or older. Twenty-seven percent of the older adult population is age 75 or older. Most tribal elders age 60 and older are undereducated and have fixed incomes well below the federal poverty level. The majority of the target population is monolingual - speaking only the Navajo language of Diné, is orthodox in perception and belief, and inhabits the rural and frontier regions of the Nation where inadequate infrastructure presents challenges to elders, as well as to service providers. Ninety-five percent of the Nation's older adults live in 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 U.S. Census, there are 68,744 housing units on Navajo land. Of the total, 9,204 homes belong to elders; many of these homes lack indoor plumbing, electricity, gas, or telephone service. Many Navajo elders and their kinfolk still haul water in barrels, haul firewood for cooking and heating, and, in some instances, haul coal over great distances for primary heating. The vast majority of homes lack handicap accessibility and are need of repairs or renovations. Remote regions of Navajo country lack grocery stores, health care services, pharmacies, emergency ambulance services and other basic amenities enjoyed by many "mainstream" Americans. The cost of living is exorbitantly inflated and a detriment to elders who subsist on fixed incomes. In many instances, tribal 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 60 years of age 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 ninety-one senior centers, three elderly group homes, an adult day care center, family caregiver support services, a Foster Grandparent Program, a LTC Ombudsman Program and benefits counseling services. The Navajo Area Agency on Aging has established five regional agencies. The Crownpoint Regional Agency is entirely within New Mexico's state boundaries and operates 24 senior centers; the Shiprock Regional Agency operates 12 centers in New Mexico and the Fort Defiance Regional Agency operates 8 centers in New Mexico. The senior centers provide congregate and home delivered meals, transportation, and social services. More than 14,200 Navajo elders benefit from the services of the area agency. Modern medical treatments, advanced standards of living, better nutrition and education have resulted in Navajos living well into their eighth decade of life. This is particularly true for the "Baby Boomer" generation. In anticipation of a proliferating population of tribal elders, due to the aging of the "Boomers", the Navajo Nation government has directed the area agency to take the lead in establishing comprehensive long-term service programs to meet the need 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, program monitoring, technical assistance, advocacy and training to New Mexico's 19 pueblos and 2 Apache tribes with regard to their provision of Older Americans Act services. In 1991, the Aging & Long-Term Services Department entered into a joint powers agreement with 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 with roles and responsibilities similar to the state's federally designated area agencies and for it to become the leading advocacy organization for Indian elders in the state. In 2000, the Indian Area Agency on Aging was placed within the Aging & Long-Term Services Department; and in 2003, the Indian Area Agency on Aging was placed in the newly created Office of Indian Elder Affairs, within the Aging & Long-Term Services Department.

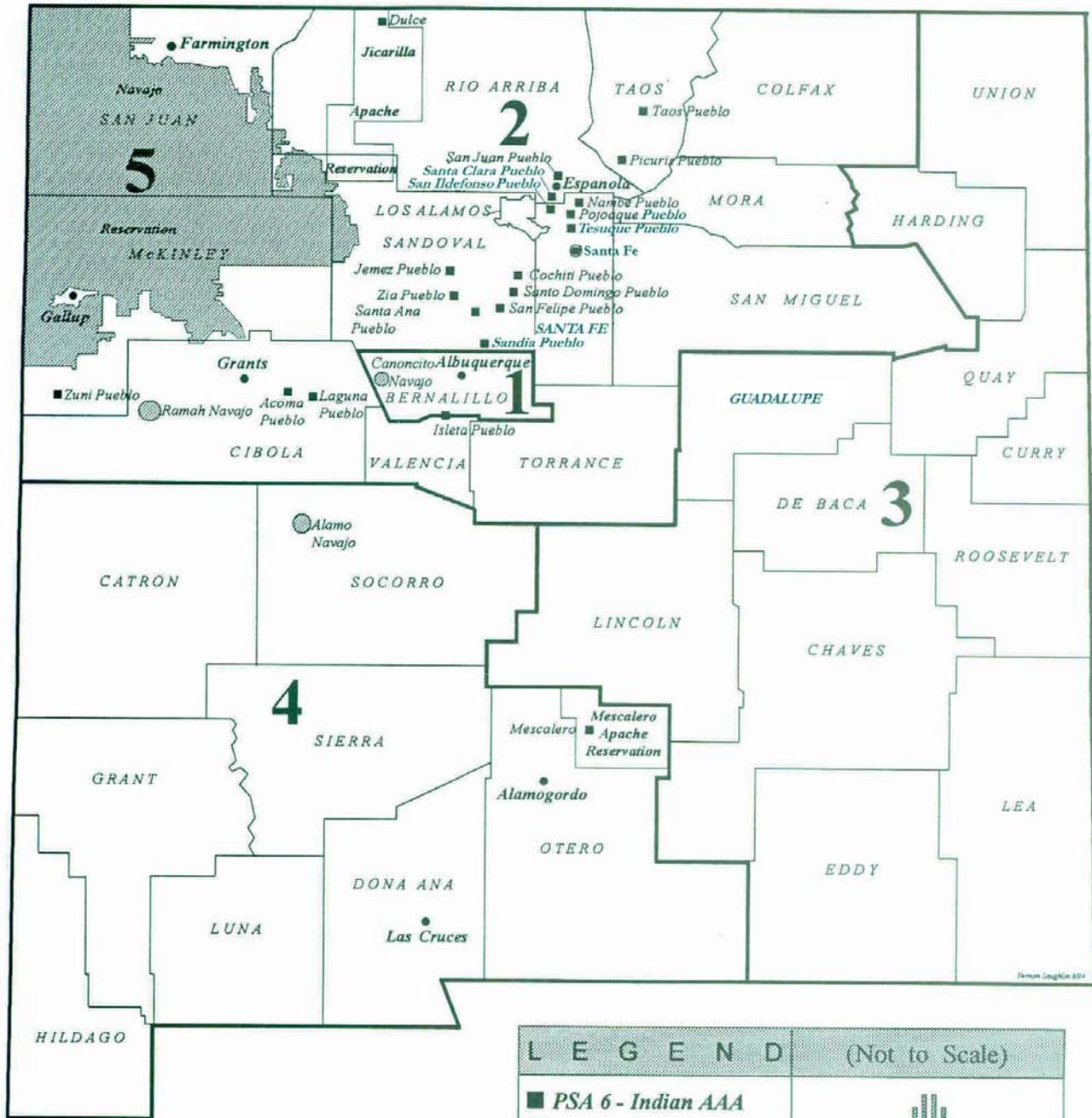
Planning and Service Area 6 includes nineteen federally-recognized Pueblos and two federally-recognized Apache Tribes. These tribes and pueblos receive Title VI funding directly from the U.S. Administration on Aging. To supplement the Title VI funding, the Aging & Long-Term Services Department awards significant state funding, under contract, to each tribal government. These contracts are managed by the Indian AAA. Each tribe has its own sovereign tribal government. Many tribal governments are traditional in nature, particularly in the Pueblos, where the Governor is appointed by the religious leaders (Caciques) of the tribe or elected by the members of the tribe. Each of the tribes in PSA 6 has a tribal council, which acts as the legislative arm of the tribal government, and a tribal court, which performs the judicial functions of the government. Each tribal government operates a tribal senior program. There are approximately 5,000 Indian elders age 55 or older living in New Mexico's pueblos and Apache lands, participating in the various senior services offered in their communities. Tribal senior centers provide congregate and home delivered meals, as well as transportation services. Some centers also provide social services and/or volunteer programs. Services that are reservation-based and tribally sanctioned have the best chance of being effective in reaching the target elderly populations. However, low salaries and poor benefits contribute to staff turnover, thereby increasing the need for onsite training, an important factor in capacity building.

Communal living and decision making by consensus are two of the characteristics of Indian tribal life in New Mexico. Daily living is tied to a religious calendar which emphasizes ceremonial activities to mark the seasons of the year. There is a cultural imperative to keep elders at home, in the community. The vast 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 Cochiti Pueblos. Two tribal nursing home 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 Mescalero Reservation in southern New Mexico. The Mescalero Reservation and Zuni Pueblo 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 support services. In addition, elders are concerned about the role of the 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 the greatest economic or social needs, with particular attention to those with low incomes.

The Indian Area Agency on Aging has an active advocacy network which is responsive to Indian elder concerns throughout the state, and is working to address these gaps and barriers. The area agency advisory council plays a key role in these advocacy efforts. The advisory council consists of one primary representative and one alternate from the following: Northern Pueblos, Southern Pueblos, Zuni Pueblo, Jicarilla Apache Tribe, Mescalero Apache Tribe, the NM Indian Council on Aging, and the NM Title VI Coalition.

Planning and Service Areas (PSAs)



STATE DATA AND DEMOGRAPHICS

New Mexico Population Data Summary

	60+ Population	% of Total 60+ Population	60+ Living Alone	% of 60+ Living Alone	60+ In Poverty	% of 60+ In Poverty
PSA-1	83,935	30%	21,625	26%	7,484	9%
PSA-2	78,130	28%	18,565	24%	9,145	12%
PSA-3	49,745	18%	13,315	27%	7,031	14%
PSA-4	56,095	20%	13,270	24%	7,519	13%
PSA-5	6,785	2%	1,435	21%	3,128	46%
PSA-6	8,595	3%	1,845	21%	2,105	24%
Total	283,285	100%	70,055	25%	36,412	13%

Census 2000 Special Tabulation on Aging

PSA-1	Bernalillo County
PSA-2	San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Taos, Santa Fe, Torrance, Colfax, Mora, and 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, Dona Ana and Otero Counties.
PSA-5	New Mexico portion of the Navajo Nation
PSA-6	Zuni Reservation, Mescalero Reservation, Jicarilla Apache Reservation, San Juan Pueblo, Santa Clara Pueblo, Cochiti Pueblo, Jemez Pueblo, Laguna Pueblo, Sandia Pueblo, San Felipe Pueblo, San Ildefonso Pueblo, Santa Ana Pueblo, Santa Clara Pueblo, Santo Domingo Pueblo, Zia Pueblo, Ute Mountain Reservation, Nambe Pueblo, Pojoaque Pueblo, Tesuque Pueblo, Acoma Pueblo, Picuris Pueblo, Taos Pueblo, Isleta Pueblo, and Laguna Pueblo

SOURCE: Census 2000 Special Tabulation Part A - Population Characteristics 2004.

Sponsored by the Administration on Aging, U.S. Department of Health and Human Services; AoA Region VI

Population by Age Group, Numbers: July 1, 2007

Geography	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
United States Total (50 states + DC)	301,621,157	91,613,421	70,600,034	52,363,775	37,887,958	27,135,809	18,535,809	11,210,927	5,512,298
New Mexico	1,969,915	602,601	467,673	346,035	250,235	177,675	118,683	69,685	33,895

Population by Age Group, As a Percentage: July 1, 2007

Geography	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
United States Total (50 states + DC)	100.0%	30.4%	23.4%	17.4%	12.6%	9.0%	6.1%	3.7%	1.8%
New Mexico	100.0%	30.6%	23.7%	17.6%	12.7%	9.0%	6.0%	3.5%	1.7%

Percent of Persons 60+ by Race and Hispanic Origin - 2003

Geography	Total 60+	Persons Not Hispanic or Latino						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%	8.5%	0.5%	0.1%	2.9%	0.6%	81.4%	6.1%
New Mexico	100.0%	1.3%	5.2%	0.0%	0.8%	0.5%	61.4%	30.7%

Age by Types of Disability for the Civilian Non-institutionalized Population 65 Years and Over With Disabilities

Note: A person may have more than one disability
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

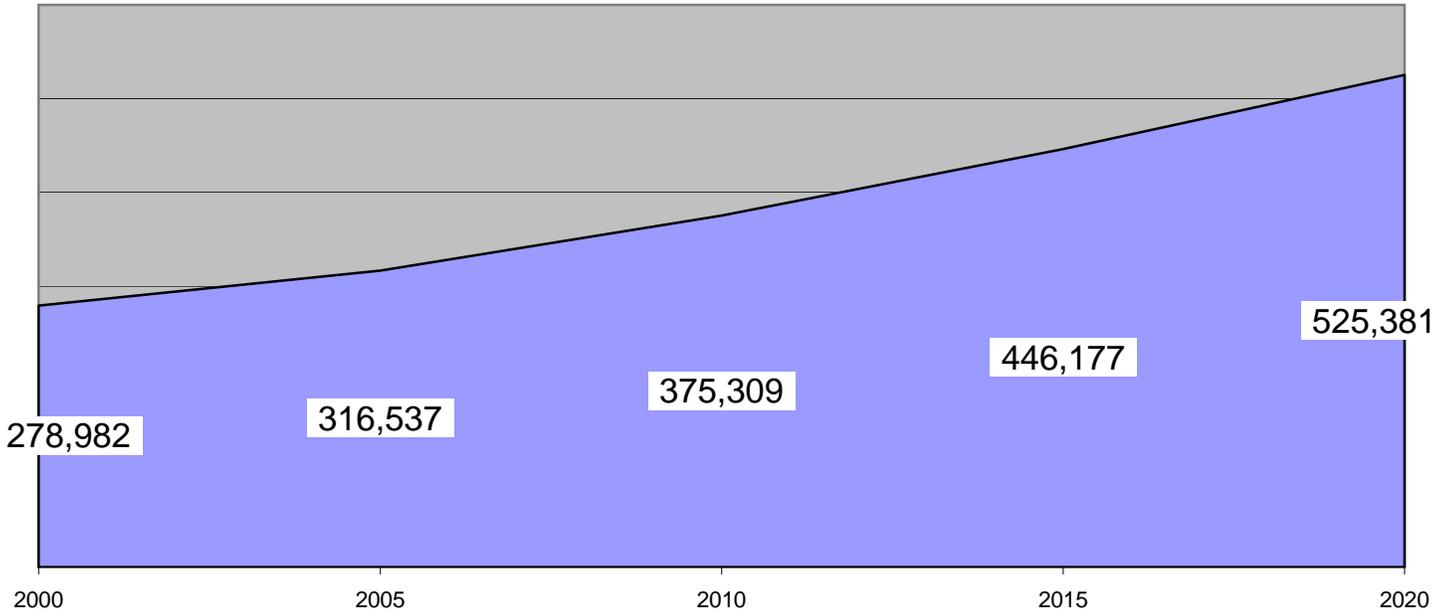
Geography	Civilian non-institutional population 65 years and over	Persons with any disability	Persons with Sensory disability	Persons with Physical disability	Persons with Mental disability	Persons with Self-care disability	Persons with Go-outside-home disability
	Number	Number	Number	Number	Number	Number	Number
U.S. Total (50 States +DC)	33,346,626	13,978,118	4,738,479	9,545,680	3,592,912	3,183,840	6,795,517
New Mexico	205,591	92,015	36,264	64,070	25,829	20,239	43,482
New Mexico Percent		44.76%	17.64%	31.16%	12.56%	9.84%	21.15%

New Mexico's Age and Disability Rates

Age	2000	2030	% Disabled
65-74	6.5%	13.5%	8.9
75-84	3.9%	9.3%	22.6
85+	1.3%	3.6%	54.6

CHANGING DEMOGRAPHICS The Boomers are Aging

Growth Rate of the 60 and Older Population in New Mexico



Projections of the Population, By Age 1995 to 2025

AGES 65 AND UP	1995	2000	2005	2015	2025
New Mexico	183,000	206,000	228,000	310,000	441,000
Increase by each 10 year period		23,000	22,000	82,000	131,000
Percent increase by each 10 year period		12.57%	10.68%	35.96%	42.26%
Increase with 2000 as base		0	22,000	104,000	235,000
Percent increase 2000 to 2025					114.08%

census.gov/population/projections/state/stpjage.txt

Projections of the Population, By Age 1995 to 2025 (in thousands)

New Mexico	1995	2000	2005	2015	2025
ages 0 - 4	138	145	155	177	196
ages 5 -17	362	389	413	451	516
ages 18 - 24	167	188	199	220	237
ages 25 - 64	835	932	1021	1142	1222
ages 65 and up	183	206	228	310	441
Total population	1685	1860	2016	2300	2612
65+ as a percent of total	10.86%	11.08%	11.31%	13.48%	16.88%
Percent in percent of total 2000 to 2025					65.60%

census.gov/population/projections/state/stpjage.txt

TRENDS

- From 2000 to 2030, New Mexico's population of persons age 65 and older will double.
- By the year 2030, New Mexico will rank 4th in the nation in percentage of population age 65 and older; currently New Mexico is 39th.
- In the year 2030, older New Mexicans will outnumber those under age 18 who will account for only 21.7% of the population, or 455,808 persons.
- 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 5th largest, and the 8th most sparsely populated state in the nation.
- The 80+ population of New Mexico will almost double from 51,000 in 2000 to 97,000 in 2025.
- In New Mexico, 13.2% of the 60 and older population lives at or below the federal poverty level; 46% of New Mexico's Native American Indian population, and 28% of New Mexico's Hispanic population, lives in poverty. The state places 45th in the nation with regard to per capita income.
- New Mexico's 60 and older population is ethnically and culturally diverse. Almost 30% of persons age 60 and older are of Hispanic origin, 5% are Native American Indian, 1.3% is African American and almost one percent is Asian, for a combined percentage of approximately 37%.
- 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 Keres, Tiwa or Tewa).
- Over 296,000 people with disabilities live in New Mexico, more than one third are age 65 or older. Almost 45% of the community-living population age 65 and older has disabilities; many have more than one disability.
- Almost 67,000 New Mexicans with disabilities live in poverty, ¼ of these are age 65 or older.
- Over 30,000 people in New Mexico are directly suffering from Alzheimer's disease or related disorders, many more caregivers and family members of these individuals are secondarily affected.
- More than 200,000 people in New Mexico, or nearly 10% of the state's population, served as family caregivers in 2006. The estimated economic value of this care was \$1.6 billion.
- More than 46,600 grandparents in New Mexico are living with their grandchildren, almost 25,000 of whom are raising and solely responsible for their grandchildren; 31% of these grandparent-headed families are living in poverty.
- Over 13,000 persons age 65 and older suffer from depression; depression is the foremost risk factor for suicide in older adults; people age 65 and older have the highest rates of suicide in the U.S.
- Substance abuse, including alcoholism, among adults age 60 or older is one of the fastest growing health problems in the nation.
- The problems of hunger and food insecurity (not knowing where one's next meal will come from) in New Mexico are major. New Mexico ranks 2nd in the nation in food insecurity and 3rd in hunger. Nearly one in six New Mexicans are not sure they have enough money to buy food; almost 5% do not have enough to eat at least once during the month. Older adults comprise almost 10% of New Mexico's hungry. Over 240,000 people receive food stamps and many more are eligible.

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 those age 85 or older. Increased age increases the probability of frailty; 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 will increase, putting more of a strain on the dwindling pool of paid caregivers, and the growing pool of family caregivers.
- The role of caregivers in keeping people in their own homes is critical, but support systems for caregivers have not kept up with the demand.
- There is an increasing demand for comprehensive, coordinated services for at-risk and frail elders, as well as adults of all age with disabilities. These individuals require different, more intensive and more costly services. The projections of increasing levels of functional and health impairments indicate that the number of persons needing assistance is increasing faster than the state's ability to provide services.
- As New Mexico's population ages, per capita hospital and nursing home care expenditures will continue to rise. Per capita health care spending is 3.5 times greater for the elderly 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/or disease prevention activities later in life.
- New Mexico's Medicaid system is bearing the brunt of increasing demand for long-term care services. The New Mexico Medicaid system spends 61% of its long-term care dollars for home & community-based care; the system also pays for 64% of the state's nursing home care.
- Due to the significant number of elders living in poverty, there will be increasing demand for services designed for elders with low incomes, such as employment services. When elders with limited incomes become frail, higher demands are placed on providing all types of services.
- The aging network is experiencing increased demand 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.
- Multi-faceted services are needed to assist well-elders in maintaining their 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; preserving the independence of well-elders is as important as meeting the needs of the frail if the state is to maintain the desire and right of its citizens to age in place.
- 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.

NAPIS DATA COLLECTION USING Social Assistance Management System (SAMS)

The New Mexico Aging & Long-Term Services Department and New Mexico's aging network have used the Social Assistance Management System (SAMS) since 1998 to meet U.S. Administration on Aging State Program Report requirements. The Aging & Long-Term Services Department functions as the SAMS administrator; this requires the provision of on-going technical support to area agencies and aging network providers.

SAMS allows the Department to meet all AoA reporting requirements, including the National Family Caregiver component. The benefits of SAMS include the capacity to track multiple service programs; clients who receive services from multiple programs, funded by federal, state and/or local funds, can be profiled in the same data management system to facilitate care coordination. Consumer and service data can also be reported by program to each funding source.

SAMS was implemented as a web-based system with databases for each Planning & Service Area (PSA). The Department purchases annual licenses from Harmony Information Systems, the SAMS application developer, to serve as the host for PSAs 2, 3 and 4 (known as agingnetwork.com). The City of Albuquerque/Bernalillo County Area Agency on Aging serves as the host for PSA 1 providers. Users access SAMS through the internet and a web browser.

The Department is now beginning a transition from PSA-specific databases to one single state database. This transition includes moving the PSA 1 database from its local host site to agingnetwork.com, creating one database for PSAs 1 - 4. PSA 5, the Navajo Nation, reports its federal data through the state of Arizona and uses that state's system. The providers in PSA 6, comprised of New Mexico's 19 pueblos and 2 Apache tribes, are just beginning to utilize SAMS; they will be included in a later phase of the project.

Eventually, the goal is to have a single state-wide data base to prevent duplication of data and effort. Area agencies and providers throughout New Mexico will have the ability to access provider and consumer data for care coordination, planning, contract oversight and reporting.

NEW MEXICO'S RESPONSES
TO THE
U.S. ADMINISTRATION ON AGING'S STRATEGIC PLAN
PRIORITY AREAS

1. Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

- The Department's Aging & Disability Resource Center is New Mexico's single point-of-entry by which older adults, people with disabilities and their families can access a variety of health and long-term care services. Center staff offers options, coordinates service systems, provides information and assistance, and empowers people to make informed decisions, as described in the Consumer & Elder Rights Division section.
- The Resource Center has implemented a web-based Social Services Resource Directory that can be used by anyone with internet access, as described in the Consumer & Elder Rights Division section.
- The Resource Center utilizes a variety of instruments for screening, assessment, evaluation and coordination so that the daily living needs of individuals served can be adequately identified and addressed as described in the Consumer & Elder Rights Division section.
- The Resource Center is implementing an options counseling program so that individuals without the ability to resolve problems or access services on their own will receive individual short-term case management, as described in the Consumer & Elder Rights Division section.
- The Resource Center has implemented 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, as described in the Consumer & Elder Rights Division section.

2. Enable seniors to remain in their own homes and communities with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.

- Through AoA Alzheimer's Disease Demonstration Grant funding and the National Family Caregiver Support Program, the Department has implemented interventions to help family members care for loved ones at home, particularly in tribal and rural areas, as described in the Aging Network Division and the Office of Indian Elder Affairs sections.
- The Department works in partnership with the area agencies and aging network providers to support family caregivers and educate the public and state legislators regarding caregiving issues, as described in the Aging Network Division section.

- The Department partners with the NM Alzheimer’s Association to conduct statewide outreach, regarding services and resources for persons with Alzheimer’s disease and other dementias and their caregivers, as described in the Aging Network Division section.
- The Department’s Elderly & Disability Services Division administers Medicaid-funded long-term care services throughout New Mexico. These services include Coordination of Long Term Services (CoLTS), the Program of All-inclusive Care for the Elderly (PACE), the Traumatic Brain Injury Program, the Mi Via Self-Directed Waiver Program and the Gap Program. These programs, as described in the Elderly & Disability Services Division section, enable older adults and individuals living with disabilities to remain in their own homes and communities, or to return to their homes from a nursing facilities or institutions.
- The Department’s Medicaid-funded Personal Care Option Program, as described in the Elderly & Disability Services Division section, offers consumers a choice to hire their own caregivers and direct their own care, and allows family members (other than spouses) caring for their loved ones to receive financial support.

3. Empower older people to stay active and healthy through Older Americans Act services and the new preventive benefits under Medicare.

- The Department is partnering with the NM Department of Health and other public & private entities to foster immunizations among older adults, particularly for influenza and pneumonia, as described in the Statewide Immunization Coalition section.
- The Department provides wellness activities and model programs for implementation at the annual New Mexico Conference on Aging, as described in the section about the Conference.
- The Department collaborates with aging network partners, health care organizations, governmental entities and others to provide health promotion & disease prevention information, activities and programs throughout New Mexico, including evidence-based programs such as *Enhance Fitness* and *A Matter of Balance*, as described in the Aging Network Division section.
- The Department partners with NM Senior Olympics, to promote physical fitness for adults age 50 and older, through year-round opportunities to participate in senior Olympic games and other health promotion initiatives, as described in the Aging Network Division section.
- The Department partners with the Centers for Medicare & Medicaid Services, as a SHIP grantee, to increase knowledge among older individuals about the new prevention benefits available through Medicare, as described in the Consumer & Elder Rights Division section.
- The Department is one of the lead agencies that established the New Mexico Healthy Aging Collaborative, a collaboration of public and private organizations focused on providing statewide health promotion activities and initiatives targeted to older adults, as described in the Aging Network Division section.

4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- The Department's Adult Protective Services provides a statewide system of protective services and remains on call for emergent reports 24 hours-a-day, 7 days-a-week, to ensure the safety of incapacitated adults, as described in the Adult Protective Services Division section.
- The Department's Long-Term Care Ombudsmen provide resident-centered advocacy for the recognition, respect and enforcement of the civil and human rights of residents in long-term care facilities throughout New Mexico, as described in the Office of the State Long-Term Care Ombudsman section.
- The Department's Adult Abuse Prevention and Education Team works to ensure that incidents of adult abuse, neglect and exploitation are fully identified, carefully investigated, properly documented, and aggressively prosecuted, as described in the Adult Abuse Prevention and Education Team section.
- The Department's Behavioral Health staff provides training in a variety of medical, social service, and clinical settings, focused on recognizing and reporting abuse, neglect, and exploitation, as described in the Behavioral Health section.
- Since 1999, the Department has managed an AoA-funded, statewide Senior Medicare Patrol Project, as described in the Consumer & Elder Rights Division section. This project has been nationally recognized for extensive volunteer involvement and has recouped over \$1,000,000.
- The Department funds a statewide Medicare Rights Project whose attorneys work closely with the Medicare Patrol Project.
- The Department funds a statewide legal services hotline for older adults, as described in the Legal Services Development section.

AGING NETWORK DIVISION

This Division is the “Aging” in the Aging & Long-Term Services Department. Aging Network providers include area agencies, senior centers, congregate meal sites, adult day care programs, volunteer programs, employment host agencies, NM Senior Olympics, the NM Alzheimer’s Association and other contract providers. The Division provides some services directly, and includes two Bureaus – The Employment Programs Bureau and the Senior Services Bureau. Both Bureaus manage numerous programs and contracts throughout the state. Aging Network contract providers help families remain together, at home, in their own communities and create a safety net for the vast majority of New Mexico’s elders, those who don’t qualify for Medicaid but whose resources are limited, those whose families are stretched to capacity caring for loved ones at home. 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 Aging Network is the only resource for many New Mexicans.

Aging Network Services

New Mexico’s Older Americans Act (OAA) funding, and significant state aging network funding, supports a comprehensive array of services and the administrative infrastructure to deliver those services. The Department receives an annual allotment of funds under OAA Title III, as amended, from the U.S. Administration on Aging (AoA). These funds are allocated to two of New Mexico’s four area agencies on aging based on an approved intrastate funding formula. The Navajo Area Agency on Aging receives OAA Title III funding through the state of Arizona, and New Mexico’s Pueblos and Apache Tribes receive OAA Title VI funding directly from the AoA. New Mexico provides state funds as appropriated by the State Legislature to all four of its area agencies on aging. For every OAA dollar received, New Mexico provides more than three additional dollars in state funding to its aging network providers. 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 areas. Some of the many services offered include, but are not limited to, adult day care, home delivered meals, respite care, case management, in-home care, transportation, caregiver support, congregate meals, health promotion and nutrition education.

Goals

- Maintain an effective aging network structure that complies with federal and state requirements.
- Create greater awareness of the contributions of elders.

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.
- Identify and create options for older persons to engage in meaningful activities throughout their life spans, to address the needs of New Mexico’s growing older adult population.
- 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.
- Develop a state employment plan that meets regulatory and statutory requirements, to provide a coordinated system of support for older workers.
- Review and approve plans developed by area agencies on aging.
- Develop a state plan that meets regulatory and statutory requirements, for submission to the U.S. AoA, to provide a coordinated delivery system of services for older New Mexicans.

EMPLOYMENT PROGRAMS BUREAU

The Employment Programs Bureau includes two Older Worker Programs: a federally-funded Title V Senior Community Service Employment Program and a state-funded Senior Employment Program, as well as the Golden Opportunities for Lifelong Development (GOLD) Mentor Program and the 50+ Employment Connection. The Older Worker Programs provide subsidized employment training opportunities to more than 250 persons statewide. These programs partner with senior centers, other aging network providers, and public and private employers to provide on-the-job training throughout New Mexico. The GOLD Mentor Program provides mentoring services to at-risk youth and adults experiencing barriers to employment or self-sufficiency, through statewide satellite offices. The 50+ Employment Connection provides assistance to persons age 50 and older who are seeking employment, as well as to employers wishing to hire older workers.

50+ EMPLOYMENT CONNECTION

The 50+ Employment Connection provides assistance to adults age 50 and older who are seeking employment, as well as to employers wishing to hire them. The 50+ drop-in center is furnished and equipped with computers, tables, chairs, work stations, and a library of resources for older workers and employers. Volunteer and older worker program staff provides personal assistance to job seekers focused on career exploration, goal setting, job application and resume preparation. Staff also conducts job clubs, and engages in employment counseling and mock interviewing, providing on-going support in the job search process. Various training opportunities to help job candidates become more qualified are offered, such as resume writing, interviewing skills, on-line job search and basic computer skills. Many employers are interested in hiring talented persons age 50 and older, due to their wealth of experience and strong work ethic. Services offered to employers include pre-screening of job seekers to assure they are prepared and ready to go to work, access to experienced workers who require minimal training, and consultation regarding how to attract and retain older workers.

Goal

Create employment opportunities for older workers.

Objectives

- Assist older workers in preparing for, and securing, meaningful employment, including transition from subsidized employment programs, to foster economic security.
- Provide assistance to employers wishing to hire older workers.
- Recruit and refer qualified mature applicants to meet the workforce needs of employers.
- Educate employers about the value of hiring older workers and increase employment opportunities for older adults statewide.

GOLDEN OPPORTUNITIES FOR LIFELONG DEVELOPMENT (GOLD) MENTOR PROGRAM

The GOLD Mentor Program provides mentoring services to at-risk individuals entering or re-entering the workforce, as well as others who may be experiencing barriers to self-sufficiency. The GOLD Mentor Program trains and places persons age 50 and older to mentor at-risk persons statewide. Individuals mentored include Temporary Assistance to Needy Families (TANF) recipients, high school students with disabilities, and youth aging out of the foster care system. This program is designed to appeal to retiring Baby Boomers who are looking for flexible, part-time work to supplement their incomes and who wish, at the same time, to contribute to their communities.

Goal

Engage older adults to serve as community-based mentors, providing them with meaningful opportunities for civic engagement.

Objectives

- Train and place compassionate and competent older people to serve as mentors.
- Work with social service and governmental agencies to identify individuals who may benefit from mentoring.

- Provide mentoring services to at-risk individuals entering or re-entering the workforce, as well as to others who may be experiencing barriers.
- Assist mentored clients in building self-sufficiency and economic security.

OLDER WORKER PROGRAMS

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The Department administers one of three federally-funded SCSEPs in New Mexico. Others are administered by the National Indian Council on Aging and Goodwill Industries. The U.S. Department of Labor funds this program, however, its enabling legislation is Title V of the Older Americans Act, therefore, it is often called *Title V*. More than 340 subsidized training positions are available in New Mexico, allocated according to a census-based formula, calculated using the number of eligible persons in each county. The Department administers 20% of the available training positions. Enrolled trainees are paid minimum wage for twenty hours per week. They are placed in not-for-profit or governmental organizations, known as *host agencies*. *Host Agencies* work with assigned trainees to prepare them for transition into unsubsidized employment. Enrollees' income must be 125% of poverty or lower; they must be at least 55 years old, unemployed and residents of New Mexico. Enrollees are not state employees, but are paid through the state system. At intake, an assessment of job skills and interests is conducted. On-site *host agency* supervisors are responsible for conducting evaluations of enrollees and assisting with assessments. The program helps to cover the costs of annual physicals for enrollees and assists with work-related expenses, such as the cost of eyeglasses, uniforms, and shoes.

Goal

Provide employment training to older individuals with low incomes entering or reentering the workforce.

Objectives

- Conduct outreach to identify eligible applicants, disseminating information about services provided to communities throughout New Mexico.
- Enroll eligible applicants within priorities set by federal law.
- Facilitate enrollees' successful exit from the program to unsubsidized employment.
- Coordinate efforts with all mandated partners in the Workforce Investment Act.
- Monitor customer satisfaction by conducting enrollee, host agency and employer surveys.
- Distribute training positions in an equitable manner according to the formula set by the U.S. Department of Labor, increasing allocations in underserved counties through attrition.
- Educate employers in New Mexico about the value of hiring older workers.

NEW MEXICO SENIOR EMPLOYMENT PROGRAM

This program is similar to the Senior Community Service Employment Program, however, as the program is state-funded, the Department may grant waivers of income, age, hours, salary and training requirements. The State Legislature created this program with recurring funds to provide increased employment options for older adults in New Mexico. The program's intent is to support the aging network through allocation of subsidized positions. Aging Network organizations serve as *host agencies* for program enrollees. The majority of the funding in this program is contracted to the Non-Metro Area Agency on Aging; the Department administers the balance of the positions.

Goal

Provide employment training to older individuals while supporting aging network providers.

Objectives

- Contract with area agencies on aging to administer these funds where possible.
- Support area agencies with technical assistance as needed.
- Place older workers in positions throughout New Mexico.

SENIOR SERVICES BUREAU

The Senior Services Bureau provides technical and programmatic support for all state- and federally-funded Older Americans Act programs, area agencies on aging, federally-sanctioned Senior Corps volunteer programs (FGP, SCP, RSVP) and other statewide contractors, such as NM Senior Olympics and the NM Alzheimer's Association. The Bureau is responsible for approving area plans to ensure a statewide comprehensive and coordinated delivery system of services. The Bureau engages in collaboration and coordination with both the public and private sectors, including legislators, providers, consumers, other state agencies and the U.S. Administration on Aging. Other areas of responsibility include assessment & monitoring; grant writing & management; and contract liaison & management. Bureau staff serve as the primary points of contact for New Mexico's four area agencies on aging and their many aging network contract providers statewide.

Goals

- Work with other Divisions of the Department, area agencies on aging and local service providers to support the provision of home and community-based long-term care services throughout the aging network.
- Facilitate access to services and resources designed to build network capacity.
- Support innovation in evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives.
- Enhance public and private collaborative partnerships to build capacity and maintain and develop quality state-wide services and supports.

NUTRITION PROGRAM

The senior Nutrition Program is authorized by the federal Older Americans Act and funded through state and federal funds. The program provides breakfast, lunch and/or dinner to individuals aged 60 and older, or 55 and older in tribal programs, and their 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 frail elders who are unable to prepare their own meals, and for whom there is no one else available to do so. Persons age 60 and older who are homebound by reason of illness or disability, or otherwise isolated are given priority in receiving home delivered meals. Spouses of elders receiving home delivered meals, regardless of age or condition, may receive home delivered meals, according to criteria developed by area agencies, if receipt of such meals is in the best interest of the elders. The Nutrition Program addresses the growing incidence of food insecurity and hunger in New Mexico. The program prevents malnutrition and maintains 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. Meals served under the program comply with all federal and state nutrition regulations, requirements and dietary guidelines. The Nutrition Program provides more than 1.6 million congregate meals and more than 2 million home-delivered meals to almost 51,200 New Mexicans. New Mexico has 212 congregate meal sites throughout its thirty-three counties and 22 tribal communities. Tribal community programs include sites in 19 Pueblos, and on 2 Apache Reservations, as well as 44 sites in the New Mexico portion of the Navajo Nation.

Objectives

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

Actions

- Assist area agencies in the operation of senior nutrition programs, including conducting on-site assessments.
- Conduct training on menu planning that meets the nutritional requirements and dietary guidelines for older adults, and addresses the provision of therapeutic meals.
- Use NAPIS/SAMS data to project nutritional trends, identify target areas for nutrition education, and evaluate the effectiveness of current nutrition programs.

ALZHEIMER'S DISEASE & DEMENTIA PROGRAM

The NM Alzheimer's Disease & Dementia Program began in 1993 after a statewide study identified the growing needs of families and individuals effected by Alzheimer's Disease and related dementias. Services provided include caregiver and provider training, information and assistance, support groups, advocacy and dissemination of culturally and linguistically appropriate educational materials. A statewide Alzheimer's Disease Advisory Group has been established to identify service gaps and evaluate and recommend service enhancements. The Department currently administers a federal Alzheimer's Disease Demonstration Grant awarded by the U.S. Administration on Aging. The purpose of this award is to enhance and expand the current service delivery system for families of individuals with Alzheimer's disease and related dementias, particularly in underserved rural and tribal communities.

Objectives

- Assist area agencies on aging in the development of new programs and identification of new funding sources.
- Work with area agencies, community organizations and service providers to assess and evaluate programs.
- Provide training and technical assistance throughout the aging network.
- Provide a seamless support system for caregivers.
- Solicit input from advisory work groups regarding the needs of people with Alzheimer's disease and other dementias, and their caregivers, with regard to planning and service delivery.

Actions

- Provide contract respite services, respite vouchers, and other forms of respite care, for family caregivers of persons affected with Alzheimer's disease or dementia.
- Provide culturally and linguistically competent training, support groups, information and assistance to family caregivers of persons affected with Alzheimer's disease or dementia, including persons with young-onset Alzheimer's disease.
- Strengthen community-based adult day care services, targeting underserved communities, pueblos and tribes in rural New Mexico.
- Support area agencies in the provision of regional caregiver services; including care coordination, training and advocacy.
- Enhance collaboration among area agencies, the Aging & Disability Resource Center, the NM Alzheimer's Association, faith-based organizations and local service providers.

HEALTH PROMOTION

Health Promotion activities are designed to maintain or improve physical and mental well-being, maintain independence, and build knowledge/skills to enable older adults make informed choices about lifestyle and health issues.

Objective

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.

Actions

- In partnership with the NM Department of Health, sponsor and support health promotion & disease prevention activities to help older adults maintain or improve their physical and mental well-being, including evidence-based programs such as *Enhance Fitness* and *A Matter of Balance*.
- Conduct and promote health fairs, workshops and other venues to support, encourage and 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 Departmental involvement in committees, councils, and local or national 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 targeted to older adults.

CAREGIVER SUPPORT SERVICES

New Mexico's Family Caregiver Support Program targets family caregivers of older adults, as well as grandparents and older adult caregivers of children or younger adults with disabilities. Emphasis is placed on serving older individuals with the greatest social or economic needs, with particular attention to those with low incomes and those providing care and support to persons with disabilities. New Mexico's Program is comprised of five service categories:

- **Information** about health conditions, resources, and community-based long-term care services that might best meet caregivers' needs.
- **Access** in securing appropriate help.
- **Counseling, Support Groups & Caregiver Training** to help caregivers make decisions, resolve problems, and develop the 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, to support the efforts of caregivers.

Objectives

- Work with the Aging & Disability Resource Center, area agencies, faith-based & community organizations and service providers to maintain and enhance caregiver support programs.
- Provide caregiver training and technical assistance throughout the aging network.
- Provide technical assistance to area agencies in the development of resources and new programs designed to assist caregivers, including systems of care coordination and evidence-based programs.

Actions

- Provide comprehensive support services for caregivers, statewide, expanding services to additional rural and tribal areas.
- Develop new partnerships with other state agencies, community providers, and faith-based organizations to enhance services.
- In consultation with area agencies, implement caregiver support program standards, performance measures and consumer satisfaction measures to aid in program planning and quality improvement.
- Continue to staff and support advisory work groups for input into strategic and programmatic planning.

VOLUNTEER PROGRAMS

FOSTER GRANDPARENT PROGRAM (FGP)

The Foster Grandparent Program offers meaningful part-time volunteer opportunities to persons with low incomes, age 55 or older, who provide one-to-one supportive services to children with special or exceptional needs. Foster Grandparents serve in health, educational and social services settings and help address children's physical and psychosocial developmental needs. Foster Grandparents receive stipends to support their work. Persons who serve as Foster Grandparents remain physically and mentally active and enhance their self esteem through continued participation in their communities. The children served by the program maintain or improve their physical and psychosocial status. New Mexico has twenty-two Foster Grandparent Programs, with over 680 active volunteers serving more than 2,000 children annually. New Mexico's Foster Grandparents provide 704,400 hours of service annually.

Objective

Continue to serve children with special or exceptional needs throughout New Mexico.

Action

- Expand services to enroll additional Foster Grandparents to meet growing demands, as funding becomes available.

SENIOR COMPANION PROGRAM (SCP)

The Senior Companion Program offers meaningful part-time volunteer community service opportunities to persons with low incomes, age 55 or older, who provide supportive one-to-one services to older adults to assist them in remaining independent. These older adults may have physical or psychosocial needs, developmental disabilities or other functional limitations; services are provided primarily in their homes. Senior Companions receive stipends to support their work. Persons who serve as Senior Companions remain physically and mentally active and enhance their self esteem through continued participation in their communities. The frail elders served by the program are helped to maintain their independence. New Mexico has twenty-two Senior Companion Programs, with 455 active volunteers serving more than 1,440 homebound clients annually. New Mexico's Senior Companions provide over 456,200 hours of service annually.

Objective

Assist homebound individuals to remain in their own homes, living with dignity and avoiding institutionalization.

Action

- Expand services to enroll additional Senior Companions to meet growing demands, as funding becomes available.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)

The Retired Senior Volunteer Program has the dual purpose of engaging persons 55 years of age and older in volunteer service to meet critical community needs and providing high quality experiences to enrich the lives of the volunteers. RSVP encourages older adults to share their lifetime talents, experiences, and skills with community projects and organizations needing their expertise. Retired Senior Volunteers remain physically and mentally active and enhance their self esteem through continued participation in their communities. New Mexico has seventeen RSVP sites with more than 6,600 volunteers enrolled at 840 volunteer stations throughout the state. These volunteers provide more than 1,064,200 hours of service, annually, in communities throughout New Mexico.

Objective

Continue to enroll additional volunteers to serve their communities and meet growing demand.

Action

Secure additional funding to supplement travel expenses for additional volunteers statewide.

CIVIC ENGAGEMENT INITIATIVE



In June 2008, New Mexico’s Governor, Bill Richardson, signed an executive order creating Engage New Mexico, an initiative designed to foster civic engagement opportunities for New Mexicans age 50 and older and adults living with disabilities. The executive order acknowledged New Mexicans age 50 and older, and New Mexico’s adults living with disabilities, who enjoy increased longevity and improved health through community engagement. The order affirmed New Mexico’s interest in encouraging and promoting access to “continued employment, volunteerism and lifelong learning opportunities which may be collectively identified as civic engagement”.

The Department’s commitment to and advancements in civic engagement programming resulted in the National Governors’ Association’s (NGA) Centers for Best Practices selection of New Mexico to participate in its *Policy Academy on Civic Engagement for Senior Citizens*. Supported by the Atlantic Philanthropies, the NGA Policy Academy was an intensive form of technical assistance that brought together influential state policy makers with peers from other states to develop state-specific responses to public policy issues. ALTSD took the lead in pursuing this initiative, resulting in New Mexico being one of only eight states invited on the strength of its application and programming achievements to participate in the academy. Engage New Mexico resulted from this initiative.

The vision of Engage New Mexico is that, through meaningful and purposeful employment, volunteer and learning opportunities, New Mexicans together can address social problems, promote health and sustain personal independence, in a society where the citizenry is fully engaged and people come together to solve problems and support each other. Engage New Mexico is a catalyst to bring about positive community change. The initiative is based on active community involvement in all sectors, and the focus is on engaging people, sharing information, planning, acting, evaluating, and appreciating and recognizing the efforts of all. Engage New Mexico is partnering with leaders in business, government, the non-profit sector, and — most importantly — local communities throughout the state to create opportunities for employment, volunteerism, and lifelong learning. The initiative is designed to develop and promote local grass-roots programs to identify and implement sustainable solutions to serious community concerns, such as education, hunger, and health promotion.

Through this initiative, New Mexico is facing challenges and creating opportunities to utilize the experience and talents of its older workers and newly arrived retirees in a variety of civic engagement activities. Strong support and direction from Governor Richardson, his Cabinet Secretaries and the legislature has made workforce issues and their resolution a top priority. This support has created a “critical mass” of commitment, collaboration and capacity. Underlying many of New Mexico’s initiatives is the current administration’s strong commitment to innovative and collaborative solutions to New Mexico’s needs. Such collaborative efforts are the best means to communicate new policy, support choices, ensure service coordination, and make the best use of all available resources, both formal and informal.

Engage New Mexico is working to create meaningful, purposeful paid and unpaid service opportunities for older New Mexicans. New Mexico has blended three distinct cultures — Anglo, Hispanic, and Native American Indian — into a diverse, inclusive environment. Blessed with a wealth of talented, diverse and community-minded older adults, a coordinated effort to create and sustain stronger, healthier communities is certainly achievable. Working together, the public and private sectors are expanding the roles these willing elders can play.

The 30th Annual NM Conference on Aging held an Engage New Mexico Civic Engagement Fiesta on the last day of the Conference on Friday, August 29, 2008. The Fiesta was open to the public free of charge, and included both a job fair with 40 employers and a volunteer fair with 55 organizations seeking volunteers. The Conference's closing plenary session, that Friday morning, featured a keynote speech related to the topic of intergenerational civic engagement. Seven workshops were also offered. A similar event is planned for the 2009 Conference on Aging to include a volunteer fair and numerous workshops.

The Department has developed window stickers to promote Engage New Mexico Partnerships, statewide. The window stickers serve to identify program engaged in finding sustainable solutions to community concerns. The stickers have been distributed to GOLD Mentors, Retired Senior Volunteer Programs, Foster Grandparent Programs, Long-Term Care Ombudsmen, Senior Companion Programs, and Benefits Counseling stations statewide.

Goals

- Promote local civic engagement initiatives and solutions throughout New Mexico.
- Promote public communications that portray older adults and persons with disabilities as assets.
- Develop and enhance resources to promote civic engagement statewide.

Objectives

- Develop awareness and interest in civic engagement on a county and community-basis, statewide.
- Explore partnerships with non-profit organizations, businesses, faith-based organizations, foundations and other private sector entities.

OFFICE OF INDIAN ELDER AFFAIRS ***SERVING NATIVE AMERICAN INDIAN ELDERS***

The **Office of Indian Elder Affairs** includes New Mexico's Indian Area Agency on Aging and also supports the efforts of the Navajo Area Agency on Aging and other entities serving Native American Indian elders. In addition, the Office of Indian Elder Affairs is charged with developing government-to-government relationships on behalf of all Indian elders in New Mexico. The Office's Director serves as the Department's tribal liaison in collaboration with other state health and human services departments. The Office of Indian Affairs advocates on behalf of all Indian elders in the state and works with tribal providers, statewide, to strengthen their capacity to deliver a wide range of services.

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 nineteen pueblos and two Apache tribes in New Mexico. The designated area agency on aging for PSA 5 is the Navajo Area Agency on Aging and the designated area agency on aging for PSA 6 is the Indian Area Agency on Aging, which is housed in the Department's Office of Indian Elder Affairs. These area agencies provide technical assistance, program development and oversight for tribal providers and others serving Native American Indian elders. They also conduct outreach at the community level to identify Indian elders eligible for assistance under the Older Americans Act and other programs, both public and private, and to inform them of the availability of such assistance. Outreach efforts are conducted by multilingual staff, using culturally and linguistically appropriate materials. Outreach activities to increase Indian elders' access to all aging programs and benefits provided by the Department are also conducted. These outreach efforts place special emphasis on reaching older individuals with the greatest economic or social needs, with particular attention to those with low incomes.

Traditionally, Indian elders occupy an important, revered position in tribal life; age is equated with wisdom and experience. Most Indian elders wish to remain at home, in their local communities, regardless of their degree of frailty. Many elders live with several generations of family under one roof. There are strong and compelling religious and cultural reasons for this choice. The role of the elder at the center of the family is of critical importance in the culture. In most cases, families want to care for their elders at home and the vast majority of frail Indian elders live at home, cared for by family members. These families are in need of respite services, to support them in their caregiving role. As tribes develop their health systems as sovereign nations, they are increasingly looking for models of care which are consistent with the desires of their elders and which cohere with their unique cultures. This most often means care that is based in the home. 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 list of concerns of New Mexico's Indian elders is in many ways similar to the list of concerns of the general elderly population throughout New Mexico. It includes chronic illnesses, long-term care, housing, disability, 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 and racial prejudice, 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 and the NM Title VI Coalition, as well as in the U.S. Administration on Aging's Older Americans Resources and Services study. The Department's public hearing process has confirmed these priorities, and also the need for increased funding. New Mexico's tribal aging network providers are being impacted by current economic conditions and a growing population of Indian elders with many needs. 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. 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 such as bake sales and raffles. Financial support in the form of cash, goods and services is provided by various tribal organizations. It has become increasingly apparent that the need for a coordinated system of health and social services to meet the needs of Indian elders is paramount. The current system consists predominantly of meal sites, transportation services, limited social services and home-delivered meals. The current system requires additional funding to meet increasing home care and long-term care needs for accessible, affordable, and culturally sensitive services that focus on ensuring independence.

The Department has addressed these needs and issues by promoting and supporting tribal programs that serve Indian elders in their own communities. The Office of Indian Elder Affairs is a clearinghouse for training opportunities, advocacy information, and funding resources, and provides technical assistance to aid in building capacity. Frequent communication keeps the Indian Aging Network in New Mexico informed about issues, training, funding opportunities, and proposed state and federal legislation impacting elders and adults with disabilities. Advocacy is most successful through collaborative efforts - the aging network, the disability community and tribal and state government officials working together. Staff from the Office of Indian Elder Affairs 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 works with local providers to maintain or expand services within tribal communities and has facilitated the development of relationships between various tribal and non-tribal service providers. The main focus continues to be providing services to older individuals with the greatest economic or social needs, with particular emphasis on persons with low incomes and those residing in rural areas.

Goals

- Develop home and community-based services to keep elders in their own homes and support family and other caregivers.
- Collaborate with the Indian Health Service to expand and strengthen long-term care services.
- Increase options and access to Medicare and Medicaid services and reimbursement.
- Collaborate with tribal leaders to expand and strengthen long-term care, health care, social services and advocacy efforts.
- Provide leadership and advocate for Indian elders by serving on community boards and coalitions and through active participation in the New Mexico legislative process.
- In collaboration with other state agencies, provide tribal consultation and liaison.

Objectives

- Continue and expand adult day centers where there are demonstrated needs.
- Conduct outreach in coordination with tribal Community Health Representative programs.
- Renovate existing senior centers to make them ADA compliant.
- Identify and apply for additional sources of funding, particularly federal funding opportunities.

ADULT PROTECTIVE SERVICES DIVISION

On July 1, 2005, Adult Protective Services (APS) was transferred from the NM Children, Youth & Families Department to the Aging & Long-Term Services Department. The Adult Protective Services Division provides protective services to abused, neglected or exploited New Mexicans age 18 and older, and to those at-risk of abuse, neglect or exploitation. The Division is mandated by state law to investigate reports of abuse, neglect, and exploitation of adults who are unable to protect or care for themselves. Approximately 65% of such reports involve people over the age of 55; 45% of all reports involve persons over the age of 70. Most reports concern self neglect. Over 10,000 new reports are received annually. Adult Protective Services staff visit alleged victims in their homes to assess their needs and conduct interviews with others who have knowledge of the situation. Short-term services are provided to incapacitated adults to address their minimal health and safety needs. Substantiated allegations involving paid caregivers who have harmed or neglected adults are referred to the state employee abuse registry (for paraprofessionals) or applicable state licensing board (for professionals).

Through its statewide network of five regions and 23 field offices, APS provides a system of protective services and remains on call for emergent reports on a 24 hour-a-day, 7 day-a-week basis. Intervention services include emergency protective placement, limited assistance in the home, short term case management, attendant care, contracted home and community-based care, and filing of guardianship or conservatorship petitions in district court. APS works with law enforcement, health care providers, and a wide variety of social service agencies to help incapacitated adults. Annually, APS files more than 100 legal guardianship petitions and provides ongoing temporary community-based care or in-home services to more than 1400 persons; an additional 150 clients receive emergency intervention to preserve health and safety.

Goals

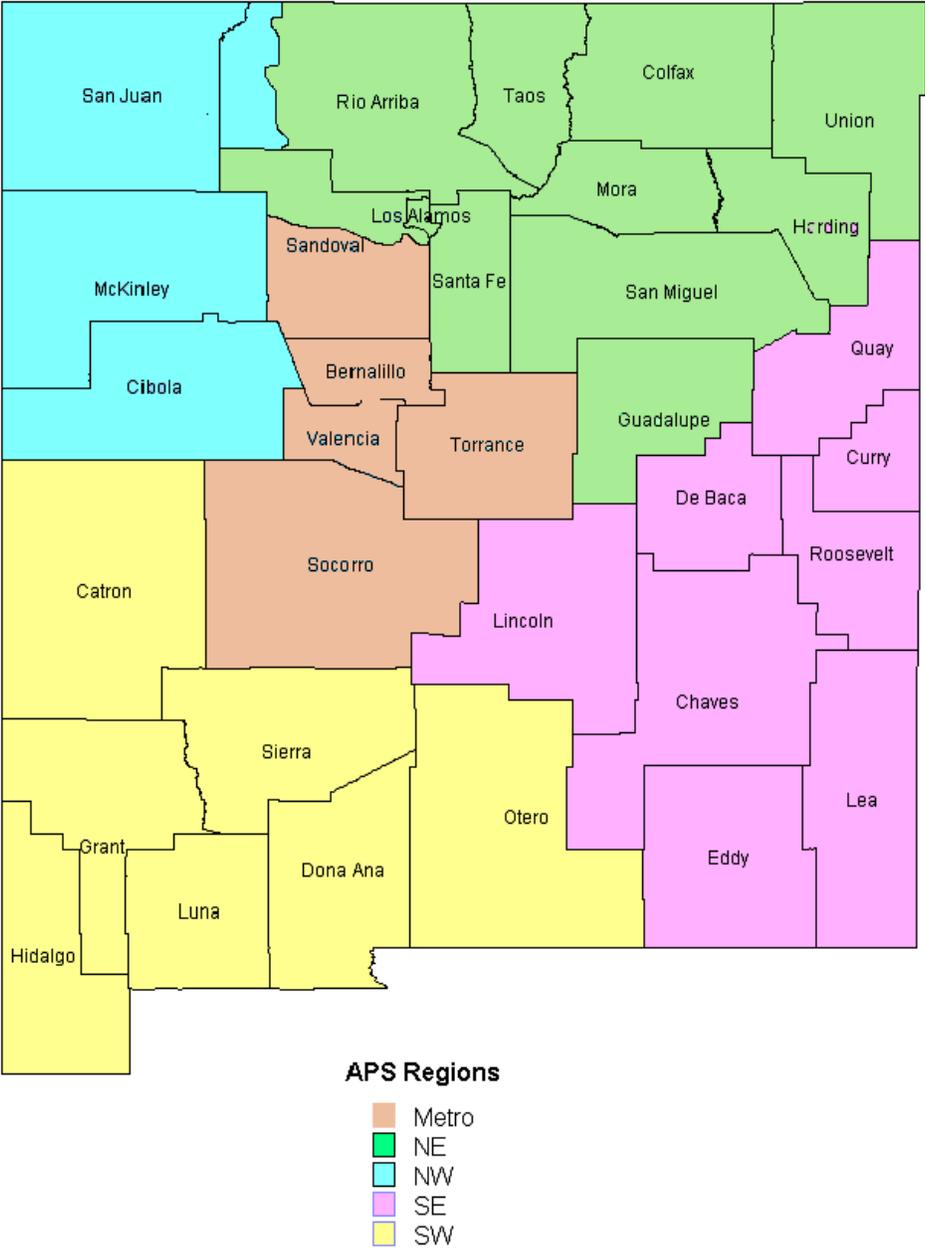
- Protect adult victims of abuse, neglect, and exploitation without the capacity to protect themselves.
- Continue to provide all counties with a coordinated system of referral, response, assessment, investigation, and when appropriate, short-term services, to mitigate risk to victims.
- Provide public education and outreach to help people recognize and report adult abuse, neglect, and exploitation.
- Make the best use of the protective services continuum and other public resources to effectively identify and assist persons with complex medical and behavioral health needs requiring multidisciplinary coordination.

Objectives

- Strengthen the capability of APS 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 APS through dissemination of the APS toll-free number and through a public information campaign.
- Explore feasibility of expanding the current intake system to include on-line reports of abuse, neglect, and exploitation.
- Collaborate with the Department's Behavioral Health Director and Adult Abuse Prevention & Education Team in the identification and development of local multidisciplinary teams; expand such teams to all five APS regions.

A map of the five APS Regions is below. The regions are **NORTHEAST**: Santa Fe, Los Alamos, Rio Arriba, Taos, Colfax, Union, Mora, Harding, San Miguel, and Guadalupe counties; **NORTHWEST**: San Juan, McKinley, portions of Sandoval, and Cibola counties; **METRO**: Bernalillo, Valencia, Torrance, portions of Sandoval, and Socorro counties; **SOUTHEAST**: Lincoln, De Baca, Quay, Curry, Roosevelt, Chaves, Eddy, and Lea counties; **SOUTHWEST**: Catron, Grant, Luna, Dona Ana, and Otero counties.

Adult Protective Services



ADULT ABUSE PREVENTION & EDUCATION TEAM

Up to 5% of New Mexico's older adults and persons with disabilities will become victims of abuse, neglect, or exploitation, and the incidence is growing. Education of the public, and multi-disciplinary teams of professionals, are needed to address this hidden epidemic.

The Aging & Long-Term Services Department has developed a special unit called the Adult Abuse Prevention and Education Team to build awareness regarding abuse, neglect and exploitation of elders. The team works to ensure that incidents of adult abuse, neglect and exploitation are fully identified, carefully investigated, properly documented, and aggressively prosecuted. The focus of this unit is to eliminate such incidents by providing statewide training and fostering collaboration with district attorneys, other legal professionals, health care workers, other medical staff, social service workers, and law enforcement authorities throughout New Mexico. The team is working to create local multi-disciplinary teams in communities around the state to enhance coordination among all involved in addressing this hidden epidemic.

The Adult Abuse Prevention and Education Team assisted in the passage of Senate Bill 912 during New Mexico's 2007 Legislative Session. This legislation expanded the Missing Persons Information Act to include a missing person who is in imminent danger of harm, such as an elder with Alzheimer's disease. The Missing Persons Clearing House is administered by the New Mexico Department of Public Safety, which sends emergency messages to media statewide by activating an Emergency Alert System, when an elder is reported missing. The Team also worked on revisions to the NM Adult Protective Services Act, also passed during the 2007 legislative session. The revisions strengthened the Act for general audiences, emphasized that the population to be served included abused, neglected, exploited *and* incapacitated adults; emphasized the short-term nature of services; and added fines and penalties. The Department is committed to addressing the prevalence of domestic violence and sexual assault of New Mexico's elders and adults with disabilities. Staff works in partnership with the NM Children, Youth and Families Department to ensure coordination between programs and advocates, and to educate stakeholders on domestic violence and sexual assault, particularly its impact on older adults and persons with disabilities.

Goals

- Provide public education and outreach regarding recognizing and reporting adult abuse, neglect, and exploitation.
- Use the protective services continuum and other public resources to effectively identify and assist persons with complex needs requiring multidisciplinary collaboration.

Objectives

- Review cases with a behavioral health component to ensure that appropriate behavioral health services or referrals to the nearest community mental health centers are provided.
- Continue outreach presentations to aging network providers, community groups, and other target audiences.
- Work with the Public Information Office to create a public information campaign with the Department's toll-free ADRC number and develop press releases on key topics which can be used in response to situations of abuse, neglect or exploitation likely to surface in the media.

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

The Office of the State Long-Term Care Ombudsman provides resident-centered advocacy for the recognition, respect and enforcement of the civil and human rights of residents in long-term care facilities throughout New Mexico. In addition to a small number of highly skilled staff, trained and certified volunteers regularly visit New Mexico nursing homes and other long-term care facilities to ensure that residents are properly treated. More than 140 certified volunteer Ombudsman throughout New Mexico provide over 20,000 hours of service in long-term care facilities annually. The Office's primary duties are to investigate and resolve complaints made by or on behalf of residents to insure that residents' wishes are respected. In discharging this duty, the Office often coordinates with other state agencies, including the Department of Health, the Human Services Department, and the Adult Protective Services Division of the Aging & Long-Term Services Department.

Goals

- Preserve and protect the rights of residents in long-term care facilities.
- Reduce abuse, neglect, and exploitation of residents in long-term care facilities.

Objectives

- Conduct quarterly staff visits of all nursing facilities in the state, and monthly volunteer contacts, in order to offer residents regular opportunities for complaint resolution and advocacy.
- Expand ombudsman coverage to additional long-term care settings, including but not limited to, assisted living centers and adult day care centers.
- Advocate for individuals who have transitioned from nursing homes to home and community-based service settings.
- Advocate for increased minimum staffing requirements in long-term care facilities.
- Advocate for stronger regulation of assisted living facilities and state-reviewed training and licensing of assisted living facility owners and operators.
- Expand the number of trained and certified volunteer Ombudsman to insure resident access to advocacy services.

LEGAL SERVICES DEVELOPMENT

The Department contracts with area agencies and legal service organizations, statewide, to provide advocacy and legal representation for older adults with greatest economic or social needs, so that they may secure and maintain government benefits, housing, health care, basic human rights, consumer protection and domestic relations protection. Contractors provide services throughout New Mexico, ranging from brief telephone consultation to more intensive personal contacts, including in-home visits, and legal representation in judicial and administrative settings. Coordination of care is provided through linkages with the Department's Office of the Long-Term Care Ombudsman, Consumer & Elder Rights Division, Adult Protective Services Division and Adult Abuse Prevention and Education Team. The Department funds the NM Bar Association to operate a hotline and coordinate a pro-bono panel of attorneys to provide legal services to older adults, statewide.

Goals

- Expand access to legal services through provider outreach, continuing legal education venues, and community attorney associations.
- Provide systemic advocacy in the areas of consumer protection, health care, and housing.

CONSUMER & ELDER RIGHTS DIVISION

The Consumer and Elder Rights Division provides access to information, assistance, referrals, resource coordination and advocacy in those areas of daily living that maximize personal choice and independence for New Mexico's older adults, adults with disabilities and their families and caregivers. The Division's programs are points of entry to the complex and often daunting long-term services system. Services are delivered through two bureaus. The Aging and Disability Resource Center Bureau includes Adult Protective Services Intake, a Prescription Drug Assistance Program, Intake & Registry for the Coordination of Long Term Services Medicaid Waiver, Resource Coordination, Information & Referral, and a web-based Social Services Resource Directory. The Community Advocacy Bureau includes HIV/AIDS Consumer Advocacy, the State Health Insurance Program (SHIP), a Medicare Patrol Project, a Prescription Drug Assistance Community Outreach Program and a Bill Payer Program. The following goals reflect the shared intent and activity of both Bureaus within the Division. Specific objectives to meet these goals are detailed under each Bureau description.

Goals

- Improve access to long-term support services for older adults and adults with disabilities through a telephonic, web-based and community-based single-point-of-entry system.
- Prevent and reduce adult abuse, neglect, and exploitation.
- Improve the health and wellness of New Mexico's older adults and adults with disabilities.

Objectives

- Utilize resource coordination instruments for screening, assessment and evaluation of needs so that the daily living needs of individuals served are adequately identified and addressed.
- Provide increased outreach and education to social services providers, aging network providers, hospital discharge planners, NM Department of Corrections transition case workers, pharmacies, and case managers, statewide.
- Develop and implement an options counseling program so that individuals without the ability to resolve problems or access services on their own receive individual short-term case management.
- Develop and implement a person-centered planning tool, accessible on the Social Services Resource Directory web-site, so that individuals can plan for future long-term care needs, enabling them to live on their own terms in their own communities.
- Provide the tools and authority to certify the highest possible level of eligibility for Medicaid services, accurately assessing the likelihood that individuals will receive services upon formal application.
- Increase screening for, and enrollment in, low-income subsidy programs for Medicare and Medicaid beneficiaries who have limited incomes and resources, to assist them in paying for their prescription drug coverage monthly premiums, yearly deductibles, coinsurance amounts and copayments, and prevent gaps in their coverage.
- Increase access to counselors trained to resolved complex Medicare and private insurance billing issues, appeals, and grievances to reduce insurance fraud, error, and abuse.
- Provide HIV/AIDS information and education to New Mexico's older adults and adults with disabilities to create increased awareness and understanding of HIV transmission and prevention, while reducing the fear and stigma associated with HIV/AIDS.
- Provide civic engagement opportunities for persons with HIV to encourage and support self-empowerment and lifelong learning.
- Increase access to prescription drug assistance programs to enable older adults and adults with disabilities to obtain the medications they need at costs they can afford.
- Provide increased prescription drug outreach and education at health fairs and other venues, including "Brown Bag" medication assessments, to help reduce drug interactions and address other medication management issues.

AGING & DISABILITY RESOURCE CENTER (ADRC) BUREAU

Since late 2004, this state-of-the-art information & assistance call-in, walk-in and web-based center has been in full operation. The ADRC is the single point of entry for older adults, people with disabilities, their families and the general public to access a variety of services, including state and federal benefits, adult protective services, prescription drugs, in-home and community-based care, housing, and caregiver support. ADRC staff offer options, coordinate New Mexico's aging and disability service systems, provide objective information and assistance, and empower people to make informed decisions. Resource Center staff also provide intake for both the Coordination of Long Term Services Medicaid Waiver and Adult Protective Service reports of abuse, neglect, and exploitation. The ADRC also offers a Prescription Drug Assistance Program to assist older adults and adults living with disabilities in obtaining the medications they need at costs they can afford. The Prescription Drug Assistance Program provides information about many insurance plans, discount cards, and other options for accessing prescription medications.

COMMUNITY ADVOCACY BUREAU

The Community Advocacy Bureau serves as the outreach arm of the Aging and Disability Resource Center, utilizing trained staff and volunteer counselors to serve consumers in every community throughout the state. These counselors are representative of New Mexico's ethnic and cultural diversity and possess the cultural and linguistic competence needed to reach the state's diverse populations. Over 180 volunteer counselors throughout New Mexico provide more than 17,000 hours of service annually. Volunteers conduct statewide outreach at senior centers, religious congregations, pharmacies, Social Security offices, Income Support Division offices, and at many health fairs. Outreach efforts are targeted to New Mexico's diverse populations, as well as rural, frontier, tribal and border areas. All outreach materials employed are culturally and linguistically appropriate for the populations they are designed to reach.

The Bureau houses the federally designated State Health Insurance Program (SHIP). Complex ADRC telephone inquiries are referred to SHIP counselors for grassroots assistance and complex case resolution. Volunteer counselors provide assistance in the field at numerous counseling stations, the majority of which are located in area agency on aging offices or aging network provider organizations, such as senior centers. Many of the volunteers are recruited through the Retired Senior Volunteer Program.

The collaboration with area agencies has been highly successful, resulting in the provision of information, assistance, enrollment, referral and advocacy to over 60,000 New Mexicans annually. Counselors provide information about, and assistance in accessing, the full range of benefits for which older adults and adults with disabilities may be eligible. These benefits include, but are not limited to, Medicare, Medigap Insurance, Medicare Savings Programs, Medicaid, prescription drug assistance, long-term care financing, patient rights and appeals, utility and food assistance, legal services, veterans & retired military benefits, Social Security, and housing assistance.

The Bureau's Prescription Drug Assistance Community Outreach program administers the New Mexico MEDBANK Program which provides consumers with access to free or low co-pay brand name prescriptions directly from drug manufacturers. Beginning in 2005, state funds were made available to provide vouchers to consumers to purchase medications during the "gap" period between application for MEDBANK services and receipt of medications. In conjunction with volunteer pharmacists, staff from the Bureau also provides medication assessments at many senior events and health fairs around the state.

The Community Advocacy Bureau includes the Medicare Patrol Project, known as Seniors Saving Medicare. This project recruits and trains retired professionals to identify waste, fraud, abuse, and misuse in the Medicare and Medicaid programs, and educates beneficiaries and their caregivers to become better health care consumers.

The Bureau's Bill Payer Program recruits and trains AARP volunteers to provide assistance to people with low incomes who are able to make responsible decisions about their financial affairs, but are physically or mildly mentally impaired. They are able to manage money with help, but need assistance with monthly bill paying and record keeping since they may become confused or forgetful. Bill Payer volunteers help clients with: establishing budgets; opening, organizing and sending out mail; check writing (all checks are signed by clients); and balancing checkbooks. As most clients are older and homebound, services are provided in clients' homes. While many people who need bill payer services have family or friends to help them, the clients involved in this program typically do not.

In 2005, the Bureau added HIV/AIDS Consumer Advocacy to its services, as a result of funding from the NM Legislature. The consumer advocate serves as a liaison between consumers of HIV/AIDS services in New Mexico and their providers. Referrals are provided to anyone infected or affected by HIV/AIDS for such services as mental health, substance abuse, income support, housing, Medicaid, Medicare, emergency financial assistance, Social Security, medical insurance, health care and prescription medications.

The Bureau partners with federally qualified health centers throughout New Mexico to conduct Medicare enrollment and screening events, outreach and one-on-one client assistance, designed to reach low-income Medicare beneficiaries, their family members and caregivers. The Bureau also partners with Promotoras to conduct door-to-door Medicare benefits outreach targeted to Hispanic Medicare beneficiaries and their families/caregivers. Promotoras are community health care workers providing in-home services in the southern New Mexico region that is border bound to Mexico. This region has a large population of monolingual Hispanic persons with limited incomes; promotoras possess the cultural and linguistic competence needed to reach this population of beneficiaries.

SYSTEM TRANSFORMATION GRANT INITIATIVE

In 2005, the Aging & Long-Term Services Department (ALTSD) was awarded a five-year, \$2,736,384 Systems Change Grant for Community Living from the Centers for Medicare & Medicaid Services. The intent of this funding is to help New Mexico continue to “build the infrastructure that will result in effective and enduring improvements in community-integrated services and long-term support systems.” With this support, the Department is:

1. Improving access to long-term support services for older adults and adults with disabilities through a one-stop, single-point-of-entry system for home and community based services;
2. Developing a comprehensive, Department-wide quality management system; and,
3. Transforming information technology systems within the Department and across other departments of state government to support access to long-term care services.

Grant Goal #1: Improved Access to Long-Term Support Services

- The Resource Center will become a one-stop, single point of entry information and assistance system for services needed by the elderly and disabled citizens of the state.
- The Resource Center will offer resource coordination (information, assistance and follow-up) to clients who may have needs in multiple life domains, such as food, housing, physical health, legal assistance, transportation, medication, and the like.
- The Resource Center will become the 24-hour-per-day intake system for Adult Protective Services referrals. All individuals referred will have increased access to home and community-based services through the Resource Center.
- The Resource Center will offer a person-centered planning tool which will allow clients to identify needs, goals, strategies for care, timelines, and caregivers in a way that reflects individualized preferences and decisions.
- ALTSD will participate in the development of a web-based Social Service Resource Directory, which will allow individuals to search for providers and services close to home or statewide.
- The Resource Center will have the tools and the authority to certify functional and financial eligibility for any of the services that ALTSD oversees programmatically.
- ALTSD will participate in cross-agency development of a single-point-of-entry eligibility process.

Grant Goal #2: Comprehensive Quality Management System

- ALTSD will improve its ability to provide effective, efficient, quality and accessible services to clients and employees through the development of an integrated, department-wide quality management/performance improvement program.
- ALTSD will act as the quality manager for all home and community-based services and other long-term care services statewide.
- ALTSD will provide performance improvement data to be utilized by ALTSD management, staff, planners, decision-makers and policy-makers to improve service delivery.

Grant Goal #3: Transformation of Information Technology (IT) to Support Systems Change

[Transformation of IT systems is necessary to successfully complete Goal #1.]

- ALTSD will purchase and implement interoperable and integrated IT systems designed to improve client access to long-term care services.
- Data will be linked across ALTSD units and across state agencies.
- Duplication of data will be reduced.
- IT systems will be used to monitor quality of services.
- Communication, information, and outcomes will be integrated for every consumer of ALTSD services throughout the state of New Mexico.

BEHAVIORAL HEALTH

PURCHASING COLLABORATIVE

New Mexico is in its fourth year of a ten-year process to transform behavioral health services for adults of all ages, children and families. The NM Behavioral Health Purchasing Collaborative was created during the 2004 Legislative Session and consists of 16 state agencies and the Office of the Governor, which have come together as one to coordinate and improve mental health and substance abuse services throughout the state. The Aging & Long-Term Services Department is a member agency of this collaborative; the other members are the Department of Health, the Children, Youth and Families Department, the Human Services Department, the Department of Corrections, the Public Education Department, the Department of Finance and Administration, the Department of Transportation, the Department of Workforce Solutions, the Division of Vocational Rehabilitation, the Administrative Office of the Courts, the Mortgage Finance Authority, the Indian Affairs Department, the Health Policy Commission, the Developmental Disabilities Planning Council, the Governor's Commission on Disability, and the Governor's Health Policy Advisor. The primary purpose of this collaborative model is to develop an efficient, quality-driven statewide system of behavioral health care that:

- Promotes the behavioral health and well being of children, adults of all ages and families;
- Encourages a seamless system of care that is accessible and continuously available; and
- Emphasizes health promotion, prevention, early intervention, resiliency, rehabilitation, and recovery.

Local collaboratives have been developed throughout the state; aging network providers are involved in these local collaboratives. Following a request for proposals process to select a statewide behavioral health entity, an initial interagency contract was negotiated with Value Options in 2005 to manage the delivery of services statewide; following a subsequent request for proposals process, an interagency contract was negotiated with OptumHealth in 2009 to manage the delivery of services statewide. Common service definitions have been developed and the licensing, credentialing and recruitment of the professional workforce is being addressed jointly. A Behavioral Health Training and Research Center has been established to address workforce development, training and evidence-based practices. The vision of the Collaborative is to create statewide behavioral health delivery system in which funds are managed effectively and efficiently, in an environment that supports recovery and the development of resiliency, and in which mental health is promoted, the adverse affects of substance abuse and mental illness are prevented or reduced, and behavioral health consumers are assisted in participating fully in the lives of their communities.

Geriatric Behavioral Health Services

Although the majority of older adults cope constructively with the limitations, changes and losses associated with later life, a substantial proportion of the elder population experiences specific mental disorders that are not part of normal aging. Many incapacitated adults served by the Department's various programs have mental health or substance abuse problems, or both. This is largely an invisible population because older adults do not traditionally seek treatment for behavioral health problems. Behavioral Health staff provides training in a variety of medical, social service, and clinical settings, as well as for other Department staff, focused on recognizing and reporting abuse, neglect, and exploitation, increasing awareness of the behavioral health problems of older adults and adults with disabilities, and developing effective community-based responses to address identified problems and needs.

Goals

- Identify and promote collaborative relationships with community mental health centers in order to improve access to services for older adults and adults with disabilities.
- Design a service delivery system that addresses identified barriers.
- Develop access to services for identified clients.
- Explore the development of service delivery models in other venues for older adults and adults with disabilities.
- Assure that behavioral health service providers are trained in best practices for older adults and adults with disabilities.

Objectives

- Identify and/or develop mechanisms for payment for outreach and in-home assessments for older adults and adults with disabilities so that access to services is improved for those unable or reluctant to access center-based services.
- Increase the utilization of comprehensive community support services for older adults so that they have access to in vivo treatment and services.
- Assist Adult Protective Services field workers and staff of the statewide behavioral health entity to enhance coordination and collaborative relationships with community mental health centers so that additional older adults receive behavioral health services in their communities.
- Provide outreach, education and training regarding the behavioral health needs of older adults and adults with disabilities to primary care providers, social service organizations, home health agencies, physicians, behavioral health professionals and senior center staff, to increase identification, programming and referral options for clients with behavioral health needs.
- Research, identify and develop expertise in best and promising practices for working with older adults and adults with disabilities so that training priorities can be identified.
- Coordinate training for behavioral health clinicians in community mental health centers regarding best practices in assessing and treating older adults to better prepare the workforce to address the needs of this population.
- Provide specific clinical case consultation on a cross-departmental basis for clients referred by Behavioral Health Collaborative members, due to needs that exceed the capacity of the current system, so that gaps in services can be identified and addressed by the Collaborative.

ELDERLY & DISABILITY SERVICES DIVISION

The Elderly & Disability Services Division is responsible for the administration of Medicaid-funded long-term care services throughout New Mexico. These services include Coordination of Long Term Services (CoLTS), which encompasses the Disabled & Elderly Waiver Program and the Personal Care Option Program; the Program of All-inclusive Care for the Elderly (PACE); the Traumatic Brain Injury Program, the Mi Via Self-Directed Waiver Program and the Gap Program. These programs provide support to enable older adults and individuals living with disabilities to remain in their own homes and communities or to return to their homes from a nursing facility or institution. The Division also advocates for each consumer to live in the least restrictive environment, and provides education and training for consumers and service providers.

Goals

- Develop and maintain a statewide long-term care continuum of services.
- Offer seamless access to a choice of culturally responsive, appropriate, and high quality long-term services.
- Provide a system of services that minimizes stays in institutional settings by increasing access to less restrictive home and community-based services.
- Promote improved health status and quality of life and reduce dependency on institutional care.

Objectives

- Efficiently and effectively operate a self-directed waiver (Mi Via) for targeted service populations.
- Operate an enhanced and coordinated service delivery system for the traumatically brain-injured population that will result in comprehensive and coordinated services for this population.
- Create an integrated and coordinated service delivery model for person living with brain injury through CoLTS.

COORDINATION OF LONG TERM SERVICES (CoLTS)

Coordination of Long-Term Services (CoLTS) is a managed long-term care system designed to serve New Mexico's Medicaid recipients who reside in nursing facilities, receive Personal Care Option services, receive Disabled & Elderly Waiver services and/or are covered by Medicare ("dual eligible") – whether or not they are in need of long-term services. Individuals in New Mexico qualify for Medicaid either based solely on income (those with very low incomes) or on income plus level of care need (those with moderately low incomes who qualify for nursing facility level-of-care). The latter have significant health conditions or functional limitations and require assistance in performing activities of daily living; the majority are receiving services through one of New Mexico's home and community-based waiver programs or in nursing facilities. Enrollees have a choice of CoLTS providers. Two managed-care organizations, AmeriGroup and Evercare, were selected through a request for proposals process to manage CoLTS under contract with the Department. Both are national corporations with experience managing long-term care services in several states, and both have been active participants in the planning process to develop CoLTS. CoLTS covers primary, acute, and long-term services in one coordinated and integrated system that incorporates Medicare and Medicaid benefits and funding in an approach that is seamless to the recipient. The Department administers CoLTS in partnership with the NM Human Services Department. CoLTS is designed to improve and expand coordination of acute care and community-based services and supports, and to establish a consumer-focused continuum of services across each enrollee's lifespan, improving health status and quality of life. CoLTS encompasses two of the Division's programs - the Disabled & Elderly Waiver Program and the Personal Care Option Program.

DISABLED & ELDERLY (D&E) WAIVER PROGRAM (CoLTS “C” Waiver Program)

The D&E Waiver Program serves persons who are eligible both medically and financially for the Medicaid institutional level-of-care. It is not an entitlement program; the number of slots is limited and dependent upon federal approval and state appropriations. Persons eligible for services may have their names placed on a central registry until slots become available. Services provided include mobility assistance, personal emergency response systems, nutrition counseling, home health care, personal care, chore/home maintenance services, home improvement, respite care, social day care, home-delivered meals and medical/social services.

PERSONAL CARE OPTION (PCO) PROGRAM (CoLTS State Plan “B” Program)

The PCO program is designed to improve quality of life for those with disabilities and health conditions, and to prevent them from entering nursing facilities. Personal care attendants provide a range of in-home services that enable individuals to live in their own homes and achieve the highest level of independence possible. The program is available to individuals eligible for Medicaid coverage (based solely on low income), age 21 years of age or older, who meet the level-of-care required for nursing facilities due to disability or functional limitations. Two options are available:

- **Consumer-Directed:** A consumer acts as an employer - selecting, hiring, training, supervising, and terminating (if necessary) his/her own personal care attendants. Attendants receive training at the direction of consumers. A contract provider, not the consumer, serves as the fiscal agent and is responsible for processing all financial paperwork and issuing payroll for attendants.
- **Consumer-Delegated:** A contract provider performs all employer related tasks - hiring, training, supervising, and terminating (if necessary) personal care attendants. The contract provider that employs the personal care attendants also processes all financial paperwork and issues payroll for those attendants.

In both options, consumers may select family members (other than spouses), friends, neighbors, or anyone of their choice to serve as their attendants. All attendants must be eighteen years of age or older, and pass a nationwide caregivers’ criminal history screening.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

PACE provides an integrated service delivery system including primary care, home care, rehabilitation services, personal care, meals, transportation, pharmacy and hospitalization, funded by combining Medicare, Medicaid and private financing. Enrollees in the PACE plan must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home level-of-care care per Medicaid criteria. The comprehensive service package permits most enrollees to continue living at home while receiving services rather than be institutionalized. Capitated financing allows enrollees to receive all needed services without the limitations of Medicare and Medicaid reimbursement restrictions. An interdisciplinary team of professional and paraprofessional staff assesses enrollees’ needs, develops care plans, and delivers all services, including acute care services, coordinated as a seamless system of care. PACE provides the majority of services in an adult day health center – a combination primary care clinic, adult day care program and rehabilitation center – supplemented by in-home and referral services in accordance with each enrollee’s needs.

TRAUMATIC BRAIN INJURY (TBI) PROGRAM

The TBI program provides case management, life skills training and interim crisis services to residents of New Mexico. Individuals are eligible for services if they have been diagnosed with a traumatic brain injury, which has been confirmed by a physician or psychologist. TBI is defined as an assault to the brain from an outside physical force, which has caused temporary or permanent cognitive or physical impairment. A TBI may, or may not, cause total functional disability and/or psychosocial disorientation. TBI services are available statewide. Persons who reside in institutions are not eligible to receive services. The TBI Program is funded, in part, from a \$5.00 fee that is added to all New Mexico traffic violation tickets.

MI VIA (MY WAY) – New Mexico’s Self-Directed Waiver Program

Implementation of Mi Via is the culmination of the work of Department staff in collaboration with many persons living with disabilities, their families, advocates, providers, and others committed to supporting individuals with disabilities at home and in the community. The program was developed with a planning grant from the Robert Wood Johnson Foundation Cash & Counseling Initiative. The 1915c self-directed waiver has enabled New Mexico to implement significant changes in its home and community-based services delivery system for older adults and individuals with disabilities who are currently receiving brain injury services from the TBI Program, or are enrolled in one of New Mexico’s Medicaid waiver programs. These waiver programs include the Disabled & Elderly Waiver Program administered by the Department, as well as three waiver programs administered by the NM Department of Health: the Developmental Disabilities Waiver, the Medically Fragile Waiver and the AIDS Waiver. Individuals enrolled in any of these programs may elect to receive services under Mi Via. Mi Via has resulted in a rebalancing of the traditional Medicaid waiver programs to provide consumers with choice and control of services and care – the self-directed model.

The program allows participants to choose the services they need, hire their own service workers, and decide where and how to spend their Mi Via budget. A consultant provides assistance as necessary. Participants may choose to involve family members or friends. Participants direct their own services, and have flexibility and control over the types of services and supports they purchase, who provides the services, and where and when those services are received. Participants may choose to buy any services, supports, or goods that help them meet their functional, medical or social needs; help them reach the goals they have set; are not prohibited by federal or state laws and regulations; make it easier for them to do things that are difficult because of a disability; increase safety in their home environments; and/or lessen the need for other publicly funded services. Participants decide who to hire and how much to pay them. A Mi Via financial management agent handles payroll and other employer responsibilities based on an approved budget.

GAP PROGRAM

The Gap Program was established in 1994 by the State Legislature. The program helps to “bridge the gap” to services offered by the Department’s other Medicaid-funded long-term care programs. Gap services and goods are provided to adults with physical and cognitive disabilities, including brain injury, for specific individualized needs on a long term basis. Examples of goods and services provided include assistive devices, environmental modifications, initial housing costs and respite care. These services help individuals to increase or maintain their independence in home and community-based settings. The program is small, serving approximately 30 people per year. The Department has chosen to keep the services flexible, in order to address newly identified gaps in services.

LONG TERM CARE PLANNING ***“TOWARD QUALITY LIVING & HEALTHY AGING”***

New Mexico was awarded a grant from the National Governors’ Association in October 2004 to coordinate policy and service delivery efforts among and between state health and human service agencies and programs. Through this grant, the Department developed a Long-Term Care Plan to foster coordination and implementation of an array of health & social service options to enable individuals to make informed choices about how and where they live, while reducing the need for institutional care. The plan included specific strategies, as well as recommendations for statewide systemic changes, designed to rebalance New Mexico’s long-term care system to focus more effort toward home and community-based care.

In 2005, a Centers for Medicare & Medicaid Services Real Choice Systems Change grant, originally awarded to the NM Human Services Department, was transferred to the Aging & Long-Term Services Department. Utilizing funds from this grant, as well as the National Governors’ Association grant and a Robert Wood Johnson Cash & Counseling Initiative grant, New Mexico has rebalanced its entire long-term care delivery system to increase control and choice for older adults and persons with disabilities. The Real Choice Systems Change grant has supported the planning, development, education, outreach and resource dissemination needed to implement New Mexico’s movement toward self-direction, with an emphasis on home and community-based services.

New Mexico is one of the few states that allocate the majority of Medicaid long-term care funding to the provision of home and community-based services. In New Mexico almost 73% of Medicaid long-term care funding is used to provide home and community-based services, including waiver services and personal care services. New Mexico has created one of the most balanced long-term care systems for older adults and adults with disabilities in the nation, and is continuing to make even more progress toward balancing. Many more Medicaid recipients receive home and community-based services than receive nursing facility services. The number of Medicaid recipients receiving home and community-based services has increased by 440% in the past four years, while those receiving care in nursing facilities has decreased. The variety of home and community-based options offered by the Department’s Elderly & Disability Services Division, as well as improvements in access to services, as a result of the Aging & Disability Resource Center implementation, has placed New Mexico in the forefront of home and community-based service delivery.

OFFICE OF FAITH-BASED & COMMUNITY INITIATIVES

Participative leadership, communication, collaboration, compassion, and creativity are the key components that make this office work.

In 2005, New Mexico Governor Bill Richardson established the Governor's Office of Faith-Based & Community Initiatives to eliminate barriers and ensure that all faith-based and community organizations in New Mexico are provided with equal access to state and federal resources and services. The Office is housed in the Aging & Long-Term Services Department.

Goals

- Assess and identify internal and external barriers which prevent faith-based and community organizations from accessing resources.
- Support, sustain, and build capacity to mobilize and transform faith-based and community organizations in under-represented rural areas in New Mexico.
- Connect New Mexico faith-based and community organizations to federal and statewide resources.
- Improve human service delivery to all New Mexicans.

The Office of Faith-Based & Community Initiatives is responsible for coordinating a statewide comprehensive and collaborative effort to incorporate faith-based and community organizations in programs and initiatives to the greatest extent possible. This includes proposing and supporting the development of innovative pilot and demonstration programs to increase the capacity of these organizations in rural and under-represented communities. The Office coordinates statewide outreach efforts and disseminates information to faith-based and community organizations with regard to innovative programming, contracting opportunities, and other initiatives. The Office provides a single point of contact for organizations in New Mexico and actively engages key partners in projects and initiatives on a regular basis in order to maximize community input, expertise, support and communication. The Director of the Office advocates for faith-based and community organizations and conducts workshops and seminars on building community, developing collaborative relationships, applying for tax exempt status and applying for state/federal funding.

Currently New Mexico has more than 1,500 faith-based and community organizations serving their respective communities. Faith-based and community organizations in New Mexico are programmatically diverse and provide services in multiple areas. The most commonly reported areas of service include education, training, health services, and services for at-risk families. These organizations serve those most in need and most vulnerable, including hard-to-serve populations, such as the homeless, ex-offenders, substance abusers, and undocumented immigrants. They also serve many older adults and individuals living with disabilities, particularly in rural and frontier areas where other services are scarce and geographical barriers impede travel and access.

The ultimate purpose of New Mexico's Office of Faith-Based and Community Initiatives is to help grassroots organizations provide more effective services to more individuals on a sustained basis. The Office's current initiatives address:

- Homelessness, specifically that of older veterans in need of health care, housing and employment;
- Needs of Ex-Offenders and their families for counseling, life skills training, education, substance abuse prevention and employment opportunities;
- Emergency Preparedness, specifically for older adults and persons with disabilities;
- Community Health;
- Hunger;
- Domestic Violence;
- Domestic Partnerships; and
- Online Training Opportunities.

HUNGER INITIATIVE

Hunger is a real issue in New Mexico. Every day, one in every six New Mexicans faces uncertainty about his or her next meal; one in eight seniors does not know what or where he or she will eat. This dire statistic applies to each of the 33 counties in New Mexico. Every month in New Mexico, 89,000 people visit pantries, shelters, and soup kitchens in search of emergency food; 20% are older adults. Hunger in New Mexico is largely attributable to the state's high rate of poverty and rural/frontier nature. New Mexico has twelve non-metropolitan counties with low-food access (meaning that 50% of residents must travel more than 10 miles to a food store) and six counties that are considered "food deserts" (meaning that all of the residents must travel more than 10 miles to a food store).

The Department has been a lead state agency in building public/private collaborative partnerships, with aging network providers and others, to address hunger in New Mexico. The Department is a key member of the New Mexico Task Force to End Hunger, which has created a three-year "New Mexico Plan to End Hunger." The overarching goal of the plan is to move the state's national ranking from first in food insecurity to fifth in the next three years. This would help 35,000 New Mexicans. The five specific proposals to reach this overarching goal are:

1. Eliminate childhood hunger in New Mexico.
2. Provide adequate food for New Mexico's seniors.
3. Improve access to food in rural and underserved communities.
4. Encourage full participation in public food assistance programs.
5. Create pervasive awareness of hunger in New Mexico.

Effectively addressing the problem of hunger in New Mexico requires active collaboration among food banks, the private sector and the government. New Mexico Plan to End Hunger strategies include feeding school-age children and senior citizens at intergenerational summer meal sites. In summer 2008 several pilot sites were developed; plans are underway to develop additional sites for summer 2009. Conducting outreach and education about the availability of food stamp programs is another crucial strategy to help assure that eligible families and seniors do not go to bed hungry.

The New Legislature has awarded funding for the establishment of a Farmers' Market Nutrition Enhancement Program designed to provide seniors in seven counties with vouchers for the purchase of fresh produce at farmers' markets. The program addresses nutritional health while also providing increased revenue to local farmers. The Department administers the program in collaboration with the NM Department of Health, the NM Department of Agriculture, the NM Human Services Department, NM State University Cooperative Extension Service, and the NM Farmers' Market Association. The program serves residents of Bernalillo, Curry, Grant, Mora, San Juan, Socorro, and Valencia counties, whose incomes are 130% or less of the poverty level. Ninety percent of those served are senior citizens.

DISASTER PREPAREDNESS

"A nation is judged by how it treats its most vulnerable citizens".

STATEWIDE PANDEMIC INFLUENZA EMERGENCY RESPONSE AND ALL-HAZARD EMERGENCY OPERATIONS PLANS

The New Mexico Aging & Long-Term Services Department was designed as the lead state agency to coordinate a Work Group on Vulnerable Populations, as a component of New Mexico's Task Force on Emergency Preparedness & Response for Targeted Populations. The group was charged with reviewing two documents – the NM Pandemic Influenza Emergency Response and the NM All-Hazard Emergency Operations Plan – and developing plans in those documents to address the needs of the elderly and other vulnerable populations in the state. The focus was on individuals living in the community who would require additional assistance during an emergency, as plans were in place for those living in long-term care facilities. The group conducted a needs assessment of the two plans to determine if they sufficiently addressed the needs of the workgroup's target populations and identified gaps that existed in the plans. The Work Group made recommendations regarding changes and additions to be made to the existing plans to address the identified gaps. The workgroup's recommendations included the need for more details regarding planning for, and impact on, tribal governments and members, as well as the distribution of materials, written in simple language, to the general public. As a result of this process, the Aging & Long-Term Services Department has produced Department-specific components of these plans.

DISASTER PREPAREDNESS GUIDANCE

In addition to playing a significant role in the development of the state's Pandemic Influenza Emergency Response and All-Hazard Emergency Operations Plans, the department has developed the following guidance for area agencies with regard to disaster preparedness.

POLICY:

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.

ROLE OF AN AREA 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, but are not limited to, the following:

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 physical, social and emotional 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:

1. Designate a Disaster Preparedness Coordinator at the area agency level and provide the NM Aging & Long-Term Services Department (Office of the Secretary, Public Information Officer and Aging & Disability Resource Center) and the State Disaster Relief Office with the name of the Disaster Preparedness Coordinator.
2. Designate local Disaster Preparedness Coordinators throughout its planning & service area(s).
3. Provide training to all designated Disaster Preparedness Coordinators, to include methods for accessing assistance organizations, conducting assessments, and providing advocacy and relief services.
4. Conduct an assessment to determine the type, scope and exact location of the disaster.
5. Establish contacts with all public and private organizations to be involved in providing assistance, such as the Federal Emergency Management Agency, the American Red Cross, Civil Defense Authorities, the Housing & Urban Development Agency, the State Disaster Relief Office, local governments and faith-based organizations.
6. Assess the impact of the disaster on the elderly population based on data gathered by the Disaster Preparedness Coordinator(s) and other disaster relief agencies. Determine the
 - number of affected elders,
 - number of ill, injured or deceased elders,
 - extent of damage to the property of elders, including homes and mobile homes,
 - type and extent of services needed by elders, such as home repair, food, medical care, housing, and utilities, and
 - impact on long-term care facilities in the area.
7. In coordination with other disaster relief agencies, inform all affected elders of available assistance.
8. In coordination with other disaster relief agencies, develop an action plan specific to the role of local aging network providers. The action plan must:
 - Address provision of services such as transportation, nutrition, legal assistance, counseling, advocacy and emergency housing.
 - Include a communication plan.
 - Include forms for conducting individual assessments.
 - Include a method for assessing the cost of services provided.
9. Seek funding for the provision of emergency services.
 - Identify unobligated funds that could be shifted to meet the needs of victims of the disaster.
 - Contact the state and federal governments for financial assistance, including targeted funds for victims of disaster relief.
10. 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 need to be continued for months after a disaster.

HEALTH CARE SYSTEM COORDINATION

The Department employs a variety of strategies, embedded in many of its programs and services, to coordinate with the health care system throughout New Mexico on behalf of consumers. These collaborative efforts have resulted in increased coordination, reduction in duplication of effort and maximized resources for all.

The Department's Aging & Disability Resource Center is New Mexico's single point of entry for older adults, people with disabilities and their families to access to a variety of health care and social services, including state and federal benefits, adult protective services, prescription drugs, in-home and community-based care and caregiver support. The Resource Center makes referrals and receives inquiries from health care providers and organizations throughout New Mexico. The Center's data base and on-line directory include extensive information regarding the state's health care resources, including, but not limited to, clinics, hospitals, federally-qualified health centers, home health agencies, behavioral health providers and specialized geriatric services. Resource Center staff offers options, coordinates aging and disability service systems, provides information and assistance, and empowers people to make informed decisions.

The Resource Center has developed resource coordination to improve service delivery to at-risk older adults and adults with disabilities residing in the community. Providing services to at-risk populations presents health care providers, social service providers, families and informal caregivers, with complex challenges. The added involvement of payers and managed care providers further complicates service delivery. Resource Coordinators are able to work with hospital discharge planners to provide an interface between home-based and facility-based care. Resource coordinators assist in arranging for a variety of community services, public benefits, and transportation. These services help individuals remain in their own homes and communities, as independently as possible. The growth of complexity in the delivery of health care services has created the need for linkages between systems, for a mechanism which focuses on the individual and helps him or her navigate through the array of services, a mechanism which facilitates the delivery of quality care.

Resource coordination instruments for screening, assessment and evaluation of needs are used by Resource Center staff to identify and address the daily living needs of individuals served. Center staff provides outreach and education to social services providers, hospital discharge planners, pharmacies, and case managers, statewide. The Center is developing an options counseling program so that individuals without the ability to resolve problems or access services on their own receive individual short-term case management. The Resource Center is also developing a person-centered planning tool, soon to be accessible on the Social Services Resource Directory web-site, which individuals can use to plan for future long-term care needs, enabling them to live on their own terms in their own communities.

The Department's Community Advocacy Bureau houses many programs which all interface with New Mexico's health care system, on both state and national levels. This Bureau provides statewide training and information regarding all aspects of Medicare to beneficiaries, families, informal caregivers, health care providers and aging network partners. Bureau staff serves as advocates for beneficiaries and their families, addressing problems related to marketing abuses and lack of coordination between Medicare Advantage plans and Medicaid plans. The Community Advocacy Bureau also provides the Medicare Patrol Project, known as Seniors Saving Medicare. This project recruits and trains retired professionals to identify waste, fraud, abuse, and misuse in the Medicare and Medicaid programs, and provides

education to beneficiaries and their caregivers regarding how to become better health care consumers. Project staff assists with appeals and grievances as well as tertiary claims and billing issues.

The Bureau's Prescription Drug Assistance Outreach program administers the New Mexico MEDBANK Program which provides consumers with access to free or low co-pay prescription drugs directly from drug manufacturers. Beginning in 2005, state funds were made available to provide vouchers to consumers to purchase medications during the "gap" period between application for MEDBANK services and receipt of medications. In conjunction with volunteer pharmacists, staff from the Bureau also provides medication assessments at many senior events and health fairs around the state.

The Bureau's HIV/AIDS Advocacy Office provides resources and care coordination for persons with HIV/AIDS. This assistance allows for greater knowledge and ease in maneuvering through the complexity of the health care system, including Medicaid programs, state services, and Medicare benefits. Staff in the Bureau's Bill Payer Program conducts monthly client visits to review mail from medical providers, health plans, Medicare and Medicaid. Any conflicts in billing, concerns of fraud, or other coordination of benefits issues are addressed in collaboration with the appropriate health system representatives.

The Bureau partners with federally qualified health clinics throughout New Mexico to conduct Medicare enrollment and screening outreach and one-on-one client assistance, designed to reach low-income Medicare beneficiaries, their family members and caregivers. The Bureau also partners with Promotoras, to conduct door-to-door Medicare benefits outreach targeted to Hispanic Medicare beneficiaries and their families/caregivers. Promotoras are community health care workers providing in-home services in the southern New Mexico region that is border bound to Mexico. The region has a large population of monolingual Hispanic persons with limited incomes; promotoras possess the cultural and linguistic competence needed to reach this population of beneficiaries.

The Department's Aging Network Division collaborates with aging network partners, health care organizations, governmental entities and others to provide health promotion & disease prevention information, activities and programs throughout New Mexico. These initiatives are designed to help older adults maintain or improve their physical and mental well-being, and include evidence-based programs such as *Enhance Fitness* and *A Matter of Balance*. Health fairs, workshops and other venues are used to support, encourage and assist healthy, active seniors in maintaining their lifestyles and to teach techniques for improving health status to others. In partnership with NM Senior Olympics, the Department promotes physical fitness for adults age 50 and older, through year-round opportunities to participate in senior Olympic games and other health promotion activities. The Department was one of the lead agencies that worked to establish the New Mexico Healthy Aging Collaborative, a collaboration of public and private organizations focused on providing statewide health promotion activities and initiatives targeted to older adults. Members of the Healthy Aging Collaborative include health care providers, aging network partners, the University of New Mexico Schools of Medicine and Nursing, tribal organizations, and the Indian Health Service. Aging Network Division staff work in partnership with the NM Alzheimer's Association to conduct outreach to physician offices, public health clinics and federally-qualified health care centers, statewide, regarding services and resources for patients with Alzheimer's disease and other forms of dementia.

The Department's Senior Employment Program is working actively with health care providers around the state to place older work trainees in medical records and billing positions. The current focus on electronic medical records and billing has created on-the-job training opportunities for these older workers. On-the-job training can lead to permanent employment rather quickly in this field, benefitting both the health care system and the older adults.

The Office of Indian Elder Affairs collaborates with the Indian Health Service to strengthen the provision of long-term care, in-home care and geriatric care in tribal communities. A coordinated system of health and social services to meet the needs of Native American Indian elders is paramount. This system must be accessible, affordable, and culturally sensitive, and focus on ensuring independence and not increasing dependency. Isolation, vast distances, limited transportation, competing state, federal and tribal regulations, lack of funding and language barriers are issues affecting the health care delivery system for Indian elders in New Mexico. The Office of Indian Elder Affairs is actively working to address these issues, including advocating for the provision of additional long-term care services, both home and facility-based, access to adequate health care and enhanced transportation services. Aging Network Providers, particularly in tribal communities, help seniors to access dialysis services. The prevalence of diabetes in New Mexico is very high, particularly among Hispanics and Native American Indians. Access to dialysis is crucial for many in the latter stages of the disease.

The Department's Elderly & Disability Services Division administers Medicaid-funded long-term care services throughout New Mexico. These services include Coordination of Long Term Services (CoLTS), the Program of All-inclusive Care for the Elderly (PACE), the Traumatic Brain Injury Program, the Mi Via Self-Directed Waiver Program and the Gap Program. These programs provide support to enable older adults and individuals living with disabilities to remain in their own homes and communities or to return to their homes from nursing facilities or institutions. The Division also advocates for each consumer to live in the least restrictive environment, and provides education and training for consumers, service providers and health care providers. Two of these programs in particular, CoLTS and PACE, are direct providers of integrated health and long-term care systems. CoLTS covers primary, acute, and long-term services in one coordinated and integrated system that incorporates Medicare and Medicaid benefits and funding in an approach that is seamless to the recipient. PACE provides an integrated service delivery system including primary care, home care, rehabilitation services, personal care, meals, transportation, pharmacy and hospitalization, funded by combining Medicare, Medicaid and private financing. The majority of PACE services are provided in an adult day health center – a combination primary care clinic, adult day care program and rehabilitation center.

Adult Protective Services provides a system of protective services and remains on call for emergent reports 24 hours-a-day, 7 days-a-week. Intervention services include emergency protective placement, limited assistance in the home, short-term case management, attendant care, contracted home and community-based care, and filing of guardianship or conservatorship petitions in district court. Adult Protective Services works with law enforcement, the health care system, and social service providers to ensure the safety of incapacitated adults. The Department's Adult Abuse Prevention and Education Team works to ensure that incidents of adult abuse, neglect and exploitation are fully identified, carefully investigated, properly documented, and aggressively prosecuted. The goal of this unit is to eliminate such incidents by providing statewide training and fostering collaboration with district attorneys, other legal professionals, health care workers, other medical staff, social service workers, and law enforcement throughout New Mexico. The team is working to create local multi-disciplinary teams in communities around the state to enhance coordination among the health care, legal and social services systems.

The Office of the State Long-Term Care Ombudsman provides resident-centered advocacy for the recognition, respect and enforcement of the civil and human rights of residents in long-term care facilities throughout New Mexico. The Office's primary duties are to insure that residents' wishes are respected and to investigate and resolve complaints made by or on behalf of residents. In discharging this duty, the Office coordinates with the health care system and other agencies of state government.

The Department is a member of the NM Behavioral Health Purchasing Collaborative, 16 state agencies and the Office of the Governor, which have come together as one to coordinate and improve mental health and substance abuse services throughout the state. The primary purpose of this collaborative model is to develop an efficient, quality-driven statewide system of behavioral health care; transforming behavioral health services for adults of all ages, children and families, with a focus on recovery and resiliency. The partner agencies have combined expertise and funding streams to maximize resources and enhance coordination of behavioral health care throughout the state.

The Department's Behavioral Health staff provides training in a variety of medical, social service, and clinical and other health care settings. This training is focused on recognizing and reporting abuse, neglect, and exploitation, increasing awareness of the behavioral health problems of older adults and persons with disabilities, and developing effective community-based responses to address identified problems and needs. Staff collaborates with community mental health centers in order to improve access to services for older adults and persons with disabilities. Staff provides outreach, education and training regarding the behavioral health needs of older adults and adults with disabilities to primary care providers, home health agencies, physicians, and behavioral health professionals, in order to increase identification, programming and referral options for these adults and to better prepare the health care workforce to address their needs.

The Aging & Long-Term Services Department is an active member of the NM Immunization Coalition, which was formed to improve immunization rates in New Mexico. The Coalition is a partnership of public and private health care organizations and other stakeholders whose vision is to achieve full immunization protection for all New Mexicans. The Department is collaborating with Coalition partners and the aging network to improve immunization rates among New Mexico's older adults and children. The Department conducts outreach to older adults to encourage them to get immunized, as well as to encourage grandparents to get children immunized, by providing information about the importance of immunizations and how and where to get immunized. Outreach to New Mexico's many grandparents raising grandchildren is a key component of this outreach effort.

GRANDPARENTS RAISING GRANDCHILDREN KINSHIP CAREGIVER INITIATIVE

A kinship caregiver is any individual who has assumed primary responsibility for raising a child who is not his or her legal child. Kinship caregivers in New Mexico may be members of the child's family, tribe or clan, godparents, family friends, or any individual with whom the child has a significant bond. In New Mexico, many kinship caregivers are grandparents. Children living with kinship caregivers experience fewer changes in living situations, are more likely to live with their siblings, have more positive perceptions of their homes and exhibit fewer behavioral problems, than do children in foster care.

In 2005, the New Mexico State Legislature passed Senate Joint Memorial 50 to create a multi-agency task force charged with developing an interdepartmental plan to assess the needs of children/youth living with kinship caregivers. One of the recommendations of the Senate Joint Memorial 50 Taskforce was to create a fund to assist kinship caregivers in accessing the court system when they need to establish legal guardianship of children who otherwise would enter the foster care system. During the 2006 Legislative session, \$200,000 was appropriated to the Aging & Long-Term Services Department to achieve this goal. In FY2007, the Department awarded the \$200,000 to Pegasus Legal Services for Children to provide statewide kinship caregiver legal assistance, representation, outreach, and education services. With this funding, Pegasus Legal Services established the Kinship Caregiver Legal Advocacy Network, a statewide legal services delivery network for kinship caregivers. The Network consists of the following components:

- A Guardianship Legal Helpline, provided under contract with Law Access New Mexico Legal Helpline, to conduct telephone intake, assessment, consultation, referral, and follow up, as well as to provide legal advice, information and brief service to those who need information, statewide.
- The Pegasus Central New Mexico Kinship Guardian Program, which provides full legal representation to kinship caregivers in contested cases. Pegasus refers uncontested cases to another provider: Advocacy, Inc.; kinship caregivers with higher incomes are referred to private counsel at reasonable rates.
- A Statewide Network of Contract Attorneys, recruited from around the state, to provide legal representation to kinship caregivers for a reduced fee.
- A Statewide Network of Pro Bono Attorneys, developed by Pegasus and the NM State Bar, including pro bono committees in each judicial district in New Mexico.

The Kinship Caregiver Legal Advocacy Network also counsels kinship caregivers who represent themselves in guardianship legal proceedings, and provides community outreach services, including informational presentations and the distribution of written informational materials.

The Department has also collaborated with AARP NM, area agencies, and Outcomes, Inc. Senior Peer Counseling Services, as well as Pegasus Legal Services, to provide forums for grandparents raising grandchildren and other kinship caregivers. Such forums are designed to provide these caregivers with access to social services, benefits counseling, legal information and other helpful resources. Childcare is provided on site at the forums and kinship caregivers are encouraged to network and form supportive relationships with each other.

ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division provides support to the Department in the areas of financial management, budgeting, capital projects, contracts, human resources, reception and clerical services. The Division's Fiscal Bureau staff maintains an accounting and financial management system which meets federal and state requirements and efficiently generates required reports and audit information. The Fiscal Bureau's internal audit effort manages all federal, state and private contracts and awards, and provides on-going review of financial procedures and contractor operations. Fiscal Bureau staff prepares and processes all payroll and accounts payable. The Division's Capital Projects Bureau monitors the application and prioritization process, submission of requests, legislative testimony, contract preparation and technical assistance with regard to aging network capital projects, statewide. Such projects include those awarded to both local government and tribal government aging network providers for renovation and construction projects, as well as for the purchase of vehicles and large kitchen equipment. The Department's Human Resources Bureau is housed in this Division and performs all Department personnel functions, such as job posting, application screening, and provision of benefits information. Administrative support services for the Department's main office in Santa Fe, such as supply ordering, clerical support, and reception services, are also operated out of this Division.

Goal

Provide the administrative, fiscal and management support necessary to conduct effective and efficient Department operations that comply with all state and federal requirements and result in the delivery of quality services.

Objectives

- Maintain appropriate management and support staff necessary to conduct Department operations.
- Maintain an accounting, budget and financial management system to meet federal & state requirements, efficiently account for Department resources, prepare operating budgets, generate reports and prepare audit information.
- Manage all contracts and grant awards, insuring timely closeout reports, and conduct periodic reviews of Department procedures and contractor operations.
- Provide training and technical assistance to support Department services.
- Distribute funds according to federal funding requirements or State General Appropriations Act requirements.
- Maintain a human resource system that supports the Department and its employees in all aspects of personnel administration, personnel policy and employee benefits.
- Manage the process for identifying and prioritizing capital outlay needs for submittal to the Governor and the Legislature; initiate and track contracts for funds appropriated.
- Establish funding priorities and identify funding needs to facilitate legislative requests.
- Assure compliance with the Older Americans Act and state policies and procedures.

INFORMATION TECHNOLOGY

The Information Technology (IT) Office supports a myriad of information systems throughout the Aging & Long-Term Services Department. The Office is responsible for oversight and coordination of all internal information systems used to support the essential functions of the Department and its five divisions. The IT Office also facilitates effective interdepartmental exchange of data throughout New Mexico state government, including the support of Human Services Department Medical Assistance Division programs that verify the use of Medicaid-funded home and community-based services, as well as a partnership with the Children, Youth & Families Department to use common software for the tracking and documentation of adult protective services cases.

The varied responsibilities of the Department create a unique and diverse set of technological needs. Internal software systems range from those used by the Administrative Services Division for all fiscal, accounting and capital outlay functions, to a specialized information and referral program that allows coordination of community health and social service resources by the staff of the Aging and Disability Resource Center. In order to comply with federal requirements, the Department utilizes software to track activities within the aging network and report to the Administration on Aging. The Aging & Long-Term Services Department also utilizes programs for provider tracking, coordinated jointly between the Department and the Department of Health, to keep a current database of providers authorized to deliver services.

Goal

Implement cost-effective information technology systems in support of organizational priorities, focused on improving quality, enhancing efficiency, and providing superior service – all while reducing operating costs.

Objectives

- Improve client access to long-term care services through the use of integrated IT system(s).
- Design IT applications that will support program practices and processes that are individual-centered and enable persons to direct their own services.
- Implement and maintain system security and disaster recovery planning.

PUBLIC INFORMATION OFFICE

The role of the Public Information Office is to communicate and disseminate information regarding services provided by the Aging & Long-Term Services Department. Such dissemination occurs through:

- media outlets,
- participation in public forums and fairs,
- presentations at conferences and meetings,
- electronic distribution lists,
- development and distribution of print materials, and
- the Department's web site at: www.nmaging.state.nm.us.

Goal

Provide and disseminate concise and understandable information about issues of importance to older adults, persons with disabilities, their families and caregivers, the general public, and Department staff.

Objectives

- Maintain and update a Department website with information of interest to older adults, persons with disabilities, their families and caregivers, the general public, and Department staff.
- Publicize Department and aging network services and activities through public service announcements, participation in public forums and fairs, presentations at conferences and meetings, website information and development and distribution of publicity materials.
- Publicize the NM Conference on Aging through the Department website, public service announcements, news releases and the development of collateral materials.
- Promote public information about caregiver services through the Department website, public service announcements, and news releases.
- Promote elder and disability rights issues and related programs through the Department website, public service announcements, and news releases.

CONSTITUENT SERVICES

Constituent Services handles constituent complaints and inquiries referred from the Governor's Office, Lt. Governor's Office, U.S. Congressional Offices, State Legislators, other government agencies, the Office of the Secretary, and others. Staff works to resolve these complaints and inquiries, collaborating with the Department's divisions and programs, as well as other state and federal programs. Complaints and inquiries referred cover a broad range of issues including, but not limited to, Medicaid, Medicare, Social Security, long-term care, health care, housing, consumer protection, advance health care directives, grandparent concerns, caregiver support, nutrition, senior centers, volunteerism, employment, public benefits, prescription drug assistance, and adult protective services.

STATEWIDE IMMUNIZATION COALITION

The Aging & Long-Term Services Department is an active member of the NM Immunization Coalition, which was formed to improve immunization rates in New Mexico. The Coalition is a partnership of public and private organizations whose vision is to achieve full immunization protection for all New Mexicans.

Goals

- Provide an on-going forum for the coordination of immunization improvement efforts that is sensitive to cultural, ethnic and community diversity.
- Foster local immunization coalitions and immunization-related activities.
- Improve the public's knowledge and awareness of the critical importance of immunizations.
- Support the implementation of a statewide immunization registry and other data gathering and quality improvement efforts.
- Advocate for sound immunization policies, practices, and financing.

Objectives

- Facilitate and support collaborative and coordinated efforts among communities, local immunization coalitions, health care systems, volunteer groups, professional organizations, businesses, consumers, and other stakeholders in New Mexico to improve immunization rates.
- Promote state and national childhood and adult immunization performance measures:
 - Achieve on-time, age-appropriate immunizations of 90% of children by age two; and
 - Achieve 90% coverage of adults age 65 and older for influenza and pneumococcal immunizations.
- Support the implementation of identified "best practices" for raising immunization rates.
- Promote and spearhead professional and community public awareness and education about immunizations.

In addition to outreach efforts designed to improve immunization rates among older adults, the Department is collaborating with Coalition partners and the aging network to improve immunization rates among New Mexico's children. The Department conducts outreach to older adults to encourage them to get immunized, as well as to encourage grandparents to get children immunized, by providing information about the importance of immunizations and how and where to get immunized. Outreach to New Mexico's many grandparents raising grandchildren is a key component of this outreach effort.

NEW MEXICO CONFERENCE ON AGING

Since 1978, the Aging & Long Term Services Department has sponsored an annual New Mexico Conference on Aging that offers seniors and professionals who work with them a chance to learn and have fun in an environment of support for senior independence and dignity. The conference is a prime opportunity for seniors and the professionals to learn about current issues and trends. Workshops educate, entertain or enlighten. Continuing education units are provided for social workers, nursing home administrators and nursing home activity directors. This is one of the few conferences attended by both seniors and professionals in equal numbers; approximately 1500 people attend each year. Conference attendance is reflective of New Mexico's ethnic and cultural diversity.

The cornerstone of the conference is its numerous and varied workshops and roundtable sessions. For many participants, the conference offers access to information and ideas that might not otherwise be available to them. Roundtable discussions provide an opportunity for conference attendees to come together to share ideas in a more informal setting. Workshops offer fresh approaches to familiar topics and introduce new ideas and concepts. Offerings include:

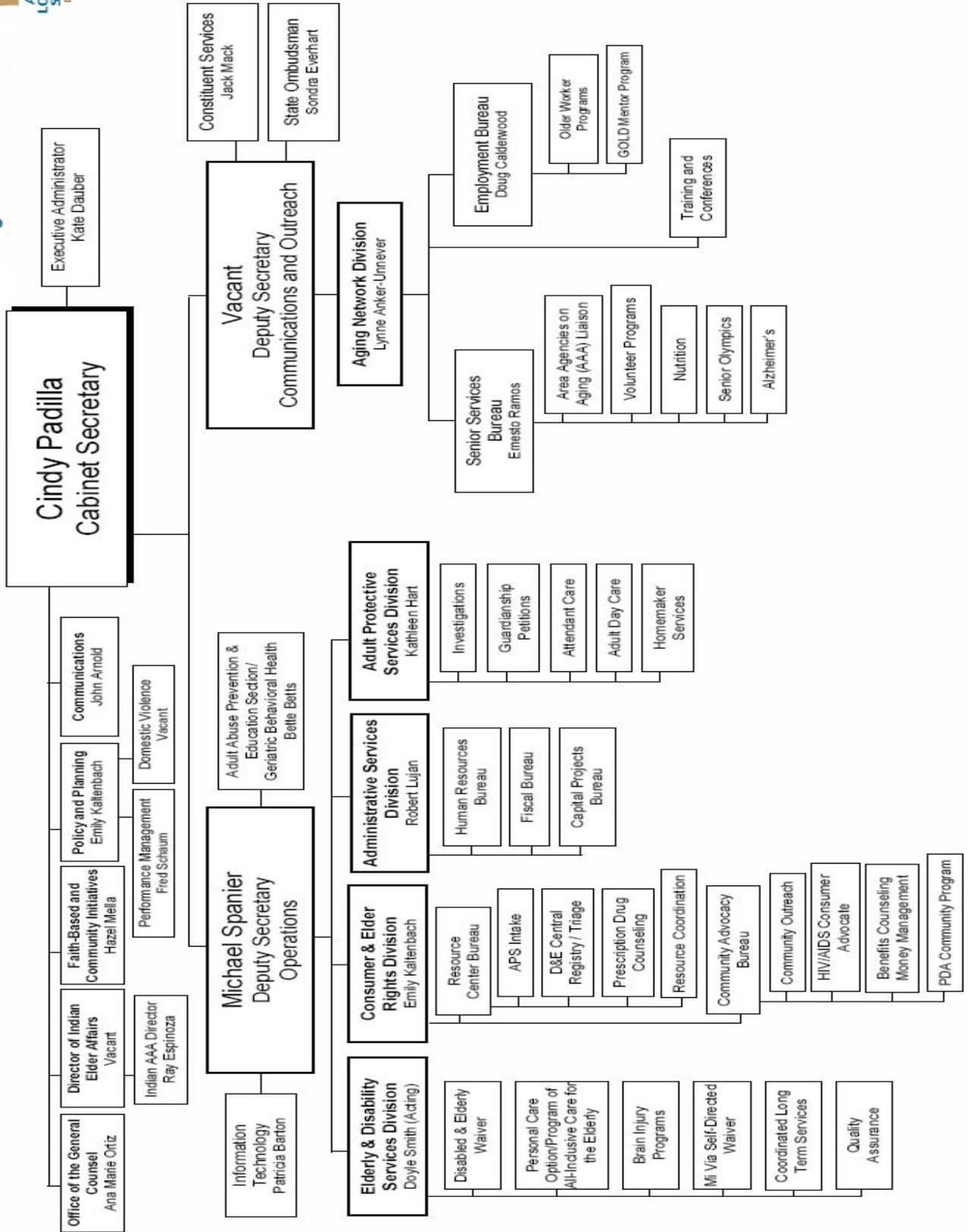
- Healthy Aging
- Senior Olympics
- Conscious Aging
- Adult Day Care
- Financial Management
- Health Coverage/Medicare/Medicaid
- Public Benefits
- Addressing Addictive Behaviors
- Intergenerational Issues
- Professional Development
- Grants Management
- Spirituality & Wholeness
- Veterans Issues
- Volunteerism
- Adult/Elder Abuse
- End-of-Life Care & Hospice
- Advocacy
- Policies & Politics of Aging

Entertainment is also provided throughout the conference, and the talents of New Mexico's seniors in the areas of dance, drama and music are highlighted. Often, the entertainment is intergenerational, such as some of the tribal dances. Wellness activities, including a sports & fitness fair and a health fair featuring massage, brown bag medication assessments, health screenings and exercise classes, are another important component of the conference. The Conference Volunteer Fair encourages the continued involvement of elders by providing opportunities to remain active in one's community. Many diverse organizations that provide opportunities for volunteer service come to the Conference seeking the experience, knowledge, and work ethic of older adults.

The conference awards scholarships to assist those seniors who otherwise would not be able to attend the conference and to reward volunteers who make continuing contributions to seniors in their communities. Senior citizens, individuals and businesses whose work benefits New Mexico's aging population are recognized with awards presented at the conference.



Aging & Long-Term Services Department Organizational Chart



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 2000 census. The formula for the allocation of Title III funds includes the following elements:

- grandfather differential, which allows for the 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,
- 60 and older, low-income population.

The final three factors are weighted equally and are applied only to the funds, which exceed the amount allocated under the first two elements. The following chart identifies the specific data for the last three elements. A proportion of Title III funds are deducted by the Administration on Aging and given to the State of Arizona to fund the Navajo Area Agency on Aging for Planning & Service Area 5. The figures below are reduced by the Navajo population figures.

NEW MEXICO INTRASTATE FUNDING FORMULA

PSA	60+ POPULATION		60+ MINORITY		60+ LOW INCOME		AVERAGE
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	PERCENT
1	83,935	30.50%	28,401	29.03%	7,484	22.42%	27.32%
2	78,130	30.87%	36,905	37.72%	9,145	33.17%	33.92%
3	49,745	18.09%	11,618	11.87%	7,031	20.93%	16.96%
4	56,095	20.53%	20,926	21.39%	7,519	23.48%	21.80%
TOTAL	267,905	100.00%	97,850	100.00%	31,179	23.48%	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 U.S. 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, Rio Rancho 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.

**NEW MEXICO INTRASTATE FUNDING FORMULA
IMPLEMENTATION EXAMPLE**

PSA	Distribution of \$100,000 of new funds					Total Allocation
	Grandfather Differential	Base 10% percent	Distribution factor %	Percent amount	Total factor distribution	
1	966,033	2,500	0.2732	24,586	27,086	993,119
2	1,947,568	2,500	0.3392	30,527	33,027	1,980,595
3	1,127,049	2,500	0.1696	15,268	17,768	1,144,817
4	1,165,884	2,500	0.2180	19,619	22,119	1,188,003
Total	5,206,534	10,000	1	90,000	100,000	5,306,534

The chart above illustrates an example of the implementation of New Mexico’s formula. The assumption is that in the year 20XX, 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 III funds. It is also assumed that an additional \$100,000 in new Title III funds becomes available in the following year. Based on these assumptions, the distribution for the following year would be as indicated above.

COST SHARING AND SLIDING FEE SCALES

The Older Americans Act (OAA) includes a provision for cost sharing, such as the implementation of a sliding fee scale, with regard to certain services provided with federal funds. In making application to apply cost sharing to services, area agencies and programs must consider the intent of the OAA to serve targeted populations and must ensure that the application of cost sharing will not prevent the provision of services to these populations: low-income, minority, socially isolated and rural. Additionally, area agencies shall solicit the views of older individuals, providers and other stakeholders prior to implementation of cost sharing in each respective service area of the state.

Area agencies may contract to purchase services that charge a sliding fee based on income and the cost of delivering services. Such services may include, and, if OAA funds are used, are limited to:

- Transportation/ Assisted Transportation
- Shopping Assistance
- Homemaker/Housekeeping
- Adult Day Care/Day Health Care
- Personal Care
- Home Health
- Respite Care
- Home Repair
- Chore
- Escort
- Recreation
- Physical Fitness/Exercise
- Education/Training
- Home Safety/Accident Prevention

If OAA funds are used, such services may NOT include:

- Information & Assistance
- Outreach
- Benefits Counseling
- Case Management
- Ombudsman Services
- Consumer Protection Services
- Congregate Meals
- Home Delivered Meals
- Legal Assistance
- Elder Abuse Prevention

Such services may also NOT include any services delivered through tribal organizations.

A fee is defined as a charge allowed by law for a service. A sliding fee scale is a graduated series of fees to be paid based on amount of income. If a sliding fee scale is implemented, area agencies and providers must protect the privacy and confidentiality of older individuals. The individuals to be served must be informed that the service is provided on a fee-for- service basis and be notified of the sliding fee scale.

With regard to any fees charged for OAA services, determination of a client's fee for a service shall be based on a client's confidential self-declaration of income, and spouse's income (if applicable), without verification. Older Americans Act services may not be denied due to the income of an individual or an individual's failure to make a cost sharing payment.

If a sliding fee scale is to be used, a description of the scale – its criteria, policies and payments must be written in language(s) reflecting the reading abilities of older individuals and posted in high visibility areas. Such postings must include a statement that no services will be denied for failure to pay any fee. Assets, savings or other property owned may not be considered in determining the fee for a service. Revenues generated by a fee-for-service program must be spent on the same program that generates the funds in order to enhance the program. Appropriate procedures to safeguard and account for cost sharing payments must be established.

The basis for a sliding fee scale is to be the U.S. Administration on Aging's annual issuance of "Estimated Poverty and Near Poverty Thresholds". Near-Poverty is defined as 125% of poverty. Individuals and families whose income is at or below the Near-Poverty threshold may not be charged for services. Each and any specific sliding fee scale must be annually reviewed and approved by the Department. The current Federal Poverty Guidelines can be obtained from the following web site: <http://aspe.hhs.gov/poverty/poverty.shtml>. These guidelines are revised annually in the month of February. If a provider does not have Internet access, a copy of the guidelines can be obtained from an area agency or the Department.

Proposed sliding fee scales must meet the following requirements:

- Be approved by the Department prior to implementation.
- Be reviewed in a public hearing prior to implementation. (The Department may grant short-term approval prior to a public hearing to test the concept).
- Be fully described by an area agency in its area plan.
- Be implemented based on established policies and procedures. (These policies and procedures must address the circumstances that allow the provider to waive the fee-for-service and also address when an individual's or family's net income may be considered rather than gross income).

Fees:

- Are to be based on the actual cost of providing a service (as determined by a program, submitted to an area agency and approved by the Department).
- Cannot exceed the actual cost of providing a service.

VOLUNTARY CONTRIBUTIONS

The Older Americans Act (OAA) establishes requirements for voluntary contributions. Each older person who receives OAA-funded services shall be provided an opportunity to voluntarily contribute to the cost of services rendered. Area agencies and programs are allowed to, and may solicit, voluntary contributions for all OAA-funded services, provided that the method of solicitation is non-coercive. Each service provider may develop a suggested contribution schedule for services provided with OAA funds. In developing such a schedule, the provider shall consider the income ranges of older persons in the provider's community, as well as the provider's other sources of income. Area agencies and providers shall not means test for any service for which contributions are accepted, or deny services to any individual who does not contribute. Each area agency shall consult with its relevant service providers and older individuals in its planning & service area(s) to determine the best method(s) for accepting voluntary contributions.

Area agencies and programs shall:

- Establish policies and procedures for soliciting, safeguarding and accounting for contributions.
- Protect the privacy of each person with respect to his/her contribution, or lack of contribution.
- Clearly inform each person that there is no obligation to contribute, contribution is voluntary.
- Fully describe the contribution policy in the area plan or program plan.
- Use any collected contributions to expand the service(s) for which the contributions were given.

DIRECT SERVICE WAIVERS

Area agencies may provide direct services if they have met the conditions set forth in the Older American Act and have formally requested a waiver to do so and the Department has approved the request. An area agency must provide a formal, written request for the waiver and all necessary supplemental documentation. A direct service waiver request must document and demonstrate, at a minimum, that one or more of three test standards are met: (1) *Adequate Supply Test Standard*, (2) *Relationship to AAA Administrative Function Test Standard*, (3) *More Economic Test Standard*, as contained in the Department's regulations. The funds to provide the direct service must be budgeted separately with the area agency identified as the provider.

Adequate Supply Test Standard

The adequate supply test requires an area agency to demonstrate that the service(s) for which the waiver is being requested are not offered, or are only partially available, in the planning and service area. The area agency must demonstrate that it has not received any proposals to deliver the service(s) in the planning and service area, or a portion of the area, after advertising the availability of funds, contacting potential service providers and encouraging the development of service providers in the area.

Relationship to AAA Administrative Function Test Standard

The relationship to AAA administrative function test requires an area agency to identify the specific administrative function(s) currently occurring which relate to the service(s) for which the waiver is being requested. The area agency must provide documentation that the proposed service(s) can be integrated into its current administrative function(s); that service delivery will not compete with, or eliminate, local program efforts to provide the same service(s) in the area; and that there is no conflict of interest in the provision of the service(s) by the area agency.

More Economic Test Standard

The more economic test requires an area agency to provide documentation that the service(s) for which the waiver is being requested will be provided by the area agency at a unit rate which is at least 10% lower than the lowest responsible offeror's proposed unit rate for services of comparable quality; or that the amount of local resources invested in the service delivery system would be substantially diminished or removed should the existing service provider be changed. The area agency must demonstrate that it has implemented an open, competitive bid process for selecting a service provider and must substantiate that it meets all service delivery standards in a manner comparable, or superior, to the lowest responsible offeror's proposal.

An area agency requesting a waiver shall submit the request in writing, as part of its area plan or area plan amendment, or as a separate request. An area agency may request a multi-year or a single year waiver. The request must include:

- Identification of the test(s) under which the waiver is being requested and documentation required.
- Documentation of review and support by the area agency's advisory and governing bodies.
- A description of the proposed administrative structure for delivering the service(s) and its relationship to the area agency.
- A description of the impact on the area agency's staffing and current roles and responsibilities.

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006

ASSURANCES

Sec. 305 (a) - (c), ORGANIZATION

(a)(2)(A) The State agency will designate for each 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.

(a)(2)(B) 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.

(a)(2)(E) The State agency will give preference to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency will require use of outreach efforts described in the Older Americans' Act (OAA).

(a)(2)(G)(ii) The State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) The State agency assures that each area agency on aging has 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.

Sec. 306 (a), AREA PLANS

(2) Each area agency on aging provides assurances that an adequate proportion, as required under OAA 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, outreach, information and assistance, 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) Each area agency on aging provides assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging provides assurances that the area agency on aging will include in each agreement made with a provider of any service under OAA title III, a requirement that such provider will--

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals 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 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 and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging--

(I) identifies the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describes the methods used to satisfy the service needs of such minority older individuals; and

(III) provides information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i) of the OAA.

(4)(B)(i) Each area agency on aging provides assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under the OAA, 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-speaking ability; and

(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caregivers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on agency provides assurances 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) Each area agency on aging provides 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, with agencies that develop or provide services for individuals with disabilities.

(11) Each area agency on aging provides 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 OAA title III;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under OAA title III with services provided under OAA 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)(A) Each area agency on aging provides assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under OAA title III in all contractual and commercial relationships.

(13)(B) Each area agency on aging provides assurances that the area agency on aging will disclose to the AoA 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.

(13)(C) Each area agency on aging has demonstrated that a loss or diminution in the quantity or quality of the services provided, or to be provided, under OAA title III by such agency has not resulted, and will not result, from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging has demonstrated that the quantity or quality of the services to be provided under OAA title III by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging provides assurances that, on the request of the Administration on Aging (AoA) or the State, for the purpose of monitoring compliance with the OAA (including conducting an audit), it will disclose all sources and expenditures of funds received or expended to provide services to older individuals.

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

(15) Each area agency on aging provides assurances that preference in receiving services under OAA title III will not be given by the area agency to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement OAA title III.

Sec. 307, STATE PLANS

(7)(A) 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 OAA title III to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) Conflicts of interest--

(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 the OAA;

(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 the OAA; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under the OAA.

(9) 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 OAA title III, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under OAA title III 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 special needs of older individuals residing in rural areas will be taken into consideration and this plan describes how those needs have been met and describes how funds have been allocated to meet those needs.

(11)(A) 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 contracts provisions to assure that any recipient of funds under division (A) 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 AoA; 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.

(11)(B) 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 OAA title III 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 AoA, that any grantee selected is the entity best able to provide the particular services.

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

(11)(E) 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.

(13) The State agency has assigned personnel (one of whom is known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The State agency requires the area agencies on aging--

(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(s) spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by an 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 older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan to enable such individuals to be aware of cultural sensitivities and to take into account linguistic and cultural differences.

(16) The State agency requires outreach efforts to identify individuals eligible for assistance under the OAA, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals);

and informs the older individuals referred to in clauses (A) through (F) and the caregivers of such individuals, of the availability of such assistance.

(17) With respect to the needs of older individuals with severe disabilities, the State coordinates planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with other 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) Area agencies on aging conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7) of the OAA, 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.

(20) Special efforts will be made to provide technical assistance to minority providers of services.

(21) Coordination of OAA titles III and IV--

The State agency--

(A) coordinates programs under OAA title III and programs under OAA title VI; and

(B) pursues 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 OAA title III, and has specified in this plan the ways in which the State agency implements these activities.

(22) The State agency ensures compliance with the requirements specified in section 306(a)(8) of the OAA with regard to the provision of case management service.

(23) Demonstrable efforts are made--

(A) to coordinate services provided under the OAA 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 State agency coordinates public services within the State to assist older individuals to obtain transportation services associated with access to services provided under OAA title III, to services under OAA title VI, to comprehensive counseling services, and to legal assistance.

(25) The State agency has in effect a mechanism to provide for quality in the provision of in-home services under OAA title III.

(26) Funds received under OAA title III 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 OAA title III.

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

(b)(3)(E) No amounts received by the State agency 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 the OAA 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)

(1) The State agency, 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) The State agency 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) The State agency, 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) The State agency will use funds made available under OAA title VII, 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 OAA title VII, to carry out each of the vulnerable elder rights protection activities described the OAA.

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

(6) The State agency, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3 of the OAA--

(A) will conduct a program of services consistent with relevant State law and coordinated with other 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 the OAA 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. 307 (a), STATE PLANS

- (1)(A)The State Agency requires 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) The State plan is based on such area plans.

- (2) The State agency:
 - (A) evaluates, using uniform procedures described in section 202(a)(29), 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) has developed 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 State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals and older individuals residing in rural areas.

- (5) The State agency:
 - (A) affords 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) affords 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 State agency will make such reports, in such form, and containing such information, as the AoA may require, and comply with such requirements as the AoA may impose to insure the correctness of such reports.

- (8)(A) No supportive services, nutrition services, or in-home services are 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, or superior, quality, by such State agency or area agency on aging.

Additional State Plan Provisions and Information

Section I. State Plan Provisions

The NM Aging & Long-Term Services Department is submitting a State Plan for a four-year period, with such annual revisions as may be necessary. 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 such plans in a uniform format. Area plan guidance includes specifications for priority services, budget preparation, needs assessment, program development, cost sharing, developing sliding fee scales, direct service waivers and voluntary contributions, as well as specific provisions regarding serving American Indian elders and other populations with greatest needs. The NM state plan incorporates information from area plans, input from area agencies on aging and providers, information from other state planning efforts, and input from public hearings.

The Department evaluates and identifies the need for supportive services (including legal assistance, information & assistance, and transportation services), nutrition services and multipurpose senior centers within the state. The Department has developed, and utilizes, a standardized process to determine which public or private entities (including volunteers and voluntary organizations) have the capacity to meet the needs identified.

The Department 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 uses other means, such as web site communication and statewide conferences/meetings, to obtain the views of older individuals, area agencies, recipients of OAA title VI grants and other interested persons and entities regarding programs carried out under the Older Americans Act.

The Department affords the opportunity for an appeal or hearing to an area agency if an area plan or area plan amendment is disapproved or if an area agency designation is withdrawn, as well as to any applicant that has been denied designation as an area agency on aging. The Department affords the opportunity for an appeal or hearing to any existing service provider or new applicant whose application is denied or whose sub-grant or contract is terminated or not renewed. The Department affords the opportunity for an appeal or hearing to any area agency or service provider or any recipient of services under the Older Americans Act regarding any waiver request. The Department has established and published procedures for requesting and conducting such hearings.

The Department provides reports to the federal Administration on Aging (AoA) in the form required, containing such information as required, and complying with such requirements as the AoA imposes to insure the correctness of the reports. The Department employs appropriate procedures for data collection from area agencies in order to compile and transmit to AoA accurate and timely statewide data in such form as requested.

No supportive, nutrition or in-home services, are directly provided by the Department or an area agency, except where, in the judgment of the Department, provision of such services by the Department or an area agency is necessary to assure an adequate supply of such services, or such services are directly related to the Department's or an area agency's administrative functions, or such services can be provided more economically by the Department or an area agency.

Section II. State Plan Information Requirements

The Department gives preference, and provides guidance to 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 to minority providers of services, particularly tribal providers and those serving Hispanic elders. These efforts include the availability of multilingual 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 the nineteen pueblos and two Apache tribes throughout New Mexico. 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 coordinates programs under OAA titles III and VI, and pursues activities to increase American Indian elders' access to all aging programs and benefits provided by the Department, including programs and benefits provided under the Older Americans Act.

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

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

The City of Albuquerque Area Agency on Aging is currently providing case management services under a state program and the Department specifies that such services be allowed to continue. The City of Albuquerque Area Agency on Aging is currently providing information & assistance services under a state program and the Department specifies that such services be allowed to continue. The Non-Metro Area Agency on Aging is currently providing durable medical equipment and direct support services to a small number of targeted older adults under a state program and the Department specifies that such services be allowed to continue.

The special needs of older individuals residing in rural areas are taken into consideration and those needs are met by locating senior centers and providing services in such rural areas. 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 hearings 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.

In those planning and service areas in which a substantial number of older persons have limited English-speaking ability, the Department requires an area agency to use workers 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 planning & services area, and to sensitize staff with regard to cultural and linguistic differences. Other methods used to satisfy the service needs of minority older persons, including those with low incomes, consist of conducting targeted outreach, providing information in culturally and linguistically appropriate formats, and locating senior centers in minority communities.

The Department coordinates planning efforts, client identification, needs assessment, and delivery of services for older individuals with disabilities in collaboration with other state agencies responsible for service provision to these individuals, in order to enhance services and develop programs to meet the needs of older individuals with disabilities. Such efforts have included the implementation of outreach programs, in partnership with the NM Developmental Disabilities Planning Council, to identify and serve older adults with developmental disabilities in New Mexico's senior centers. The Department also coordinates with the Governor's Commission on Disabilities, to implement supportive services to address the needs of New Mexico's older adults with disabilities, particularly with regard to Medicaid-funded home and community-based services. Area agencies are required to develop policies for serving meals to individuals with disabilities who reside in non-institutional households with persons eligible for congregate meals and who accompany those persons to congregate meal sites.

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 services and coordinates a statewide network of volunteers under agreements with the area agencies on aging. The Department provides, through the Office of the State Long Term Care Ombudsman, a Long Term Care Ombudsman Program in accordance with the Older Americans Act. The Department, in carrying out the Long-Term Care Ombudsman Program, 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 which 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 development unit and an Adult Abuse Prevention & Education Team. 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.

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 of legal assistance which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by 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 is provided to older individuals with social or economic needs and is coordinated with Legal Service Corporation projects and other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs. The Department coordinates the provision of legal assistance, advice, technical support, provider training and consumer education for older individuals. The Department has assigned personnel, one of whom is known as a legal assistance developer, to provide leadership in developing legal assistance programs throughout the state.

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.

The Department requires area agencies to facilitate the coordination of community-based long-term care services for older individuals at risk of institutionalization, and for those institutionalized persons who wish to and are able to leave institutional settings and return home with the provision of community-based services. The Department has in effect a mechanism to provide for quality in the provision of in-home services under OAA title III.

The Department, in consultation with area agencies on aging, identifies and prioritizes statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. 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.

The Department requires outreach to identify individuals eligible for assistance under OAA titles III and IV, and inform them of available assistance, with special emphasis on older individuals:

- with greatest economic need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);
- with greatest social need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);
- with disabilities;
- with limited English-speaking ability;
- with Alzheimer's disease or other dementias and their caregivers.

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 other programs, both public and private, and inform them 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 collaborates and engages in efforts to coordinate services provided under the Older Americans Act with other state services that benefit older individuals and to provide multigenerational activities, including intergenerational activities and services, such as services for grandparents raising grandchildren and intergenerational mentoring programs. The Department coordinates public services throughout the state to assist older individuals in obtaining transportation services associated with access to services provided under OAA titles III and VI, as well as other needed services. Such efforts include participation in a statewide transportation and mobility options network designed to share transportation resources. Network partners include AARP NM, aging network providers, public transit providers, the NM Department of Transportation, the NM Human Services Department and the NM Division of Vocational Rehabilitation.

NEW MEXICO STATE PLAN PUBLIC HEARINGS

Las Cruces, New Mexico

Wednesday April 20, 2009; 4:30 PM - 6:30 PM

Fourteen persons attended a Public Hearing in Las Cruces at the Robert B. Munson Senior Center to provide input regarding the New Mexico State Plan for Aging & Long-Term Services to be submitted to the US Administration on Aging. This public hearing was held in conjunction with a regional Aging Network Training event. Comments were as follows:

- There is a need for more wellness activities and funding for such activities.
- Cost sharing should be implemented where allowable. A request that the Aging & Long-Term Services Department provide education and a forum for discussion regarding cost sharing at the AAA level, so that area agencies can begin to educate aging network providers about this possibility.
- It is important to have behavioral health services for seniors available.
- Seniors should be able to take milk out of the dining room.
- A request for clarification regarding the Gap Program and available uses of Gap funds.
- The Farmer's Market Nutrition Enhancement Program should be expanded to other counties throughout New Mexico when the state's budget recovers.
- A request for clarification of the location of the New Mexico Conference on Aging and the reason it was no longer held at the Glorieta Conference Center.
- Senior centers need to attract and effectively serve boomers coming into the centers. Programs for boomers should be able to charge fees and use the fees to support programs that will motivate and stimulate minds and bodies.
- The implementation of the CoLTS Program by the Aging & Long Term Services Department is a great addition to services and resources.
- A concern that contract providers of the Non-Metro Area Agency on Aging are required to complete full 8-page assessments on every senior who enters a senior center. Many seniors, especially those who just come once a week for a class, are not pleased with this. Centers do not have sufficient staff to conduct the volume of assessments required. A request for clarification regarding federal and state requirements for assessment. (Three Program Directors expressed this.)
- The Indian Area Agency on Aging does not require that a full 8-page assessment be completed on all senior center attendees; certain questions on assessment are mandatory, but other others are not.
- The assessment should be made simpler - possibly a one-page form.
- A concern that the senior center in Alamogordo, which had been using scan cards for a number of years to track units of service and unduplicated persons with regard to congregate meals, is now required by the Non-Metro AAA to have participants to sign-in. Participants are not pleased.

Albuquerque, New Mexico
Monday May 11, 2009; 1:30 PM - 3:30 PM

Nine persons attended a Public Hearing in Albuquerque at the Bear Canyon Senior Center to provide input regarding the New Mexico State Plan for Aging & Long-Term Services to be submitted to the US Administration on Aging. Comments were as follows:

- Suggestion to add data from the State Report/NAPIS to the plan to provide more specificity to the trend data.
- Request for clarification regarding the funding provided to the Senior Citizen Law Office.
- Request for more information regarding the new 50+ Employment Connection. (Several people had questions.)
- GOLD mentors should be recruited to mentor older adults entering or re-entering the workforce.
- Suggestion to add more data to the Adult Protective Services section regarding reports of adult abuse, neglect and exploitation.
- Request for clarification regarding use of Systems Transformation grant funds and continuation of activities funded by the grant, particularly quality management.
- The Aging & Disability Resource Center should charge private, for-profit, organizations to be part of the statewide directory.
- The Behavioral Health System in Bernalillo County is broken. There is not a good system in place to help seniors without medication. Local Collaborative meetings are not well publicized; aging network providers need to get more involved. More emphasis needs to be put on geriatric behavioral health rather than on behavioral health services for youth.
- The plan should include information about the waiting lists for waiver services. Aging network providers are often asked to help those who don't get served by waivers.
- Request for clarification as to how the aging network's comments are included in the plan.
- Request for clarification regarding federal regulations that determine qualifying criteria for Medicaid services.
- People should be more aware of how to choose a reputable reverse mortgage lender. Salespeople should not be allowed into public facilities to sell their services or products.
- The local aging network needs more disaster preparedness training. Senior center personnel serve as contacts for the ABQ emergency operation center.
- The Alzheimer's Association will be collaborating with more partners in the future.
- The state should develop additional funding sources for the Community Advocacy Bureau.
- The high percent of state to federal match should be articulated in the plan. It is important that the AoA knows that the state provides a significant amount of state funding for social service programs.

NM Aging & Long-Term Services Department Contact Information

STATEWIDE

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

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

Department web site: www.nmaging.state.nm.us

ALBUQUERQUE

Parks Building
1015 Tijeras NW, Suite 200
Albuquerque, New Mexico 87102
505-222-4500
866-842-9230 (toll free in NM)

Adult Protective Services
Silver Square
625 Silver SW
Albuquerque NM 87102
505-841-4500

Governor's Office of Faith-Based and
Community Initiatives
Silver Square
625 Silver SW
Albuquerque NM 87102
505-841-4582

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)

SANTA FE

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

Geriatric Behavioral Health Services
406 Don Gaspar
Santa Fe, New Mexico 87501
505-476-4872

Engage New Mexico
414 Don Gaspar
Santa Fe, New Mexico 87501
505-476-1074

Office of Indian Elder Affairs
414 Don Gaspar
Santa Fe, New Mexico 87501
505-476-1084

Employment Programs Bureau
1401 Maclovía Street
Santa Fe, New Mexico 87505
505-474-3800, extension 1001
866-810-2101 (toll free in NM)