



Navigating the Intergovernmental Agreement (IGA), Budget and Reporting Process

June 12, 2025





Agenda

- ✓ Purpose of the IGA and FY26 Updates
- ✓ State General Funds and New Mexico Grown
- ✓ Agreement Term and Purchase Order
- ✓ IGA - Annual Budget to include Service Categories
 - Units of Service and Definitions
 - Service Report Summary
 - Service Category Worksheet
 - Allowable and Non-Allowable Costs
 - Agreement Term and Purchase Order
 - Reporting Responsibilities – Menus, Calendars, Quarterly Inspections, Reimbursement Checklist and Workbook, Supporting Documentation and Monthly Report Summary
- ✓ NM Grown: Reporting Responsibilities and Supporting Documentation
- ✓ Staffing Responsibilities, Nutritional Training, 1:1 Meetings & Training Dates





Intergovernmental Agreement (IGA)

What purpose does the IGA Serve?

The IGA is a contract between the State of New Mexico's Aging and Long-Term Services Department (ALTSD), Office of Indian Elder Affairs (OIEA), and individual Tribes, Pueblos, and Nations within New Mexico. The agreement reimburses tribal providers for services performed in the IGA scope of work for eligible consumers in the service area (tribal boundaries).

Eligible consumers per the IGA are:

1. Individuals, age 50 or older, or those who meet the eligibility age determined by tribal administration.
2. Disabled persons, regardless of age, who reside with eligible consumers.
3. Spouses of eligible consumers, regardless of age.
4. Caregivers of eligible consumers, regardless of age.



Intergovernmental Agreement (IGA)

FY26 Changes

1. Section 19. Record and Financial Audits – maintain records for six years instead of three.
2. Any notice required under this IGA may also be provided via email to either party.
3. Service area is defined by tribal boundaries.
4. Site location and address is noted on the Scope of Work.
5. 50% expenditures is required by end of second quarter.
6. NM Grown limited transportation/delivery fees of up to 15%. No indirect costs are permitted. Food boxes/bags are not allowable in FY26.
7. The Annual Budget form, Request for Reimbursement forms and other reporting forms were updated and reformatted for ease of use and consistency.



IGA Funds and Budget

State General Funds and Budget Planning Overview:

- ✓ **Funding Source:** State General Funds are distributed through the IGA.
- ✓ **Payment Details:** The total amount each provider receives is stated in the IGA.
- ✓ **Budget Flexibility:** Providers decide how to allocate funds across service categories when submitting their **Annual Budget**.
- ✓ **Health Promotion/Disease Prevention Requirement:**
 - At least **5%** of the total budget **must** be allocated to this category.
 - Providers may choose to allocate **more** if desired.
- ✓ **Budget Planning Reminder:** Providers should carefully review the provided resources when planning their Annual Budget to best support the health and well-being of elders in your Tribal communities.





IGA Funds and Budget

Health Promotion/Disease Prevention

Five Percent (5%) must be expended in this service category

Programs to improve or maintain the health of older adults include:

- ✓ Education/Training
- ✓ Health Screening
- ✓ Home Safety/Accident Prevention
- ✓ Medication Management
- ✓ Nutrition Education
- ✓ Physical Fitness/Exercise

TIPS

- Record consumers and service units
- Utilize sign-in sheets to document participation
- Organizations or individuals whom you've coordinated with to provide education/training and services in your senior center or adult day care is credited to you as the provider.
- Allocate expenses to this service category each month to meet the required 5% expenditure.



New Mexico Grown (NMG)

Website: <https://newmexicogrown.org/>

NMG encourages the purchase of fresh fruit and vegetables grown in the state for senior meal programs. The program allocates funding to tribal providers who applied for FY26 to purchase local produce, local meat, and allowable local food items through its approved supplier program.

- ✓ NM Grown funding allows:
 - Up to 40% for meat
 - Up to 60% for produce
- ✓ Limited transportation/delivery fees are permitted.
- ✓ Indirect costs are not allowed.
- ✓ Food boxes/bags are not allowable in FY26 to support the program's focus on food used in congregate and home-delivered meals.
- ✓ FY26 NM Grown Program Meeting with Ms. Ophelia Steppe
 - Date @ Time via Microsoft Teams TBA





IGA Annual Budget

- ✓ Each provider receives an Annual Budget form outlining their total fiscal year allocation.
- ✓ Providers must detail:
 - Units and consumers served
 - Budget allotment per service category
- ✓ The total budget must match the allocated amount exactly.
- ✓ The signed and approved budget form must be submitted to OIEA for verification.
- ✓ After submission, providers will receive additional documents related to reimbursement and reporting requirements.

FY 2026 Annual Budget			Planning Service Area (PSA) 6
Office of Indian Elder Affairs (OIEA) - Indian Area Agency on Aging (IAAA)			Contract Year
New Mexico Aging & Long-Term Services Department			July 1, 2025- June 30, 2026
Contractor Name & Address	Contract No.	TOTAL CONTRACT BUDGET	
Pueblo Sample	26-624-4000-00XX	\$ 283,184.00	
SAMPLE Senior Center PO Box XXX- City, NM 87327-0339			
<small>Instructions: Older Americans Act service categories are eligible for reimbursement. Enter the operating budget for each service category. Enter service units and projected consumers on the Annual Budget form. Totals will populate automatically when using the Service Category Worksheet.</small>			
STATE GENERAL FUNDS			
SERVICE CATEGORY <small>(See Service Category Worksheet for unit measures)</small>	Projected Service Units	Projected Consumers Served	OPERATING BUDGET <small>(use whole numbers)</small>
1 CONGREGATE MEALS	0	0	
2 HOME DELIVERED MEALS	0	0	
3 SOCIAL SUPPORTIVE SERVICES	0	0	
4 HEALTH PROMOTION DISEASE PREVENTION	0	0	
5 CAREGIVER SUPPORT SERVICES	0	0	
6 ADULT DAY CARE	0	0	
7 INDIRECT COSTS*			
TOTAL - STATE GENERAL FUNDS	0	0	\$ -
OTHER FUNDING SOURCES (For Reference Only)			
Other funding sources for the applicable fiscal year: <small>This information assists OIEA in addressing budget and expenditures.</small>	1. Federal Title VI-Part A:	\$	-
	2. Federal Title VI- Part C:	\$	-
	3. Nutrition Services Incentive Program (NSIP):	\$	-
	4. Tribal Support/Tribal General Funds:	\$	-
	5. Program Income: (example: meal donations)	\$	-
	6. NEW MEXICO GROWN	\$	12,750.00
Total Other Funding		\$	12,750.00
<small>Notes: A minimum of 5% of the total budget must be used for Health Promotion/ Disease Prevention. *Contractor may allocate a maximum of 15% of its total budget to indirect costs. This is not required.</small>			

Approved by: _____

PRINTED NAME _____ TITLE _____

SIGNATURE _____ DATE _____



Congregate Meals

Hot or other consumer appropriate meals provided to eligible consumers in congregate settings.

Home Delivered Meals

Hot or other consumer appropriate meals provided to eligible consumers at their places of residence.

Social Support Services

An array of services that provide support for seniors including access services, in-home services, and community services.

Health Promotion/Disease Prevention

Implementation of programs to improve or maintain the health of older adults.

Service Categories



Pueblo of Zuni Elder Center and Elders with Deputy Secretary Antoinette Vigil and OIEA Director Melissa Sanchez

Caregiver Support Services

A range of supports that assist family and informal caregivers in caring for eligible consumers at home for as long as possible.

Adult Day Care

Care for dependent adults in a supervised, protective group setting during some portion of a twenty-four-hour day.



- ✓ Each service category and sub-service along with its unit measure is described in this document.
- ✓ Definitions and examples are provided to help identify the services provided or may be provided but are not being reported.
- ✓ Document will enable providers to track and report deliverables in the database with more clarity and accuracy.

Units of Services - Definitions



UNITS OF SERVICES - DEFINITIONS	
UNIT MEASURES	
ACTIVITY:	A scheduled block of time for an individual or group service.
CALL:	A single telephone call to a person.
CONTACT:	An individual one-on-one interaction with a client.
DISTRIBUTION:	The act of distributing one item or service.
HOUR:	One hour of service which can be subdivided into 1/4 hour increments (such as .25, .50 and .75 hour).
MEAL:	A meal served to an eligible client, caregiver of eligible client, volunteer that is helping during meal time, eligible guest and senior center or adult day care employee that provides 1/3 of the Dietary Reference Intake (DRI) or, if two meals are served in one day, 2/3 of DRI.
ONE-WAY TRIP:	Transporting a client from one Location to another; count each person transported one-way as one unit of service.
PARTICIPANT HOUR:	Number of attendees multiplied by the length of a presentation or event.
PARTICIPANTS/SESSIONS:	The number of participants attending one session.
SESSION:	A scheduled event or block of time for an event; may be group or individual (one-on-one).
VISIT:	A single, face-to-face visit to a person's place of residence.

This listing provides the approved Units of Service Definitions for all OIEA/ALTSD units of service, and is used to select and report on the service categories allowed in your senior center or adult day care center budget.



- ✓ Services reported in the service area are stored in the database.
- ✓ A six-month and current fiscal year report summary is available to assist with planning.
- ✓ Providers should use this summary to:
 - Allocate budget funds
 - Determine services to be offered
 - Estimate projected units and number of consumers served
- ✓ Consider community trends, including:
 - An increasing number of aging individuals who may become eligible consumers
 - Anticipated demand for services in the upcoming year

Service Report Summary

Advocacy/Representation(r)	45 / 0	348.00
Assisted Transportation	32 / 0	798.00
Case Management	27 / 0	28.00
CG- Counseling/support groups/training	17 / 0	206.00
CG- Information Services	17 / 0	206.00
Congregate Meals	44 / 0	660.00
Education/Training	34 / 0	555.00
Health Screening	21 / 0	56.00
Home Delivered Meals	99 / 0	5,691.00
Home Visiting(r)	15 / 0	15.00
Homemaker/Housekeeping	4 / 0	4.00
Information and Assistance	135 / 0	2,186.75
Interpreting/Translating	131 / 0	2,282.75
Nutrition Education	26 / 0	138.00
Physical Fitness	39 / 0	312.00
Recreation	50 / 0	2,091.00
Respite Care	3 / 0	7.00
Telephoning(r)	90 / 0	417.00
Transportation	37 / 0	2,014.00
Subtotal for Provider:		148 / 0 18,015.50



Service Category Worksheet

- ✓ This worksheet will assist in forecasting the number of units and consumers that providers will serve in FY26 for each service category.
- ✓ The totals for each category will automatically populate in the Annual Budget form.
- ✓ This worksheet does not need to be submitted to OIEA.

SERVICE CATEGORY WORKSHEET					
Estimate units of service and unduplicated consumers for each service category. The totals will populate on the Annual Budget. Consider all subservices of service categories when determining budget allocation.					
1. Congregate Meals		Units	Consumers	4. Health Promotion/Disease Prevention (5% minimum required)	
Meal served in a congregate setting.	1 meal	0	0	a. Education/Training	1 participant/hour
Congregate Meals TOTAL		0	0	b. Health Screening	1 hour (25 increments)
2. Home Delivered Meals		Units	Consumers	c. Home Safety/Accident Prevention	1 hour (25 increments)
Meal delivered to senior.	1 meal	0	0	d. Medication Management	1 contact
Home Delivered Meals TOTAL		0	0	e. Nutrition Education	participants/session
3. Social Supportive Services		Units	Consumers	f. Physical Fitness/Exercise	participants/session
a. Advocacy/Representation	1 contact	0	0	Health Promotion/Disease Prevention TOTAL	
b. Assisted Transportation	one-way trip	0	0	0	
c. Case Management	1 hour (25 increments)	0	0	5. Caregiver Support Services	
d. Chore Services	1 hour (25 increments)	0	0	a. Assistive Technology/Durable Equipment/Emergency Response	1 distribution
e. Counseling/Peer Counseling	1 hour (25 increments)	0	0	b. Caregiver Access Assistance	1 contact
f. Homemaker/Housekeeping	1 hour (25 increments)	0	0	c. Caregiver Counseling/Support Group/Training	1 session
g. Home Repair/Renovation/Maintenance	1 hour (25 increments)	0	0	d. Caregiver Information Services	1 activity
h. Home Visiting	1 visit	0	0	e. Caregiver Supplemental Services	1 distribution
i. Information & Assistance	1 contact	0	0	f. Caregiver Respite Care (In-Home)	1 hour/session
j. Interpreting/Translating	1 hour (25 increments)	0	0	g. Caregiver Respite Care (Out-of-Home Day)	1 hour/session
k. Legal Assistance	1 hour (25 increments)	0	0	h. Caregiver Respite Care (Out-of-Home Overnight)	1 hour/session
l. Loan of Durable Medical Equipment	1 distribution	0	0	i. Caregiver Respite Care (Supp./Vouchers)	1 hour/session
m. Outreach/Client Finding	1 contact	0	0	j. Consumable Supplies	1 distribution
n. Personal Care	1 hour (25 increments)	0	0	k. Homemaker-Delivery	1 hour
o. Recreation/Cultural Activities	participants/session	0	0	Caregiver Support Services TOTAL	
p. Telephone Call	1 call	0	0	0	
q. Transportation	one-way trip	0	0	6. Adult Day Care (ADC)	
r. Other Supportive Services: Food Box Delivery, Consumable Supplies.	1 distribution	0	0	Supervised, protective, congregate setting in which social services, recreational activities, meals, personal care, rehabilitative therapies and/or nursing care is provided to dependent adults. Must be a licensed freestanding facility or adjacent to a senior center.	1 hour
Social Supportive Services TOTAL		0	0	Adult Day Care TOTAL	
				0	



Allowable & Non-Allowable Costs

- ✓ Tribal providers should review federal and state guidelines regarding allowable and non-allowable costs to stay consistent when seeking reimbursement for expenses incurred as part of the IGA.
- ✓ Costs will be considered reimbursable if they are assignable or chargeable to one or more of the service categories listed in the providers Annual Budget.
- ✓ Expend what would be considered reasonable.

Allowable

- ✓ *Accounting and advertising services*
- ✓ *Audit services*
- ✓ *Budgeting*
- ✓ *Building lease*
- ✓ *Communication*
- ✓ *Compensation for personnel services and employee fringe benefits*
- ✓ *Equipment* and supplies*
- ✓ *Indirect costs*
- ✓ *Insurance*
- ✓ *Maintenance and repairs*
- ✓ *Materials and supplies*
- ✓ *Printing and reproduction*
- ✓ *Procurement and recruitment services*
- ✓ *Taxes*
- ✓ *Telecommunication costs*
- ✓ *Training and education*
- ✓ *Transportation and travel*

Unallowable

- | | |
|---|---|
| <ul style="list-style-type: none">☒ <i>Bad debts, fines or penalties</i>☒ <i>Donations to charity organizations or fundraising</i>☒ <i>Entertainment and prizes**</i>☒ <i>Goods or services for personal use</i> | <ul style="list-style-type: none">☒ <i>Interest, lobbying expenses and financial costs</i>☒ <i>Losses on awards or contracts</i>☒ <i>Match for grants or under-recovery of costs under grant agreements</i> |
|---|---|

**Entertainment and prizes must meet a specific and direct programmatic purpose. See [Code of Federal Regulations](#), §200.438 Entertainment and prizes.



Agreement Term and Purchase Order (PO)



- PO is valid from July 1, 2025, through June 30, 2026
- Reimbursements can be submitted for expenditures for each month of the PO term

Reporting Responsibilities



Provider Due Dates for FY26

Monthly Reports – 12th day each month

- ☐ Menu Calendar– upcoming month
- ☐ Activity Calendar – upcoming month
- ☐ Request for Reimbursement – previous month
- ☐ Data Entry completed – previous month

Quarterly Reports – 12th day of each quarter

- ☐ Kitchen, Facility and Vehicle Inspections

Annual Reports

- ☐ March 31 – Population Counts of 50+ in service area
- ☐ May 1 – Last day to order tangible goods including equipment



FY26 PROVIDER DUE DATES

DUE DATES REFLECT FY26 INTERGOVERNMENTAL AGREEMENT (IGA)

MONTHLY DUE DATES					
DUE ON THE 12 TH OF EACH MONTH FOR THE PREVIOUS MONTH'S SERVICES					
**NOTE: If the 12th falls on a weekend or holiday, the due date will be adjusted to the next business day.					
DUE DATE	SERVICE MONTH	INVOICE + Request for Reimbursement (RFR)	WELLSKY DATA ENTRY COMPLETE	ACTIVITY CALENDAR MONTH	MENU CALENDAR MONTH
August 12th	July 2025	X	X	September	September
September 12th	August 2025	X	X	October	October
October 13th**	September 2025	X	X	November	November
November 12th	October 2025	X	X	December	December
December 12th	November 2025	X	X	January	January
January 12th	December 2025	X	X	February	February
February 12th	January 2026	X	X	March	March
March 12th	February 2026	X	X	April	April
April 13th**	March 2026	X	X	May	May
May 12th	April 2026	X	X	June	June
June 12th	May 2026	X	X	July	July
July 10th**	June 2026	X	X	August	August
FY26 FINAL SERVICE MONTH IS DUE ON JULY 10, 2026					
** NOTE: July due date is subject to change per direction from New Mexico Department of Finance and Administration (NM-DFA).					

QUARTERLY DUE DATES						
DUE ON THE 2 ND MONDAY AFTER THE QUARTERLY SERVICE MONTHS						
QUARTERLY SERVICE MONTHS	QUARTERLY DUE DATES	BUDGET MODIFICATIONS	Monthly Inspection Records			
			Kitchen	Facility	Vehicle	
1 st Quarter	July, Aug, Sept 2025	October 13th	X	X	X	X
2 nd Quarter	Oct, Nov, Dec 2025	January 12th	X	X	X	X
3 rd Quarter	Jan, Feb, March 2026	April 13th	X	X	X	X
4 th Quarter	Apr, May, June 2026	July 13th**	X	X	X	X
**NOTE: July due date is subject to change per direction from New Mexico Department of Finance and Administration (NM-DFA).						

ANNUAL DUE DATES	
MARCH 31st - Population count utilizing U.S. census or tribal enrollment of eligible consumers within Contractor service area, age 50 and over.	
MAY 1st - Order of any tangible goods including Equipment/IT Equipment to ensure completion of delivery, installation, invoicing and payment by June 30th of each fiscal year.	

Reporting Responsibilities

Menus

- ✓ Follow menu requirements of the NM Administrative Code.

9.2.18.11 MENU REQUIREMENTS: All meals served must:

- A. Meet recommended dietary allowance requirements, or dietary reference intake standards.
- B. Provide for no more than thirty percent (30%) of total calories from fat.
- C. Follow the U.S. dietary guidelines; and.
- D. Comply with the standard breakfast meal and standard lunch meal patterns as defined in 9.2.18.7 NMAC.

[9.2.18.11 NMAC - Rp, 9.2.18.11 NMAC, 6/30/2015]

- ✓ Submit menus to OIEA the 12th of the month for the next month.

Incorporate traditional foods into menu planning to improve health, connect elders to cultural heritage, and foster a sense of community. Traditional cooking, gardening, and promoting the consumption of traditional foods has significant benefits.





Reporting Responsibilities

Kitchen, Facility and Vehicle Inspections

- ✓ Due the 12th day of each quarter
- ✓ Reports assist providers in identifying the needs of senior centers or adult day care centers.
- ✓ They support planning for:
 - Replacements
 - Repairs
 - Overall facility and operational needs

MEALS EQUIPMENT	
NAME OF FACILITY: _____ SENIOR CENTER	
DATE: _____ INVENTORY TAKEN BY: _____	

FACILITY CONDITION	
NAME OF FACILITY: _____ SENIOR CENTER ADM	
DATE: _____ FACILITY INSPECTION BY: _____	
AREA	Outstanding
Performance Items	
Roadway/Parking	<input type="checkbox"/>
Site Utilities	<input type="checkbox"/>
Recreation Grounds	<input type="checkbox"/>
Site Drainage	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>
Grounds	<input type="checkbox"/>
Building Exterior	
Windows/Calking	<input type="checkbox"/>
Walls/Finishes	<input type="checkbox"/>
Entry/Exterior doors	<input type="checkbox"/>
Roof/Flashing/Gutter	<input type="checkbox"/>
Area	Outstanding
Building Interior	
Walls/Floors/Ceilings	<input type="checkbox"/>
Interior Doors	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>
Building Equipment and Systems	
Electrical Distribution	<input type="checkbox"/>
Lighting	<input type="checkbox"/>
Fire Protection System	<input type="checkbox"/>


VEHICLE CONDITION		
NAME OF FACILITY: _____ SENIOR CENTER		
DATE: _____ VEHICLE INSPECTION BY: _____		
SENIOR CENTER	VEHICLE # 1	VEHICLE # 2
VEHICLE ADMINISTRATION RECORDS		
Year/Make/Model		
License Plate Number		
Vin Number		
Mileage		
Title Certificate		
Registration Certificate		
Insurance		
Vehicle Maintenance Report		
UNDER HOOD		
Oil Level Full		
Battery Secure & Free of Corrosion		
Windshield Washer Fluid Full		
Hoses/Belts in Satisfactory Condition		
Coolant Level Satisfactory		
EXTERIOR		
Tires in Good Condition; 1/8" Minimum Tread		
Windows Free of Cracks		
Windows Clean and Visibility Satisfactory		
Headlights Working Properly		
Windshield Wipers Working Properly		
Windshield Wipers in Good Condition		
Rear Wipers Working Properly		
Rear Wipers in Good Condition		



Reimbursement Packet IGA Checklist

- ☐ Invoice on Official Tribal Letterhead
- ☐ Copy of Purchase Order (PO)
- ☐ Request for Reimbursement
- ☐ PO Tracking Sheet
- ☐ Supportive Documentation
- ☐ Monthly Service Summary Report
- ☐ Email to OIEA@altsd.nm.gov
- ☐ Signature required

Reporting Responsibilities



FY26 REIMBURSEMENT PACKET CHECKLIST

REQUIRED FORM MUST BE COMPLETED BY THE FISCAL AGENT/ACCOUNTING DEPARTMENT

CENTER NAME: _____ MONTH: _____

Please verify you have completed all the required documents in this reimbursement packet. Each reimbursement packet must be submitted with a Checklist Form, signed, and dated to verify each packet is complete.

MUST INCLUDE THE FOLLOWING:

- 1. INVOICE**
 - ☐ Confirm the Invoice Remit Address and Purchase Order Address are the same (ALTSD/DFA will not accept the request for reimbursement with mis-matched addresses).
 - ☐ Confirm invoice is signed and dated (Please adhere to your internal signatory authority process).
- 2. PURCHASE ORDER**
 - ☐ Confirm a copy of the Purchase Order is attached.
- 3. REQUEST FOR REIMBURSEMENT (RFR) SHEET**
 - ☐ Confirm the amounts in each service category on the invoice are the same as on the RFR.
 - ☐ Confirm there are two different (2) signatures on the RFR (a Reviewer and a Preparer).
 - ☐ Add comments for any adjustments.
- 4. PURCHASE ORDER TRACKING FORM**
 - ☐ Confirm that the Budget Balance on the RFR and PO Tracking Form are the same amount.
- 5. SUPPORTIVE DOCUMENTATION**
 - ☐ Attach Internal Ledgers which show salaries/fringe and other operating costs.
 - ☐ Attach any applicable invoices from vendors, purchasing receipts, etc.
- 6. REPORT: AGENCY SUMMARY REPORT**
 - ☐ Attach Agency Summary Report for the corresponding month (Ex. [WellSky](#) report).
- 7. REIMBURSEMENT PACKET CHECKLIST**
 - ☐ Sign and Date this form
 - ☐ Add this checklist as a cover sheet to the reimbursement request packet.
- 8. SUBMIT REIMBURSEMENT PACKET BY DEADLINE**


Email To: OIEA@altsd.nm.gov
CC: Your Site Director or Manager
Subject Line: **FY26 RFR: Month & Center Name**

Preparer Signature: _____ Date: _____



- ✓ One (1) PO for FY26 will be issued.
 - ✓ State General Funds & NM Grown* will be noted on the PO.
 - ✓ The PO must accompany all Requests for Reimbursement.
- *NM Grown will not apply to all providers.

Purchase Order (PO)



State of New Mexico
Purchase Order

Aging and Long Term Services
2550 Cerrillos Rd.
Santa Fe NM 87505
United States

PO Number to be on all Invoices and Correspondence
Page: 1

Dispatched		Dispatch Via Print	
Purchase Order	Date	Revision	
62400-00000XXXX	07-02-2024		
X Payment Terms	Freight Terms	Ship Via	
Pay Now	FOB Destination	Best Way	
Buyer	Phone	Currency	
GARY O. CHAVEZ		USD	

Supplier: 0000xxxx **Ship To:** Shipping address **Bill To:** Billing Address

PROPER NAME OF TRIBAL PROVIDER

Origin:	EXE	ExclExcl#:	13-1-98-A					
Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date		
1 - 1	Senior Services-Native Americans (IGA-The contractor shall provide support & services to eligible consumers in service area(s) as required by the department adhering to all applicable laws, rules, & regulations for FY25.	1.00	EA	\$7,778.00	\$7,778.00	07/02/2025		
				62400-04900-6500000000-XXXXX- -NMGRW- - -125-I0000				
					Schedule Total	\$7,778.00		
					Item Total	\$7,778.00		
2 - 1	Senior Services-Native Americans (IGA-The contractor shall provide support & services to eligible consumers in service area(s) as required by the department adhering to all applicable laws, rules, & regulations for FY25.	1.00	EA	\$172,751.00	\$172,751.00	07/02/2025		
				62400-04900-6800000000-XXXXX- - -125-I0000				
					Schedule Total	\$172,751.00		
					Item Total	\$172,751.00		

DELIVERY OF SENIOR CENTER SERVICES

IGSA reference here.

July 1, 2025 to June 30, 2026

Total PO Amount \$180,529.00



Reporting Responsibilities

Request for Reimbursement (RFR)

- ✓ Each provider will receive a 12-month workbook to submit expenditures - some cells will be locked to minimize formula errors
- ✓ Service categories cannot go into a negative balance
- ✓ Service category totals and reimbursement total must match monthly invoice
- ✓ Must be signed by two different individuals

REQUEST FOR REIMBURSEMENT (RFR) - FY 2026 Intergovernmental Agreement (IGA)									
Office of Indian Elder Affairs (OIEA) - Indian Area Agency on Aging (IAAA) New Mexico Aging & Long-Term Services Department							Contract Year July 1, 2025- June 30, 2026		
Submit a signed copy with supportive documentation via email to: OIEA@altsd.nm.gov and file the original on-site.							Final Report <input type="checkbox"/> YES <input type="checkbox"/> NO		
							Contractor's Accounting Method <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL		
Contractor Name & Address					Contract No.		Reporting Period		
TPN Sample SAMPLE Senior Center PO Box 339 - City, NM 87000					26-624-4000-00XX		JULY 1 to JULY 31, 2025		
State General Funds									
SERVICE CATEGORY	APPROVED OPERATING BUDGET	APPROVED BUDGET REVISIONS	REVISED BUDGET	Expenditures for JULY	Adj. to Prior Year-to-Date Expenditures*	Year-to-Date Expenditures	BUDGET BALANCE	% Expenditures	% Reimbursement
1 CONGREGATE MEALS	\$ 60,000.00	\$ -	\$ 60,000.00	\$ -	\$ -	\$ -	\$ 60,000.00	0.00%	100.00%
2 HOME DELIVERED MEALS	\$ 216,536.00	\$ -	\$ 216,536.00	\$ -	\$ -	\$ -	\$ 216,536.00	0.00%	100.00%
3 SOCIAL SUPPORTIVE SERVICES	\$ 26,000.00	\$ -	\$ 26,000.00	\$ -	\$ -	\$ -	\$ 26,000.00	0.00%	100.00%
4 CAREGIVER SUPPORT SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!
5 HEALTH PROMOTION DISEASE PREVENTION	\$ 32,000.00	\$ -	\$ 32,000.00	\$ -	\$ -	\$ -	\$ 32,000.00	0.00%	100.00%
6 ADULT DAY CARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!
7 INDIRECT COSTS	\$ 37,171.00	\$ -	\$ 37,171.00	\$ -	\$ -	\$ -	\$ 37,171.00	0.00%	100.00%
TOTAL - STATE	\$ 371,707.00	\$ -	\$ 371,707.00	\$ -	\$ -	\$ -	\$ 371,707.00	0.00%	100.00%
Request for Reimbursements are due on the 12th of each month, except for June which is due on the 10th.									
*COMMENTS							Request for Reimbursement for Report Period		\$ -
*CERTIFICATION (Two different signers are required on this form)									
I certify the information provided on this report is true and correct and payment for services has not been received.					Name of person to be contacted regarding this report.				
*REVIEWER SIGNATURE					*PREPARER SIGNATURE				
Month/Day/Year					Month/Day/Year				
(Type or print name on line ABOVE)					(Type or print name on line ABOVE)				

This form is to help track monthly and year-to-date expenditures, and remaining balance.



Reporting Responsibilities

IGA PO Tracking Forms

- ✓ A PO Tracking Form must accompany all Requests for Reimbursement (RFR).
- ✓ One (1) form is used for State General Fund and a similar form is used for NM Grown.

PURCHASE ORDER Tracking Form - IGA						
Office of Indian Elder Affairs (OIEA) - Indian Area Agency on Aging (IAAA) New Mexico Aging & Long-Term Services Department					PO Number	
					62400-00000XXXXX	
TPN Sample - Contract #26-624-4000-00XX						
Original Amount	Invoice Amount	Balance	Invoice Number	Invoice Month	Submitted to OIEA	Date Paid
\$ 371,707.00	\$ -	\$ 371,707.00		2025-July		
\$ 371,707.00	\$ -	\$ 371,707.00		2025-Aug.		
\$ 371,707.00	\$ -	\$ 371,707.00		2025-Sep.		
\$ 371,707.00	\$ -	\$ 371,707.00		2025-Oct.		
\$ 371,707.00	\$ -	\$ 371,707.00		2025-Nov.		
\$ 371,707.00	\$ -	\$ 371,707.00		2025-Dec.		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-Jan.		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-Feb.		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-Mar.		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-Apr.		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-May		
\$ 371,707.00	\$ -	\$ 371,707.00		2026-Jun		

Reporting Responsibilities

Supporting Documentation

- ✓ Documentation that validates expenditures for reimbursement (general ledgers, etc.)
 - May include salaries for senior center or ADC staff, operating expenses, program supplies, etc.
 - Must align with services categories on Monthly Report Summary

Note: Refer to Allowable and Non-Allowable Costs to determine what expenses are reimbursable.





Reporting Responsibilities

Monthly Report Summary

- ✓ A monthly report from the reporting database must accompany the RFR.
- ✓ The report should validate services provided to eligible consumers within the provider's service area.
- ✓ It must demonstrate:
 - Services outlined in the provider's annual budget.
 - Services listed in the monthly invoice.

Agency Summary Report (Totals Only)

Service Period: From 4/1/2025 to 4/30/2025

- IAAA Reports

	* Consumers / Consumer Groups	Units
Agency: Indian Area Agency on Aging		
Provider:		
— Site: (Unknown)		
Congregate Meals	32 / 2	468.00
Education/Training	11 / 1	32.00
Home Delivered Meals	17 / 0	278.00
Physical Fitness	3 / 0	3.00
Recreation	25 / 2	74.00
Telephoning(r)	11 / 1	24.00
Transportation	13 / 2	95.00
Subtotal for Site:	57 / 8	974.00
Subtotal for Provider:	57 / 8	974.00
Total For Agency:	57 / 8	974.00
Grand Total:	57 / 8	974.00

This example demonstrates congregate meals, social support services (recreation, telephoning and transportation), health promotion/disease prevention (education/training and physical fitness), and home-delivered meals were provided.



Navajo Nation (PSA 5)

- ✓ The Navajo Nation report summaries are similar to WellSky for reporting services provided to elders in New Mexico.
- ✓ The Navajo Nation operates its own Division on Aging and Long-Term Care Support (DALTCS) under the Department of Health.
- ✓ It serves elders across three states:
 - New Mexico
 - Arizona
 - Utah
- ✓ Reports are broken down by three agency offices specifically serving New Mexico.

Reporting Responsibilities

Contractor's Name:	FT DEFIANCE AGENCY		
Report Period (Month & Year):	JULY 2025		
Nutrition Services	Number of CONSUMERS served this month	Number of MEALS served this month	Type of U
Eligible Congregate Meals 50+/Spouse (Consumers)			
Breakfast Meals			1 Meal
Lunch Meals			1 Meal
Dinner Meals			1 Meal
Persons w/ Disabilities 50 & younger in Eligible Household (Consumer must live with an eligible person age 50+)			
Breakfast Meals			1 Meal
Adult under 60 Meals-Meals & Nutrition Services			
Children Meals-Meals and Nutrition services			
Lunch Meals			1 Meal
Adult under 60 Meals-Meals & Nutrition Services			
Children Meals-Meals and Nutrition services			
Dinner Meals			1 Meal
Adult under 60 Meals-Meals & Nutrition Services			
Children Meals-Meals and Nutrition services			
Informal (Unpaid) Caregivers (Consumers)			
Breakfast Meals			1 Meal



NM Grown

Reimbursement Packet Checklist

- ✓ Invoice on Official Tribal Letterhead
- ✓ Copy of Purchase Order (PO)
- ✓ Invoices
- ✓ PO Tracking Sheet
- ✓ Supportive Documentation
- ✓ Email to OIEA@altsd.nm.gov
- ✓ Signature required



Reporting Responsibilities

NEW MEXICO AGING SERVICES | OFFICE OF INDIAN ELDER AFFAIRS

FY26 REIMBURSEMENT PACKET NEW MEXICO GROWN CHECKLIST
REQUIRED FORM MUST BE COMPLETED BY THE FISCAL AGENT/ACCOUNTING DEPARTMENT

CENTER NAME: _____ MONTH: _____

Please verify you have completed all the required documents in this reimbursement packet. Each reimbursement packet must be submitted with a Checklist Form, signed, and dated to verify each packet is complete.

MUST INCLUDE THE FOLLOWING:
1. INVOICE <input type="checkbox"/> Confirm the Invoice Remit Address and Purchase Order Address are the same (ALTS/DFA will not accept the request for reimbursement with mis-matched addresses). <input type="checkbox"/> Separate food expenses and transportation/delivery fees on the invoice. <input type="checkbox"/> Confirm the invoice is signed and dated (Please adhere to your internal signatory authority process).
2. PURCHASE ORDER <input type="checkbox"/> Confirm a copy of the Purchase Order is attached.
3. PURCHASE ORDER TRACKING FORM <input type="checkbox"/> Confirm the NMG PO Tracking Form includes the number of pounds of produce and meat for the full invoice amount.
4. SUPPORTIVE DOCUMENTATION <input type="checkbox"/> Attach Internal Ledgers which demonstrate food purchases and any delivery or transportation fees. <input type="checkbox"/> Attach all applicable invoices from the approved supplier list, to include purchasing receipts which list permissible food items from the allowable products list. Ensure transportation/delivery fees are on the invoice and do NOT exceed a 15% delivery fee.
5. REIMBURSEMENT PACKET CHECKLIST <input type="checkbox"/> Sign and date this form. <input type="checkbox"/> Add this checklist as a cover sheet to the reimbursement request packet.
6. SUBMIT REIMBURSEMENT PACKET BY DEADLINE Email To: OIEA@altsd.nm.gov CC: Your Site Director or Manager Subject Line: FY26 NMGrown: Month & Center Name
Preparer Signature: _____ Date: _____

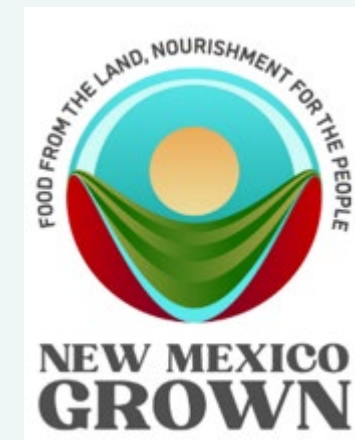
Reporting Responsibilities



NM Grown

Supporting Documentation

- ✓ Providers enrolled in NM Grown are required to submit supporting documentation such as receipts and invoices that validate expenditures for reimbursement.
- ✓ The number of pounds of meat and produce should be noted.
- ✓ Transportation and/or delivery fees should be separated costs on the invoice.
- ✓ **Allowable local foods** (meat and produce) purchased from **Approved Suppliers** are reimbursable; Invoices from non-approved vendors will not be not reimbursed with NM Grown funds.





NM Grown

PO Tracking Forms

- ✓ A PO Tracking Form must accompany all Requests for Reimbursement for NM Grown.
- ✓ This form also tracks the number of pounds of produce and meat.



Reporting Responsibilities

PURCHASE ORDER Tracking Form - NMGrown								
Office of Indian Elder Affairs (OIEA) - Indian Area Agency on Aging (IAAA) New Mexico Aging & Long-Term Services Department TPN Sample - Contract #26-624-4000-00XX							PO Number	
							62400-00000XXXXX	
Original Amount	Invoice Amount	Balance	Invoice Number	Invoice Month	Pounds of Produce	Pounds of Meat	Submitted to OIEA	Date Paid
\$ 12,750.00		\$ 12,750.00		2025-July				
\$ 12,750.00		\$ 12,750.00		2025-Aug.				
\$ 12,750.00		\$ 12,750.00		2025-Sep.				
\$ 12,750.00		\$ 12,750.00		2025-Oct.				
\$ 12,750.00		\$ 12,750.00		2025-Nov.				
\$ 12,750.00		\$ 12,750.00		2025-Dec.				
\$ 12,750.00		\$ 12,750.00		2026-Jan.				
\$ 12,750.00		\$ 12,750.00		2026-Feb.				
\$ 12,750.00		\$ 12,750.00		2026-Mar.				
\$ 12,750.00		\$ 12,750.00		2026-Apr.				
\$ 12,750.00		\$ 12,750.00		2026-May				
\$ 12,750.00		\$ 12,750.00		2026-Jun				



Staffing Responsibilities

Staff Development and Training

The provider shall ensure that one or more staff members attend required IAAA/OIEA/Department meetings and events, including:

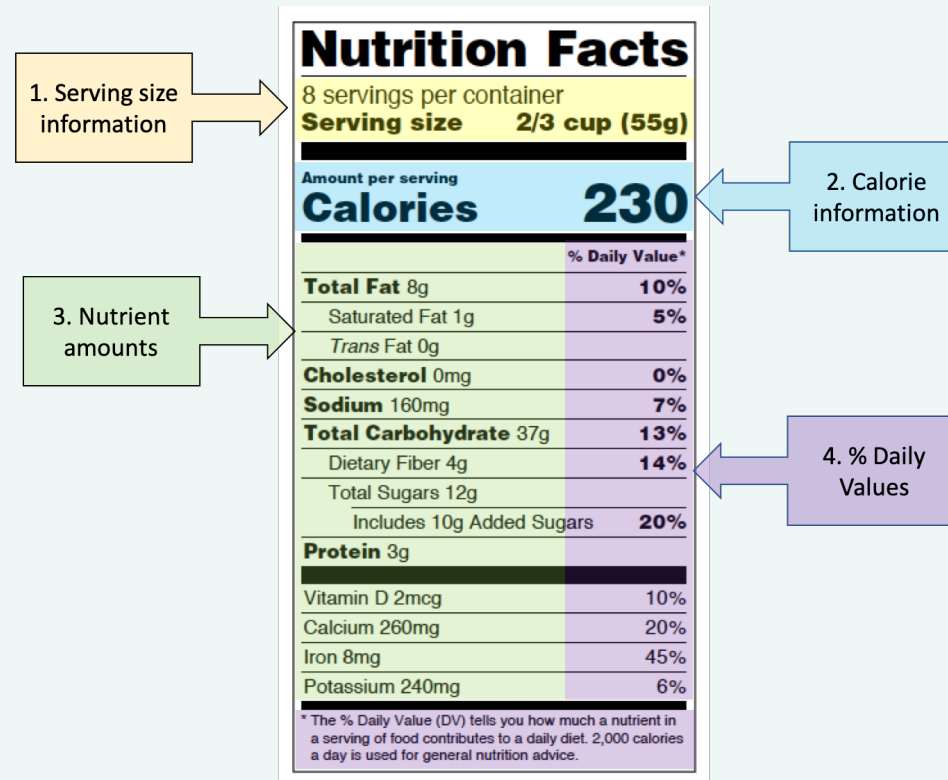
- ✓ The New Mexico Conference on Aging
- ✓ Aging Network Training events
- ✓ Other special meetings as requested by the Department or IAAA/OIEA



Nutrition Training for Tribal Providers

- ✓ This training is provided to TPNs to emphasize the importance of delivering nutritious meals to seniors at senior centers and adult daycare facilities.
- ✓ It also focuses on supporting the unique dietary needs of Tribal Elders to promote their overall health and well-being.
- ✓ FY26 Nutrition Training Dates:
 - August 21, 2025
 - October 23, 2025
 - February 26, 2026
 - April 16, 2026

Staffing Responsibilities



Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.



NEW MEXICO GROWN
FOOD FROM THE LAND, NOURISHMENT FOR THE PEOPLE



OIEA/TPN 1:1 Meetings/Training Dates

Requests by appointment – one (1) hour sessions

June 13 (Thursday)

- **AM:** 8:15 AM | 9:30 AM | 10:45 AM
- **PM:** 1:00 PM | 2:15 PM | 3:30 PM

June 18 (Tuesday)

- **AM:** 8:15 AM | 9:30 AM | 10:45 AM
- **PM:** 1:00 PM | 2:15 PM | 3:30 PM

June 20 (Thursday)

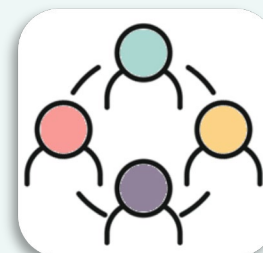
- **AM:** 8:15 AM | 9:30 AM | 10:45 AM
- **PM:** 1:00 PM | 2:15 PM | 3:30 PM

June 25 (Tuesday)

- **PM Only:** 1:00 PM | 2:15 PM | 3:30 PM

June 26 (Wednesday)

- **AM:** 8:15 AM | 9:30 AM | 10:45 AM
- **PM:** 1:00 PM | 2:15 AM | 3:30 PM



Schedule your training today!

OIEA IGA Training

Contacts:

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505-379-7281

Questions and Discussion





Announcements

- ✓ **2025-2029 Draft State Plan on Aging - Extended Deadline for Comment: June 23, 2025, at 5 PM**
- ✓ 47th Annual Conference on Aging: Call for Speakers - Deadline: June 15, 2025
- ✓ All IGA Requests for Reimbursements and NM Grown that are in arrears due June 15, 2025
- ✓ Nutritional Training dates
- ✓ Newsletter QR Code





Thank you!

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