FY25 Quarter #3 (Jan-Mar 2025) Performance Report

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NEW MEXICO AGING SERVICES

AGENCY MISSION:

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

AGENCY GOALS:

The Aging and Long-Term Services Department's four primary goals for FY25 are:

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

Goal 2: Expand and innovate services.

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

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

AGENCY PROGRAMS:

- **CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM**   **P592**

- **ADULT PROTECTIVE SERVICES**   **P593**

- **AGING NETWORK**   **P594**

CONSUMER AND ELDER RIGHTS DIVISION
AND THE LONG -TERM CARE OMBUDSMAN PROGRAM

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

CERD is composed of the following program areas:
- Aging & Disability Resource Center (ADRC) with Live Web Chat availability
- State Health Insurance Program (SHIP)
- Senior Medicare Patrol (SMP)
- Care Transitions Bureau (CTB)
- Prescription Drug Assistance Program
- NM Veteran Directed Care Program

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

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,895.70		1,151.3	900.0	3,947.0	
300	10.0		111.0		121.0	
400	244.6		609.5		854.1	53
TOTAL	2,150.3		1,871.8	900.0	4,922.1	

FY24		General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200		1,830.7		1,183.9	1,300.0	4,314.6	
300	10.0	553.8			563.8		
400	244.6	614.5			859.1		48
TOTAL	2,085.3	2,352.2	1,300.0		5,737.5		

CERD Program Performance Measures:

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

PERFORMANCE MEASURE #1

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
52%	81%	70%	54%	48%	73%		58.3%	90%

Graph of Data Above

MEASURE DESCRIPTION: This measure reflects the adequacy of the Aging and Disability Resource Center (ADRC) responsiveness to customer needs.

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

STORY BEHIND THE DATA: During the third quarter FY25, 73% of the calls to the ADRC were answered by a live operator. The ADRC received 11,168 calls in the third quarter of FY25, a decrease of 1,507 calls from the previous quarter. This equates to an average of 180 calls per day. The ADRC had an average of 11 Options Counselors on staff during the third quarter. There was one permanent position and two term position vacancies during this timeframe. Five options counselors were dedicated to appointments for January and early February then we transitioned to having fewer options counselors facilitate appointments. In early February, we modified our staffing plan for efficiencies and incorporated a new Triage queue. Calls that require more than approximately 5 minutes to fully address are transferred to another queue for additional options guidance. In Q3, there were 2 Holidays, .5 Inclement Weather day, 2 training sessions (6 hours total), 3 staff meetings (5 hours total), and scheduled and unscheduled leave instances.

IMPROVEMENT ACTION PLAN: CERD plans to recruit and hire for vacant Options Counselor positions. The team has provided input as the planned upgraded Zoom contact center plans are underway, which should allow the team to address additional calls through technological enhancements, such as return call options in lieu of hold time. Across the CERD Division, all colleagues are invited to provide ongoing feedback and recommendations for ongoing improvement efforts.
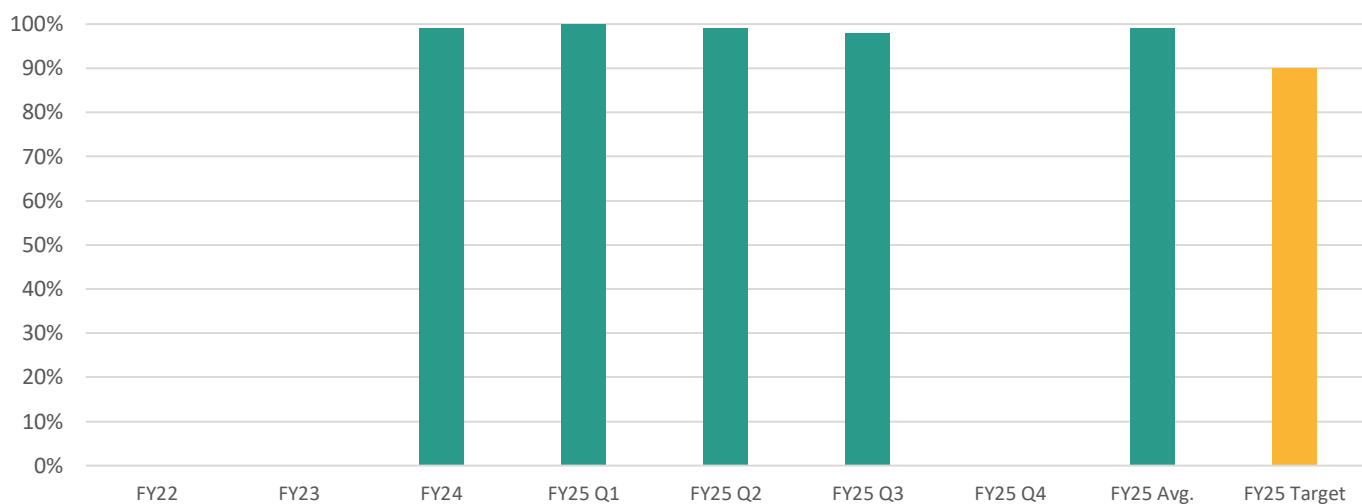
PERFORMANCE MEASURE #2

Percentage of calls to the Aging and Disability Resource Center that are resolved in a single contact.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
N/A	N/A	99%	100%	99%	98%		99%	90%

Graph of Data Above

MEASURE DESCRIPTION: This measure indicates the resolution of both simple and complex calls received by the Aging and Disability Resource Center. This measure also provides an indication of the demand for services and their relationship to customer service and ADRC staff resources.

DATA SOURCE/METHODOLOGY: The ADRC conducts an ongoing customer service survey to assess caller satisfaction with services and resources provided. At the conclusion of each telephone counseling session, callers are asked to complete a customer satisfaction survey which is compiled for analyses. For this performance measure, we ask the question "How satisfied are you that we addressed your primary reason for contacting us today?" On a scale of 1 – 5 with 1 as *very unsatisfied* and 5 as *very satisfied*, respondents communicate their experience.

STORY BEHIND THE DATA: During the third quarter, 192 of the 196 respondents (98%) indicated the ADRC staff effectively resolved support issues the first time, eliminating the need for the customer to call back or contact a different resource. Of the 196 total surveys: 192 = (5) Very satisfied, 4 = (4) Satisfied), 0 = (3) Neutral, 0 = (2) Unsatisfied, 0 = (1) Very Unsatisfied

IMPROVEMENT ACTION PLAN: Continual assessment of caller survey data, weekly team performance meetings, ongoing training, and individual Options Counselor development plans support ongoing quality assurance efforts.
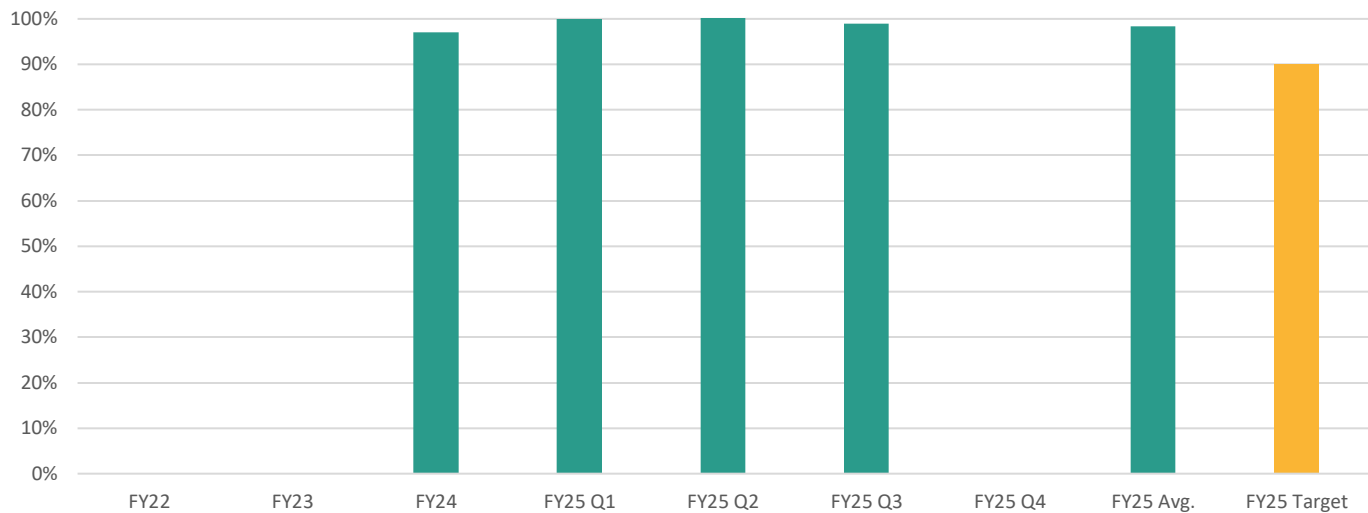
PERFORMANCE MEASURE #3

Percentage of customers satisfied with the outcome of their call to the aging and disability resource center.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
N/A	N/A	97%	100%	96%	99%		98.3%	90%

Graph of Data Above

MEASURE DESCRIPTION: The measure indicates the complexity of calls received by the Aging and Disability Resource Center.

DATA SOURCE/METHODOLOGY: The Aging and Disability Resource Center (ADRC) conducts a satisfaction survey to assess the effectiveness of their counseling services. At the conclusion of each telephone counseling session, callers are asked to complete a customer satisfaction survey, and the data are compiled for analyses. For this performance measure, we ask, "Overall, how satisfied are you with the outcome of your call to the Aging and Disability Resource Center?" On a scale of 1 – 5 with 1 as *very unsatisfied* and 5 as *very satisfied*, respondents communicate their experience.

STORY BEHIND THE DATA: During the third quarter FY25, 194 of the 196 surveyed were either very satisfied or satisfied with the outcome of their call to the Aging and Disability Resource Center. Of the respondents, 185 were very satisfied, 9 were satisfied, 2 were neutral, 0 were unsatisfied, and 0 were very unsatisfied. CERD will continue to expand customer feedback efforts to assist in delivering the highest quality service possible.

IMPROVEMENT ACTION PLAN: Regularly evaluating processes, maintaining current resources and knowledge, and incorporating customer feedback will continue to help us earn high customer service feedback as measured through regularly administered surveys.
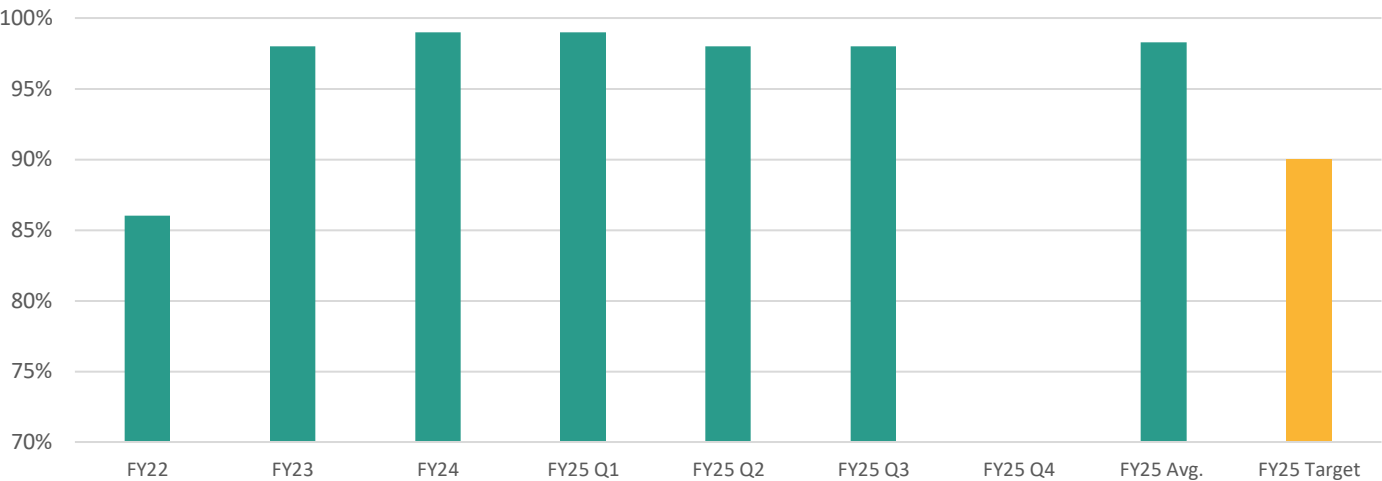
PERFORMANCE MEASURE #4

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
86%	98%	99%	99%	98%	98%		98.3%	90%

Graph of Data Above

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

DATA SOURCE/METHODOLOGY: Data is obtained through WellSky Human Services Software and SAMS databases as well as from the Care Transition Specialists (CTS). This percentage data is quantified using the number of people served by LTCOP CTS staff and the subsequent wellbeing check provided for six months following community re-entry or transfer.

STORY BEHIND THE DATA: During the third quarter of FY25, 98% of residents remain in the community for six months following a nursing facility transition. The Care Transition Unit (CTU) continues to utilize an individualized process to develop a plan for the individual's transition to engage with clients, families, nursing and assisted living facilities and other agencies. This process guides CTU's advocacy for the rights and wishes of those wanting to move to a less restrictive environment. As a result of engagement efforts with individuals, CTU has seen a decrease in readmissions to a hospital setting and overall, better care of these clients in any type of setting. Additionally, CTU maintains a working rapport with Managed Care Organizations (MCO), nursing facility staff and many other state agencies, providing education about community resources and Medicaid. These ongoing efforts position the program to have success in its advocacy for all clients on the continuum of least restrictive environments-community-based settings to long-term care settings.

IMPROVEMENT ACTION PLAN: CTU will continue to provide updated information on community resources, the community reintegration process to a less restrictive environment, access and supports for residents transitioning from a nursing or assisted living facility to another facility. The program will continue to work with the Managed Care Organizations (MCO's), facility staff, many other state agencies and with the NM Ombudsman program to increase Medicaid outreach and education among facility staff and residents.
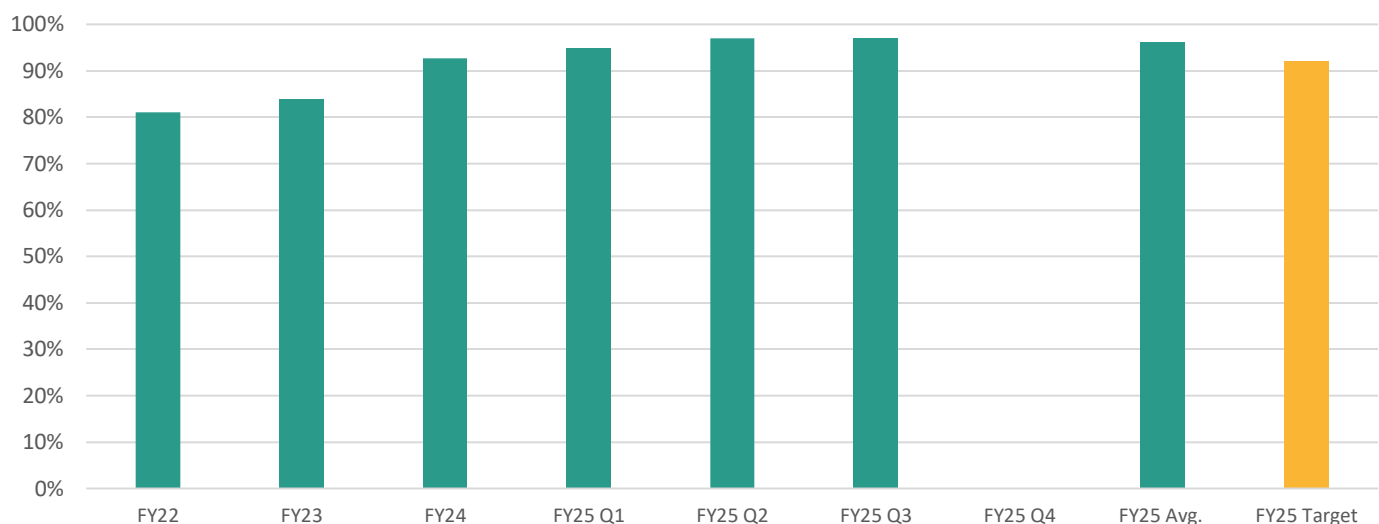
PERFORMANCE MEASURE #5

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
81%	84%	93%	95%	97%	97%		96.3%	92%

Graph of Data Above

MEASURE DESCRIPTION: This measure quantifies the proportion of individuals who accessed services because of an effective referral process.

DATA SOURCE/METHODOLOGY: Data are collected from WellSky Human Services Software, Sharepoint and ALTSD's Short-Term Assistance (STA) program. Reports are accessed from each system to obtain the necessary data for reporting.

STORY BEHIND THE DATA: During the third quarter of FY25 97% of individuals referred for short term assistance by Options Counselors in the ADRC received assistance within 30 days, exceeding the FY25 target for the Short-Term Assistance measure. The Short-Term Assistance Program utilizes State Health Insurance Assistance Program (SHIP) Regional Coordinators to assist consumers in obtaining services such as Medicaid, Medicare, home modifications, and meals that allow them to remain in the community. The program, when fully staffed, has five coordinators throughout the State. Ongoing training is part of the plan to maintain a high level of performance.

IMPROVEMENT ACTION PLAN: ALTSD expects to maintain a high level of service in this category. All staff positions have been filled with the exception of the SHIP/SMP Supervisor position, which is in process.
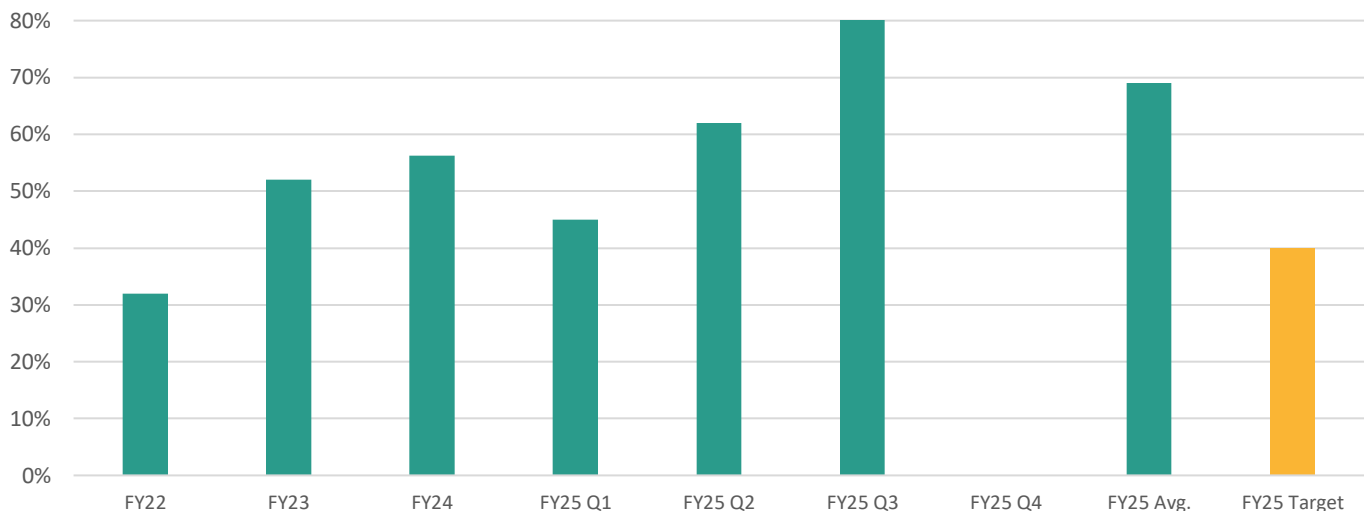
PERFORMANCE MEASURE #6

Percent of Facilities Visited Monthly

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
32%	52%	56%	45%	62%	100%		69%	40%

Graph of Data Above

MEASURE DESCRIPTION: This measure quantifies the percentage of long-term care facilities visited in-person by Ombudsman staff and volunteers each month (averaged across months within each state fiscal year and quarter).

DATA SOURCE/METHODOLOGY: The Ombudsmanager database is a comprehensive nursing home complaint and case management system that allows users to manage facility data, complaints, complainant information, activities, resident data, investigations, and resolutions. Ombudsmanager fully automates data collection for the National Ombudsman Reporting Systems (NORS). All complaint automated reports and statistics aggregate automatically into the format required by the federal Administration on Community Living (ACL). Ombudsmanager is the industry standard for long-term care facility complaint data management and is used by 34 State Long-Term Care Ombudsman Program offices throughout the U.S.

STORY BEHIND THE DATA: During FY25 Q3, the Long-Term Care Ombudsman Program (LTCOP) staff and volunteers completed 624 facility visits, visiting all 283 long-term care (LTC) facilities during the quarter, meeting Federal guideline expectations. Completed visits were routine as well as non-routine (responsive to case/complaint/presentation/resident and facility staff meetings). Some facilities with higher numbers of resident concerns, were visited as many times as necessary. The increased number of visits this

quarter were part of changes to coordinated team initiatives and implementation of training and documentation best practices. We expect to maintain a high level of performance, especially when current vacancies are filled. Two additional focus areas this quarter were community educational outreach, with the intention to recruit volunteers, and facility staff education sessions on Residents Rights. The team completed 24 training sessions at facilities during Q3. The team trained two new volunteers. Five volunteers are ready to be trained in early Q4 (scheduled for April 24, 2025). As our new hires on-board and new volunteers earn certification over the upcoming quarters, facility visits should continue to increase. Two Regional Coordinators were recruited in Q3 for an April start.

IMPROVEMENT ACTION PLAN: The LTCOP recognizes the importance of access to residents' rights advocacy provided by LTCOP Regional Coordinators and Ombudsman volunteers. The most effective advocacy occurs via in-person visits to LTC facilities by a LTCOP representative. The LTCOP will continue to hire qualified staff and actively recruit and train ombudsman volunteers.
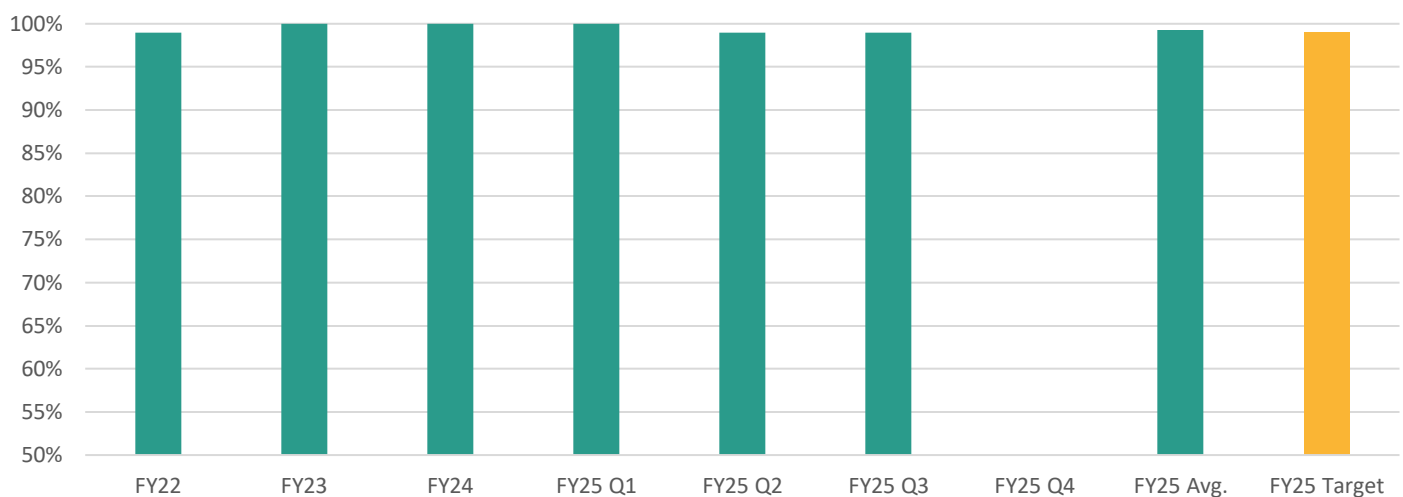
PERFORMANCE MEASURE #7

Percent of Ombudsman complaints resolved within sixty days.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
99%	100%	100%	100%	99%	99%		99.3%	99%

Graph of Data Above

MEASURE DESCRIPTION: The percent of complaints the Ombudsmen resolved in 60 days or less.

DATA SOURCE/METHODOLOGY: The Long-Term Care Ombudsman Program (LTCOP) defines a complaint as a concern relating to the health, safety, welfare, or rights of one or more residents in a nursing home or assisted living facility which requires an LTCOP representative to conduct an investigation or take another action on behalf of the resident. Complaints and the associated investigation findings, including the dates when the complaints are opened and closed, are tracked in Ombudsmanager, a database platform provided by WellSky Human Services Software. Data from this system of record is used to calculate the number of days necessary to resolve each complaint, and subsequently the percentage of complaints resolved in 60 days or less.

STORY BEHIND THE DATA: During this reporting period, 251 cases were referred to the Ombudsman program and249 were closed within 60 days, a 99% resolution rate. The LTCOP prioritizes timeliness in resolving complaints prior to 60 days and has implemented strategies to ensure timeliness of data entry. Case data should be entered into the database ideally within the same business day and within no longer than 72 hours of the visit.

IMPROVEMENT ACTION PLAN: The LTCOP works to resolve all cases within 60 days. This supports successful advocacy for residents' rights. Staff training, monthly reviews, and oversight of staff documentation are key in maintaining this high percentage.

ADULT PROTECTIVE SERVICES

Program Description, Purpose, and Objectives:

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

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

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	9,370.6		55.7	2,957.5	12,383.8	
300	5,826.8		442.8	1,926.3	8,195.9	143
400	821.4		5.0	250.0	1,076.4	
TOTAL	16,018.8		503.5	5,133.8	21,656.1	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	
200	8,421.4			2,400.00	10,821.4	
300	6,242.3			2,176.30	8,418.6	
400	721.4				721.4	
TOTAL	15,385.1			4,576.30	19,961.4	

APS Program Performance Measures:

1. Number of Adult Protective Services investigations of abuse, neglect, or exploitation.
2. Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes.
3. Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.
4. Number of outreach presentations conducted in the community within adult protective services' jurisdiction.
5. Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.
6. Number of referrals made to enrollments in home care and adult day care services resulting from an investigation of abuse, neglect, or exploitation.
7. Percentage of priority two investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames.
8. The percentage of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.
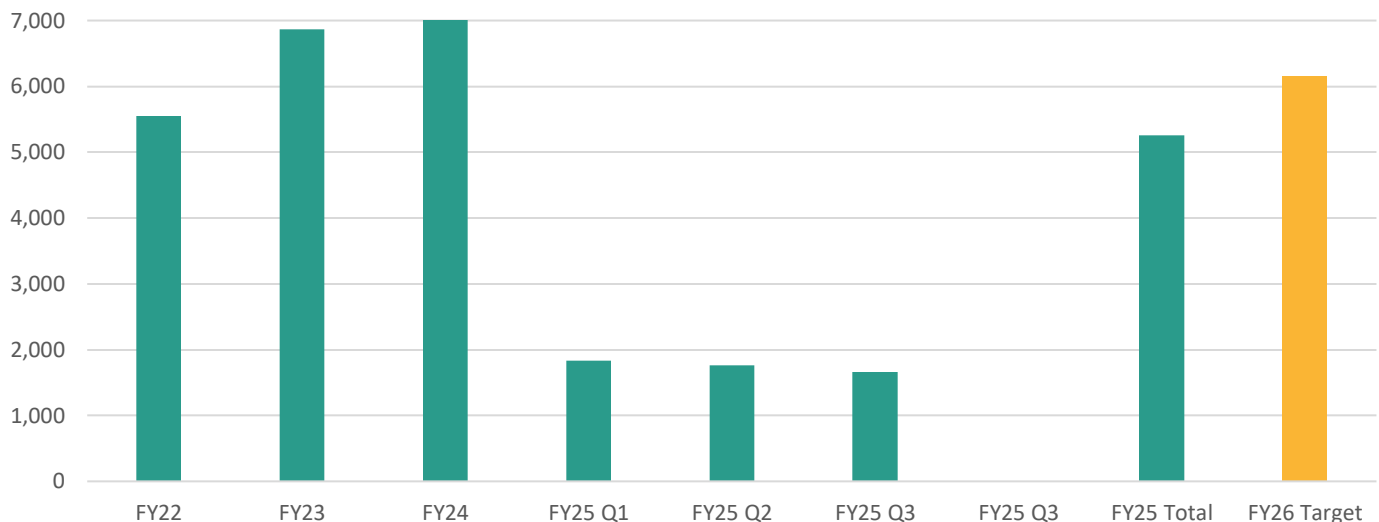
PERFORMANCE MEASURE #1

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
5,550	6,863	7,632	1,838	1,760	1,660		5258	6,150

Graph of Data Above

MEASURE DESCRIPTION: This measure is the number of investigations of abuse, neglect or exploitation initiated by Adult Protective Services in each time period (*e.g*., quarterly and/or annually).

DATA SOURCE/METHODOLOGY: Adult Protective Services staff utilize the WellSky Human Services Software system to maintain a database of investigation details. To gather information for this performance metric, APS relies on a report integrated within the WellSky Human Services Software system.   The agency is currently upgrading its software to 8.8.2, the latest version for the Wellsky database.

STORY BEHIND THE DATA: In Q3 FY25, APS conducted 1,660 investigations—a 4.5% decrease from the 1,738 investigations reported in Q2 FY25. Although this marks a continued downward trend, reports of abuse, neglect, exploitation, and self-neglect remain a steady reminder of the critical need for APS services. While the slight decrease is difficult to link to a specific cause, it's worth noting that Q3 includes the winter months—typically a time when colder weather and limited mobility may reduce the visibility of vulnerable adults to mandated reporters, potentially contributing to fewer reports that generate APS investigations.

IMPROVEMENT ACTION PLAN: Our agency remains continuously vigilant in maintaining a strong public presence. Regional managers actively lead public education efforts centered on referral methods, ensuring that community members are well-informed about how to report concerns and access critical resources. APS has also strengthened the cross-reporting processes to ensure consistency and accountability in investigations statewide, with supervisors closely overseeing timely responses. A 24-hour telephone reporting system guarantees uninterrupted access, further supported by experienced supervisors and managers who monitor and intervene when necessary. APS remains committed to continuous monitoring and refinement to maintain these high standards and respond proactively to any emerging trends or needs.
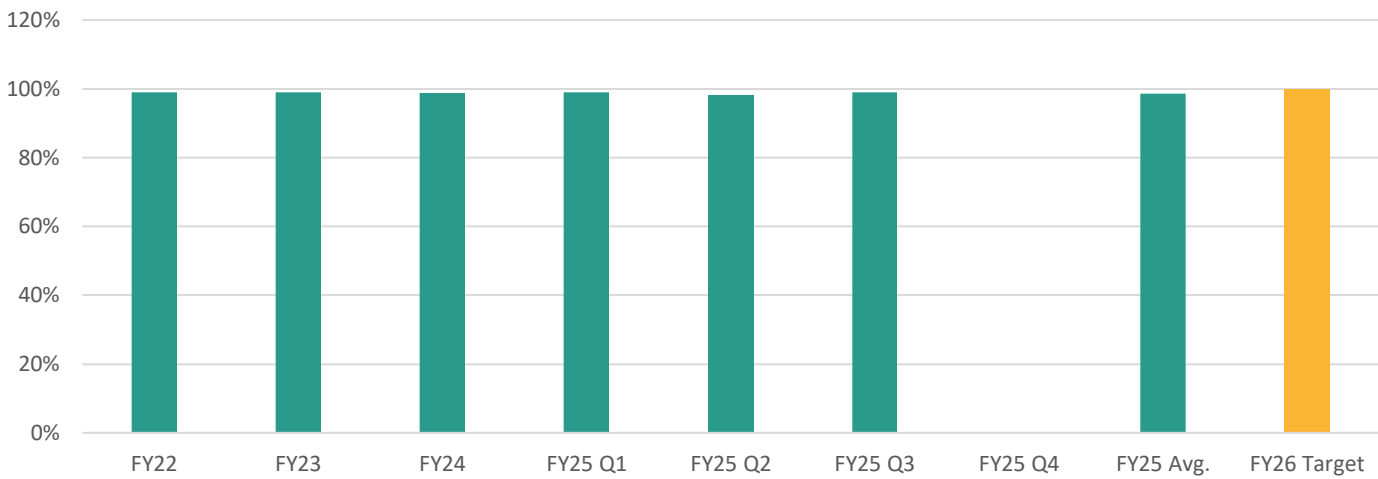
PERFORMANCE MEASURE #2

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
99%	99%	99%	99%	98%	99%		98.6%	100%

Graph of Data Above

MEASURE DESCRIPTION: This performance measure quantifies APS responsiveness to cases' prompt needs. Reports to APS are first assessed to determine priority. Cases assigned to "emergency priority" occur when there is an alleged victim in a situation of serious harm or danger of death from abuse or neglect. Cases assigned to "emergency priority" require an APS caseworker who conducts face-to-face contact with the alleged victim within three (3) hours of case assignment. Cases assigned a "priority one" status require an APS caseworker to make face-to-face contact within 24 hours of case assignment.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to manage investigation data. To gather data for this metric, APS utilizes a report within the software. The calculation for this measure involves averaging the emergency investigations responded to within three hours and priority one investigations within 24 hours, per specified timeframes (quarterly and annually).

STORY BEHIND THE DATA: In Q3, our on-time visit rate rose to 99%, an improvement from the 98% reported in Q2. This increase reflects both the easing of winter-related travel challenges—particularly in rural areas of New Mexico —and the positive impact of a slightly reduced caseload, which allowed for more efficient scheduling and response times. The 99% success rate in face-to-face meetings highlights APS's continued dedication to timely, effective engagement with clients statewide.

Investigators across all five regions remain available 24/7 to respond to reports of abuse, neglect, and exploitation. Regional managers and supervisors continue to play a key role in keeping field investigators on top of the timelines for meeting this measure. While it's not always possible for every caseworker to reach 100% immediately, quick follow-up actions are consistently taken to ensure client safety and well-being.

IMPROVEMENT ACTION PLAN: APS consistently meets its targets for timely face-to-face initiations, and proactive measures remain in place to maintain this performance. The agency is, however, committed to ongoing monitoring. It's important to note that sustaining our high initiation rates is uncertain. Persistent vacancies—both in large urban centers and rural areas—pose a significant risk to our agency's ability to perform its duties effectively. Our process depends on maintaining full staffing levels, and without adequate funding to fill these gaps, service delivery across all regions could be compromised.
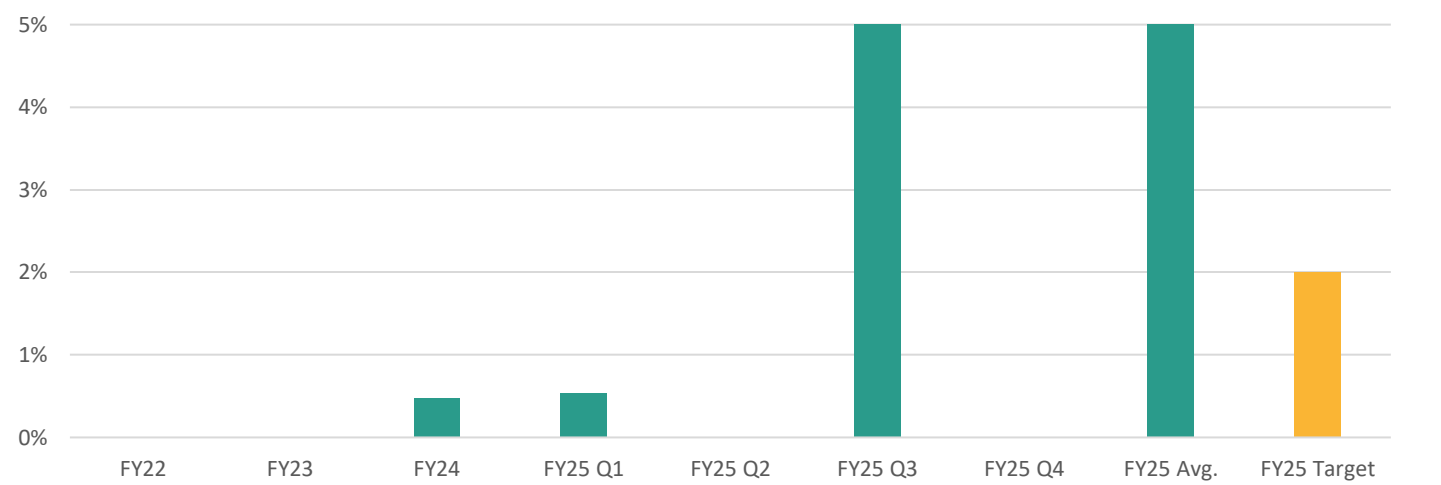
PERFORMANCE MEASURE #3

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
0%	0%	0.48%	.54%	0%	.31%		.46%	2%

Graph of Data Above

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

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to manage its investigation data. To gather data for this performance metric, APS utilizes a report within the WellSky Human Services Software system.
Currently, we are in the process of upgrading the software to the latest version offered by the vendor. This upgrade will provide APS with access to the most recent technology and software updates available.

STORY BEHIND THE DATA: In Q3 FY25, the repeat maltreatment rate was 0.31% among cases closed during the quarter, with two instances recorded. This metric is calculated based on investigations closed during Q3, regardless of when the original report was filed, and reflects continued strong performance following the 0% rate observed in Q2. During this quarter, APS processed 1,575 cases involving multiple allegations. Of these, 1,244 were unsubstantiated, and 329 allegations were substantiated. A total of 1,525 cases were fully completed, while only 2 resulted in no determination.

Self-neglect continues to pose a complex challenge, particularly among older adults striving to maintain independence while facing increasing care needs. APS's harm reduction model—supported by Title XX initiatives—plays a critical role in helping vulnerable adults safely remain in their homes. Strong community engagement and partnerships across the state further empower investigators to connect clients with long-term support and essential services.

IMPROVEMENT ACTION PLAN: No improvement plan is necessary, as the agency continues to do well in addressing repeat maltreatment. For Q3, the repeat maltreatment rate was still less than 1%, with only 2 cases identified—including those involving self-neglect, which is often a complex and recurring issue requiring ongoing attention. The agency continues to perform well in addressing abuse, neglect, and exploitation. The agency remains committed to ongoing monitoring to ensure continued success in managing these challenges.
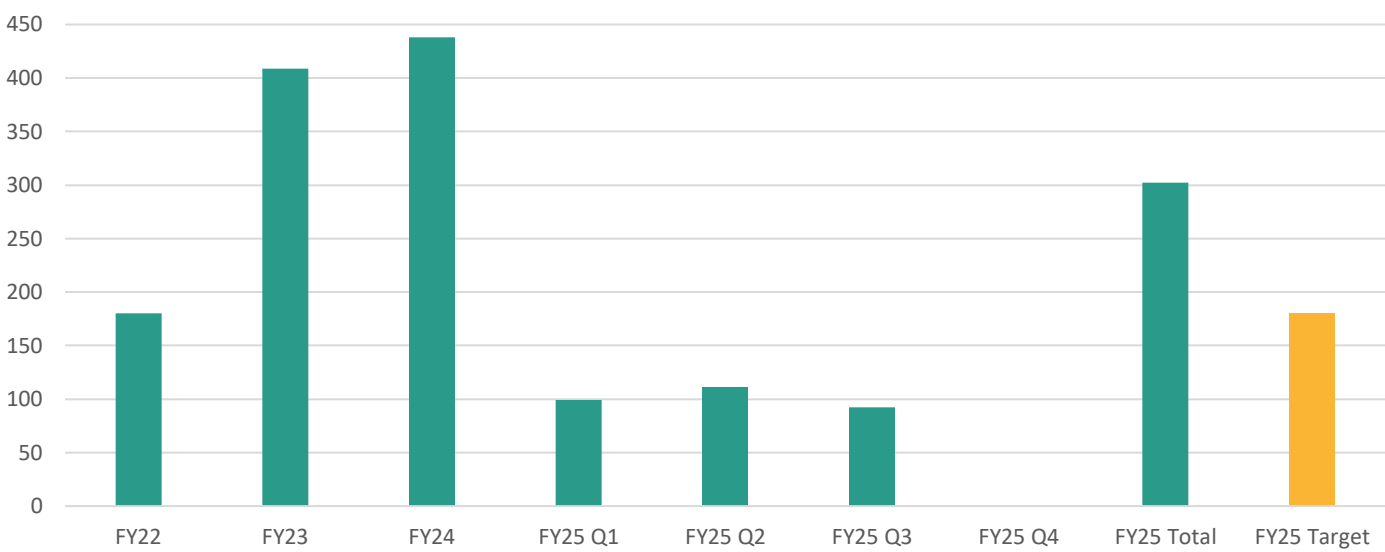
PERFORMANCE MEASURE #4

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
180	409	438	99	111	92		302	180

Graph of Data Above

MEASURE DESCRIPTION: The number of outreach presentations conducted by APS staff in communities that align with APS jurisdiction.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to manage its investigative data. To gather data for this performance measure, APS utilizes a report within the WellSky Human Services Software system. Additionally, staff reports are used to quantify community outreach presentations.

STORY BEHIND THE DATA: In Q3 FY25, APS conducted 92 outreach presentations across all regions—a decrease from the 111 presentations held in Q2. While this represents a slight dip, APS remains on target. These outreach efforts continue to be a vital part of fostering community awareness and encouraging early intervention. Presentations are tailored to engage stakeholders—including service providers, local agencies, and the general public—by providing education on the APS intake process, reporting methods, and our broader mission. Through these ongoing partnerships and community-based strategies, APS seeks to reduce instances of repeat maltreatment and strengthen protections for New Mexico's vulnerable adults.

IMPROVEMENT ACTION PLAN: The agency as a whole has demonstrated great performance in outreach efforts, far exceeding the expected yearly target of 180 outreach events. The agency's proactive approach to community outreach and education, particularly in rural areas, has proven highly effective in fostering community responsibility and addressing critical issues such as self-neglect.
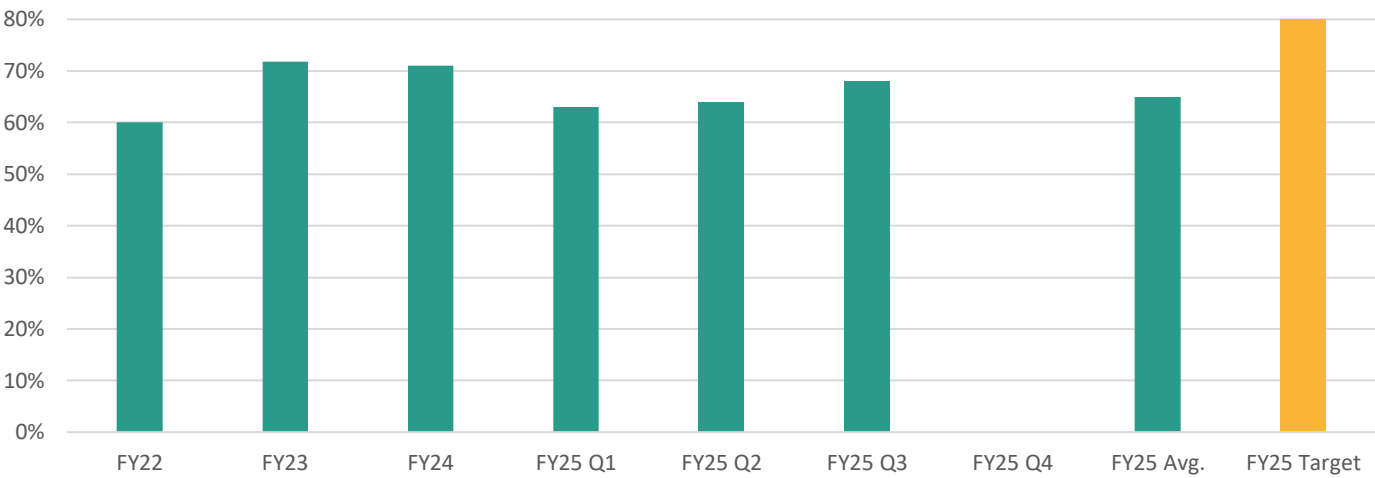
PERFORMANCE MEASURE #5

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
60%	72%	71%	63%	64%	68%		65%	80%

Graph of Data Above

MEASURE DESCRIPTION: This measure is quantified using the number of contractor referrals in which services were implemented (numerator) within two weeks divided by the total number of referrals (denominator).

DATA SOURCE/METHODOLOGY: Regional managers receive reports from the Community Engagement Specialists (CES) that detail the ongoing progress of Title XX initiatives. These reports include updates on the referrals sent to vendors in their respective regional areas within the state, providing a comprehensive overview of the program's effectiveness and reach.

STORY BEHIND THE DATA: In Q3 FY25, the rate of initiating services within two weeks rose to 68%, reflecting a modest improvement over the previous quarter. While progress has been made, challenges remain—including a continued shortage of caregivers, difficulty securing available staff in rural areas, and occasional delays due to client scheduling conflicts.

Our agency continues to effectively connect at-risk individuals with essential supports, such as home care, personal care, and other in-home services. With Title XX services remaining active, cases are kept open, which allows community engagement specialists and vendors to perform regular follow-ups. This ongoing contact not only ensures client safety but also facilitates informed decisions about transitioning to higher levels of care when necessary and acceptable to the client.

IMPROVEMENT ACTION PLAN: APS supervisors will improve on further collaboration with regional homecare and chore service providers to ensure an efficient delivery service. Through weekly meetings with providers, APS supervisors and field staff address

any questions regarding client access and specific service needs. These regular check-ins ensure timely responses and support providers in fulfilling their commitments to both APS and shared clients. Regional providers are also working to expand their homecare staff through recruitment events. APS is currently assessing all contracts and conducting follow-ups to ensure contractors comply with contractual requirements and timelines.
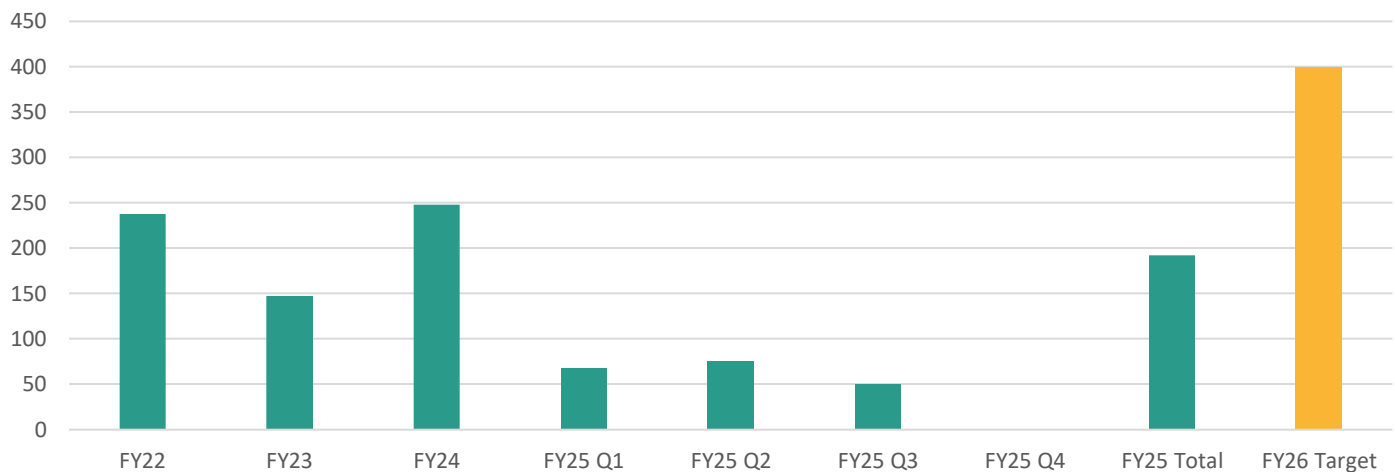
PERFORMANCE MEASURE #6

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
238	147	248	68	75	50		193	400

Graph of Data Above

MEASURE DESCRIPTION: This measure identifies the number of referrals and enrollments into home care and adult day services, resulting from an APS investigation regarding abuse, neglect, or exploitation.

DATA SOURCE/METHODOLOGY: Regional managers work closely with field staff to gather referrals from investigators, assessing the need for services to uphold self-determination. They maintain spreadsheets to track referrals received from staff. This data is also documented in the WellSky system, which records services and referrals to vendors. However, direct tracking of these referrals within the system is limited, relying on narrative entries and completion of active date fields during investigations. As a result, managers rely on spreadsheets for more detailed tracking.

STORY BEHIND THE DATA: In Q3 FY25, APS investigators made 50 Title XX referrals, representing approximately 3% of all investigations. Although this is slightly below the typical quarterly average of 100 referrals, the trend aligns with patterns observed in other states, where flexible care options are increasingly available.

One key factor contributing to the lower referral volume is the continued growth of programs like HCBS - Waiver, which offer individuals greater coverage for services. APS also had a stop of services/referrals during the month of February due to the need for amendments to contracts.

IMPROVEMENT ACTION PLAN: To boost Title XX referrals for individuals facing abuse, neglect, exploitation, or self-neglect, APS is focusing on personalized care that meets each client's unique needs. Investigators are dedicated to sharing complete information about all available services so clients can make well-informed decisions about the programs that best suit them. Gap analysis on what those challenges and contract compliance.

Supervisors will continue to provide focused support to staff, ensuring that every client interaction includes a detailed review of relevant services. Enhanced training, routine case evaluations, and regular feedback sessions further strengthen these efforts. Additionally, APS will perform internal audits to monitor progress and refine strategies, ensuring that every person receives prompt, appropriate care tailored to their situation. This adaptive process, informed by ongoing data analysis, will help APS more effectively connect vulnerable individuals with the vital services they need.
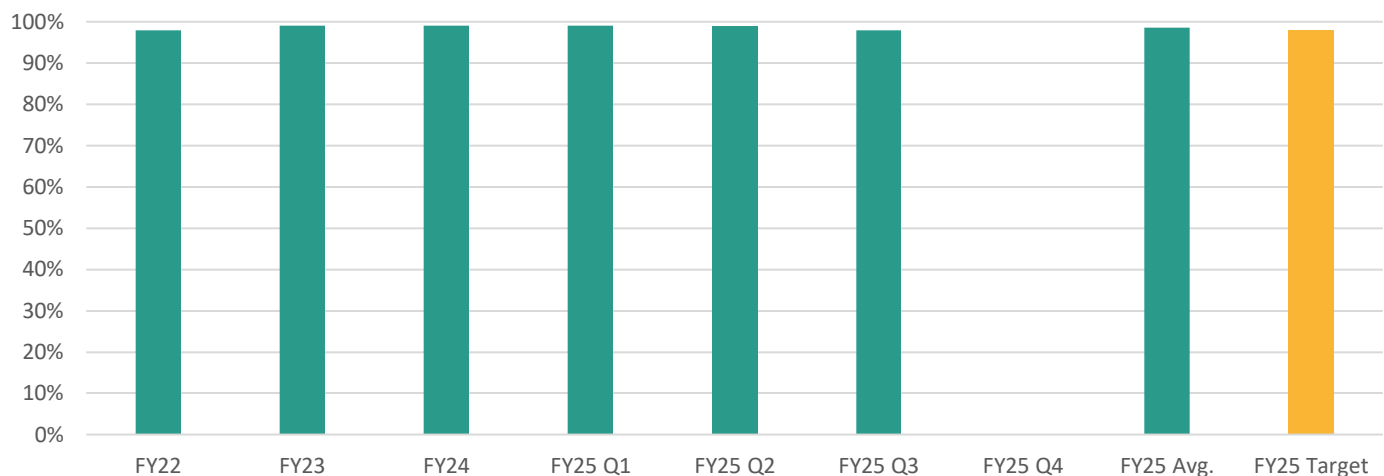
PERFORMANCE MEASURE #7

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
98%	99%	99%	99%	99%	98%		98.6%	98%

Graph of Data Above

MEASURE DESCRIPTION: Percentage of "priority two" investigations, where a case worker has made initial face-to-face contact with the alleged victim within the priority two investigative time frames. A "priority two" investigation is assigned no later than 24 hours from the time the referral is received and face to face contact with the alleged victim must be made no later than five calendar days after having been received by the screening supervisor.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to efficiently manage investigation data. For this metric, APS extracts information from a designated report within the software.

The calculation involves averaging the number of investigations responded to within 5 days, offering insight into APS's promptness in addressing urgent cases. This process is conducted on a demand basis, allowing leadership to assess the effectiveness of approaches in meeting the needs of vulnerable clients.

STORY BEHIND THE: In Q3 FY25, APS achieved a 98% success rate in timely case initiations, with 1,414 cases initiated within the required timeframe. This performance reflects continued alignment with APS's standards for prompt response, particularly in handling Priority 2 reports. Adult Protective Services categorizes reports based on urgency. Priority 2 reports require APS to initiate an investigation and establish face-to-face contact with the alleged victim within five calendar days. Unlike Emergency and Priority 1

cases, which require immediate or next-day action, Priority 2 cases allow for slightly more time to prepare—enabling caseworkers to strategize with supervisors, coordinate effectively, and plan appropriate responses.

Priority 2 continues to represent the majority of APS cases, underscoring the importance of structured, timely engagement. The slight decrease from Q2's 99% on-time rate does not diminish APS's overall responsiveness. Instead, it highlights the ongoing balance between maintaining high performance while managing a substantial volume of cases with varying levels of urgency.

IMPROVEMENT ACTION PLAN: APS continues to prioritize Priority 2 investigations, consistently achieving a 98% initiation rate. Our field teams work diligently to ensure rapid responses to referrals, thereby protecting those at risk. Proactive recruitment efforts have been key to maintaining this standard by filling vacancies and bolstering our resource capacity through comprehensive training and a dedicated workforce. This strong foundation enables APS to have exceptional service standards in addressing abuse, neglect, exploitation, and self-neglect—without the need for an improvement plan.
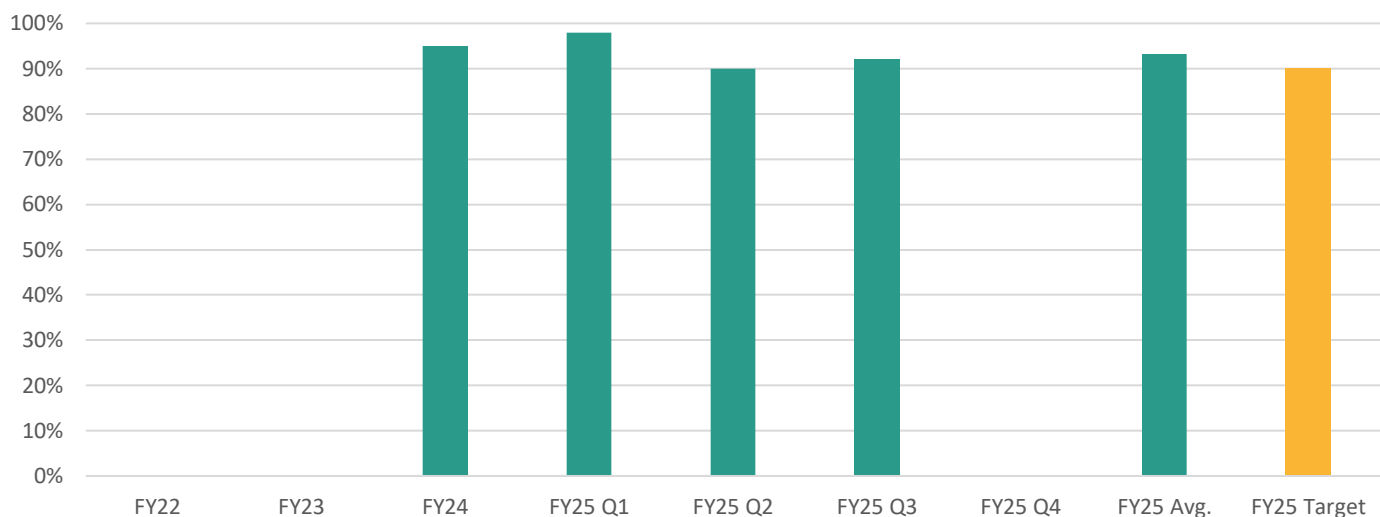
PERFORMANCE MEASURE #8

The percent of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
N/A	N/A	95%	98%	90%	92%		93.3%	90%

Graph of Data Above

MEASURE DESCRIPTION: This measure quantifies the percentage of consumers who, after being provided with referrals to home services, are successfully engaged with ALTSD's recommended services and remained in a community setting (non-institutionalized) for at least six months. The prolonged stay of a consumer in a community setting depends on their regular access to and use of the designated services, crucial for their ongoing safety and well-being.

DATA SOURCE/METHODOLOGY: Adult Protective Services (APS) utilizes the "Title XX Tracker System" to collect critical data for performance metrics. The procedure involves Community Engagement Specialists (CES) who stay in touch with consumers or their representatives as part of an ongoing service plan. This ensures continued monitoring after services begin, to verify whether consumers remain in the community or move to a long-term care facility. CES carefully document these details in the Title XX System, creating a comprehensive record of consumer referrals and their interactions with services.

STORY BEHIND THE DATA: Title XX services provide in-home support such as personal care, homemaker assistance, and adult day

care to help vulnerable adults remain safely in their communities and avoid premature placement in long-term care. These services are coordinated through APS and external vendors, with Community Engagement (CES) staff playing a key role in facilitating access and monitoring client progress. CES staff are essential to maintaining client contact and updating the Title XX Tracker. Over the past six months, including Q3 FY25, 88 individuals were referred to Title XX, and seven transitioned to long-term care.

IMPROVEMENT ACTION PLAN: To improve reporting accuracy and service quality, APS is implementing the following strategies:

- Assign CES staff to ensure real-time tracking, timely updates, vendor coordination, accurate monitoring of LTC transitions and client support.
- Enhance CES training and support.
- Provide focused training on timely documentation and streamline workflows to reduce administrative burden and improve data consistency.
- Conduct regular data audits.
- Perform quarterly audits to identify unclosed or incomplete cases and correct reporting gaps.

These steps will improve the reliability of the Title XX Tracker, ensure better oversight, and strengthen care outcomes for vulnerable adults in New Mexico.

AGING NETWORK

Program Description, Purpose, and Objectives: The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB); Aging Network (contract monitoring of federal and state Older Americans Act services), AmeriCorps Seniors Volunteer Program (Foster Grandparent (FGP), Senior Companion Program (SCP), Retired and Senior Volunteer Program (RSVP); and Senior Employment Programs (SEP/SCSEP)). Additionally, the budgets for the Office of Alzheimer's and Dementia Care as well as the Office of Indian Elder Affairs (OIEA) and Capital Outlay are under AND.

The Aging Network serves older adults, people with disabilities, families, and caregivers through contracts with the New Mexico Area Agencies on Aging (AAAs) and tribes, pueblos, and nations for support services provided primarily by networks of community-based programs through services include but are not limited to congregate and home-delivered meals, homemaker assistance, transportation, promoting evidence-based programs and practices, enhancing diversity and cultural competency, improving quality of services, and targeting employment initiatives as a critical part of community inclusion to access meaningful and integrated employment to support independent living.

The Aging Network Division (AND) also serves older adults, people with disabilities, families, children, and caregivers through contractual agreements with the AmeriCorps Seniors Volunteer Programs for the provision of supportive services.

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,682.6	34.5	455.3		2,172.4	
300	1,810.7	10.0	119.2		1,939.9	
400	42,596.9	71.3	11,450.1		54,118.3	31
TOTAL	46,090.2	115.8	12,024.6		58,230.6	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,067.8	34.5	555.3		1,657.6	
300	1,410.7	10.0	119.2		1,539.9	24
400	38,576.9	71.3	11,142.5		49,790.7	
TOTAL	41,055.4	115.8	11,817.0		52,988.2	

Program Performance Measures:

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

Please note that during FY2025 Quarter 1, fires, flooding, power outages impacted 3 New Mexico counties (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, Village of Ruidoso Downs, and flooding in San Miguel) providing services.
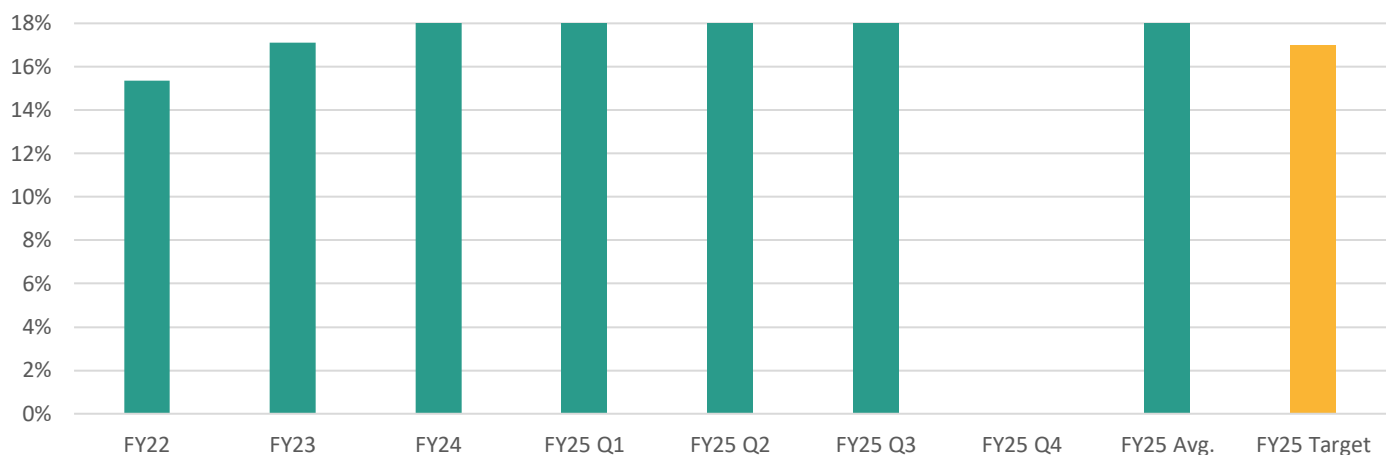
PERFORMANCE MEASURE #1

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY25 Target
15%	17%	20%	21%	29%	25%		25%	17%

Graph of Data Above

MEASURE DESCRIPTION: This measure quantifies the percentage of older adults and people with disabilities benefiting from Aging Network meal services (denominator) who are determined to have "high nutritional risk" (numerator).

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Elder Affairs compile the data for performance measure reporting. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers. Thus, the Q1 total for this measure includes PSAs 1–4 and PSA 6 and does not include data from PSA-5 (the Navajo Nation).

Nutritional risk is determined for those currently receiving nutritional services (specifically, congregate or home delivered meals); "high nutritional risk" is determined for those who score 6 or higher on the nutritional assessment section of the state required state needs assessment, based on ACL/OAA and New Mexico Administrative Code (NMAC) regulations.

STORY BEHIND THE DATA: For FY25 Q3, the Aging Network Division exceeded the FY26 target by 8.21%.

IMPROVEMENT ACTION PLAN: The Aging Network Division is in the final stages of implementing the Universal Consumer Assessment Tool (UCIT) with AAAs and Title III service providers, which will automate data collection the aging network. The UCIT

includes a "Nutrition Risk Screening", a mandatory field to complete the survey. With the implementation of the UCIT, the Division expects an increase in the future to identify those older adults nutritionally at-risk.

| Action	Responsible Entity(ies)	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Bi-annually

PERFORMANCE MEASURE #2

Number of hours of services provided by senior volunteers, statewide

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
733,910	472,250	454,772	133,168	152,291	152,121		437,580	745,000

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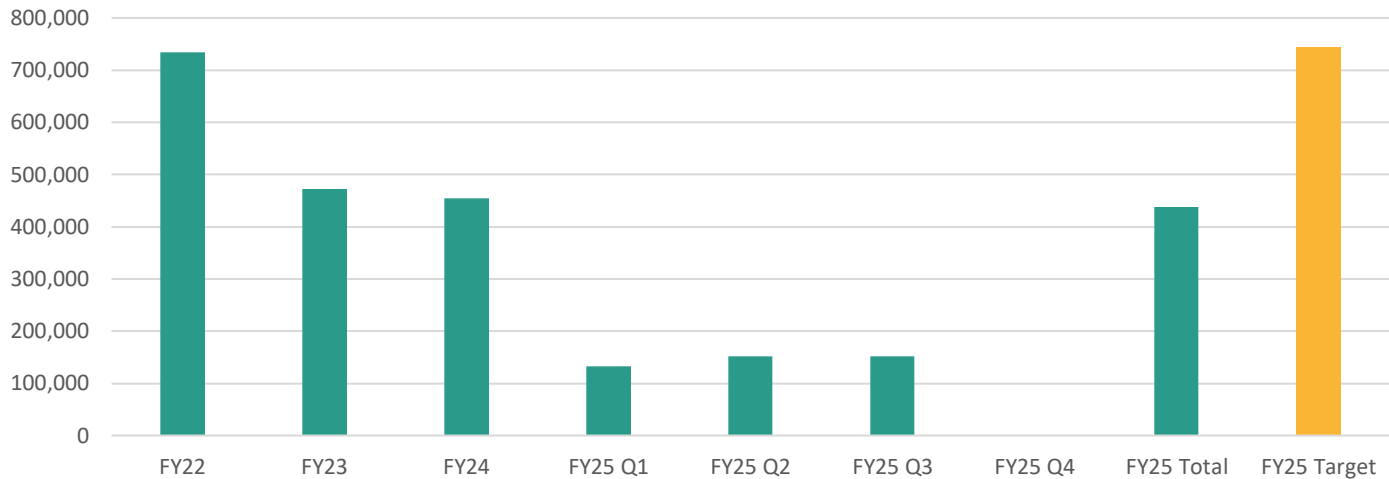
MEASURE DESCRIPTION: This measure quantifies the number of hours provided by New Mexico senior volunteers in the following AmeriCorps Seniors Programs: Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the Retired and Senior Volunteer Program (RSVP) grantees.

DATA SOURCE/METHODOLOGY: New Mexico providers participating in the AmeriCorps Seniors FGP, SCP, and RSVP submit data to AND's Senior Services Bureau. Subsequently, bureau staff perform quality assurance approaches to verify data submitted by the providers. In the unlikely event the provider does not provide their data during the applicable quarter, those data are reported in the next state fiscal quarter.

STORY BEHIND THE DATA: The data reflects Care Companion Program volunteer hours (volunteers providing companionship to long-term care residents) and volunteer driver program currently being provided five counties. Senior volunteerism benefit not only recipients but also volunteers. For example, recent survey data collected from AmeriCorps Seniors show 84% of volunteers report improved or stable health, 88% of volunteers reported a decrease in feelings of isolation, and 78% of volunteers felt less depressed.

Please note that during FY2025 Quarter 1, fires, flooding, power outages impacted 3 New Mexico counties (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, Village of Ruidoso Downs, and flooding in San Miguel) providing services.

IMPROVEMENT ACTION PLAN: ALTSD has prioritized volunteer recruitment as a major initiative in the agency's strategic plan. These initiatives include targeted marketing campaigns and specific or required training and retention activities.

PERFORMANCE MEASURE #3

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
802	764	986	178	176	203		557	800

Graph of Data Above
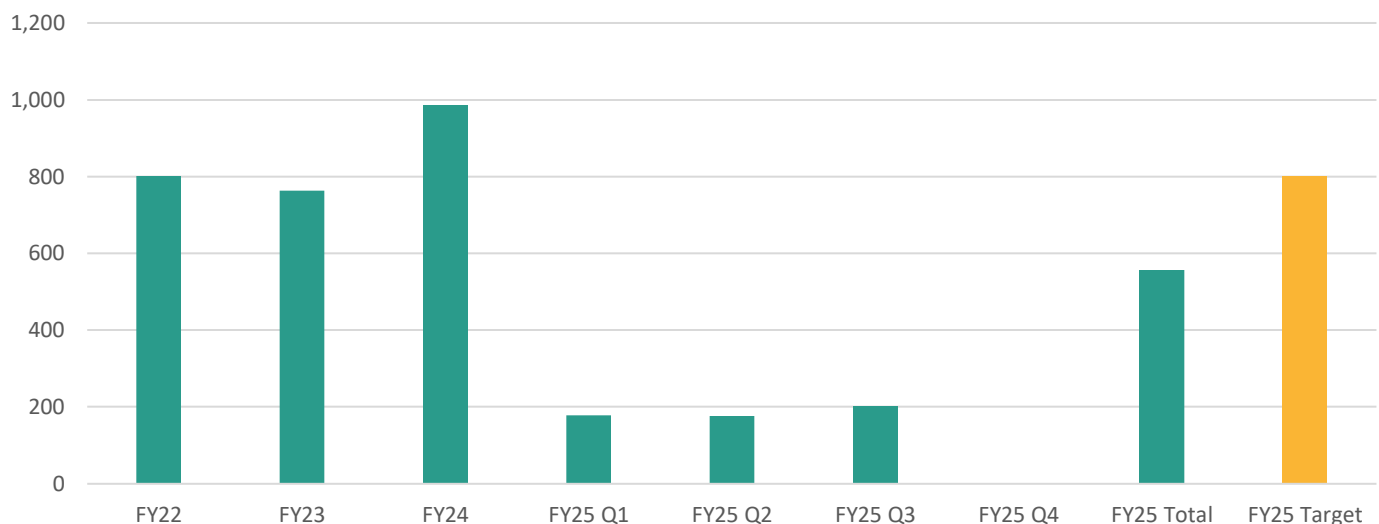
MEASURE DESCRIPTION: This measure quantifies the number of outreach events disseminated to the public. During these outreach events, ALTSD staff disseminate information regarding the types and availability of services provided by the Aging Network.

DATA SOURCE/METHODOLOGY: The Aging Network Division collects the number of outreach events provided by program providers; State Program Report Outreach Events; ALTSD's Consumer and Elder Rights Division (CERD); and ALTSD's Long-Term Care Ombudsman Program (LTCOP). Subsequently, all outreach events regarding the types and availability of services provided by the Aging Network are included in the total number of events per time-period. The Q1 total for this measure includes PSAs 1–4, PSAs 5 and 6.

STORY BEHIND THE DATA: During FY25 Q3, the Aging Network performed 203 outreach events (including provider volunteer outreach events). Outreach modes to the public may be in-person or virtual. Modes of outreach not included in these totals include Aging Network service outreach via websites, quarterly magazine, social media, newspapers, radio, and television. Specific outreach activities include recruitment of persons who may benefit from internal and contracted services as well as providing presentations or disseminating materials for distribution through religious, civic, educational groups or schools, local employers, senior centers, senior nutritional meal sites, and other agencies and organizations frequented by older adults.

IMPROVEMENT ACTION PLAN: ALTSD works across divisions in the agency to ensure the populations we serve are provided with relevant, current, and applicable information.
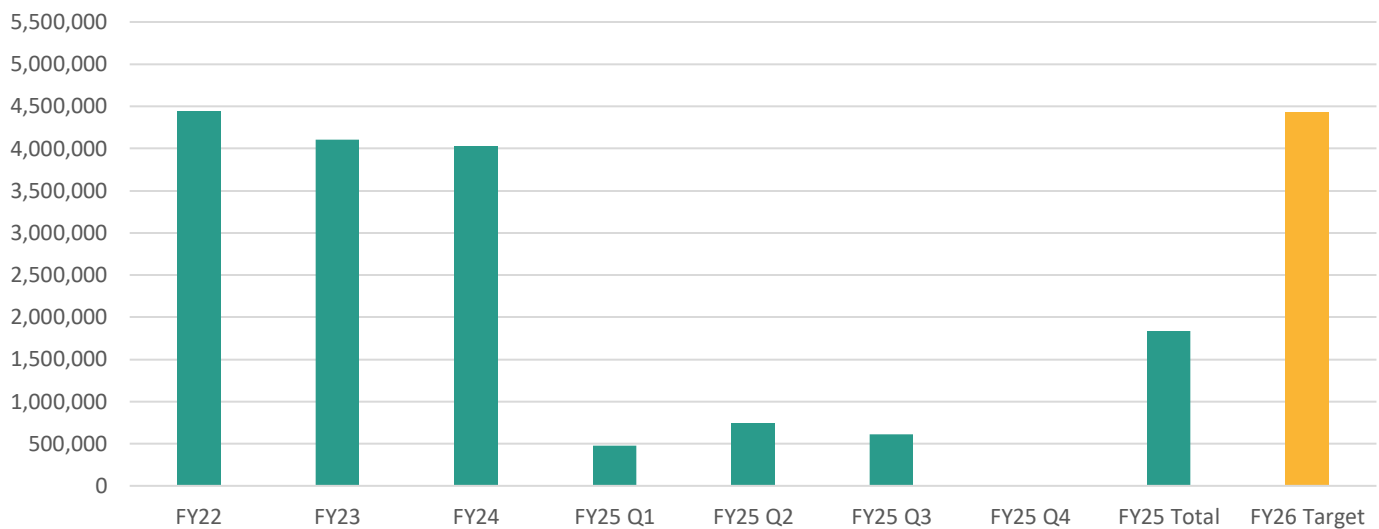
PERFORMANCE MEASURE #4

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q2	FY25 Q3	FY25 Total	FY25 Target
4,443,066	4,105,279	4,020,390	478,048	744,110	610,768		1,832,926	4,430,000

Graph of Data Above

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

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Indian Elder Affairs compile the data for performance measure reporting. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers. Thus, the Q3 total for this measure includes data collected from PSAs 1–4, PSAs 5 and 6.

STORY BEHIND THE DATA: AND carefully considered each destination type for the metrics for performance measure 2,4,5 and 6 to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as an increase in services. AND will count outcomes, so the measure only includes services provided to clients. AND's target focus remains on providing high quality services to the older adults in New Mexico. It is important to note that measure include situation that are not permanent but may still be an improvement from the former status, as providers address emergent

situations in services and older adults served. AND will encourages thoughtful decisions about how to evaluate the measures and services for specific subpopulations to determine outcomes that are most appropriate for those subpopulations (grandparents raising grandchildren). The Wellsky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measures reported in the database. This data doesn't reflect the total meals served for Shiprock, CrownPoint, or Fort Defiance.

FY25 Quarter 3 data includes 102,622 additional meals that were provided to older adults during Quarter 2 (10/1/24 to 12/31/24) but were entered in the database after the Quarter 2 data reports were finalized.

- The number of Quarter 3 meals provided = 508,146
- The additional meals that were served in Quarter 2 = 102,622
- Quarter 3 Total meals entered = 610,768

IMPROVEMENT ACTION PLAN: Strategies for increasing client services and improving performance measure outcomes are to:

- Provide additional Older American Act training
- Expand targeted outreach
- Increase client registration
- Apply a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of data.

| Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
136,426	223,938	265,565	59,806	57,319	60,519		177,644	300,000

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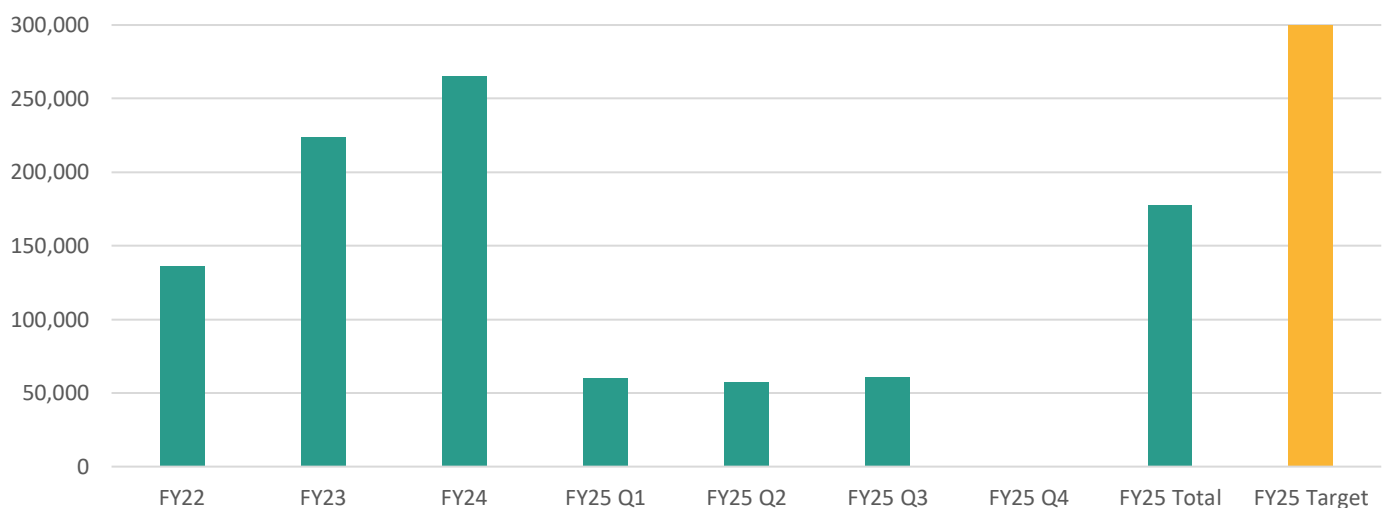
MEASURE DESCRIPTION: This measure quantifies transportation service units for older adults and adults with disabilities. One unit of service represents a one-way trip provided to an older adult or a person with a disability.

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

STORY BEHIND THE DATA: Transportation services allow for older adults with limited mobility to access community-based services such as attend medical appointments, conduct business at the bank and post office, purchase groceries, and perform other essential tasks associated with daily living.

IMPROVEMENT ACTION PLAN: ALTSD has developed a grant program for the AAA's and providers to increase and promote transportation services across the state. This is in its early stages and ALTSD anticipates being able to include the outcomes beginning in Q3.

| Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY25 Target
104,730	196,246	222,922	68,508	61,943	62,895		193,346	167,000

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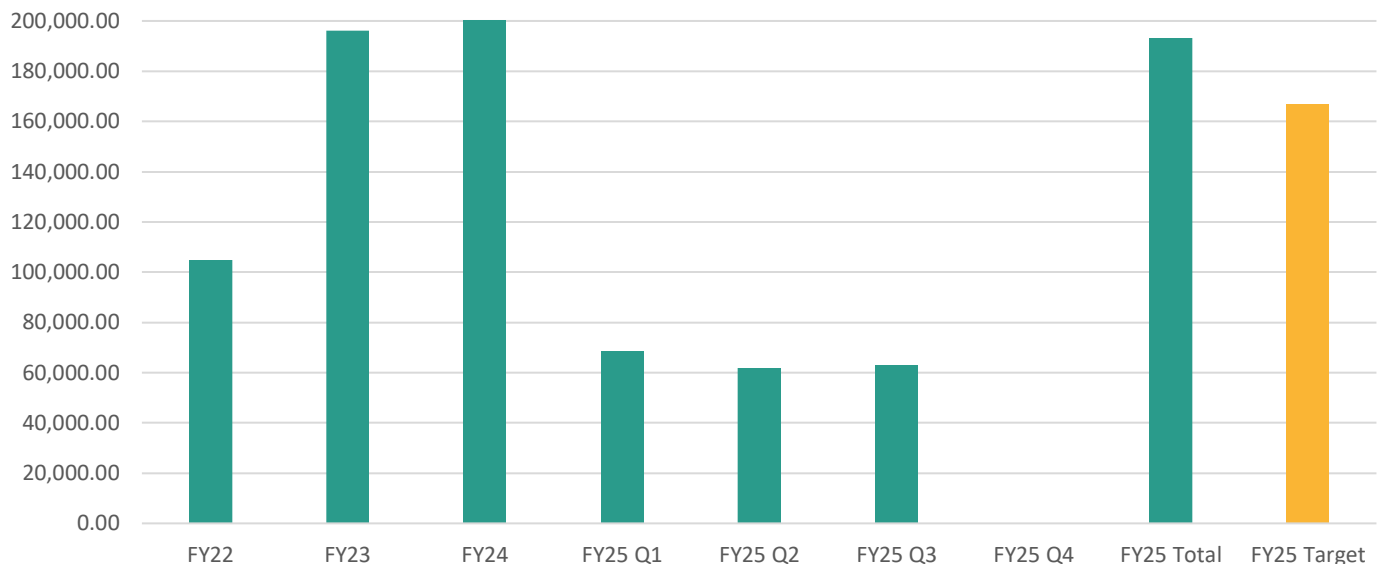
MEASURE DESCRIPTION: Caregiver support is a strategic priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services. The description of this measure expanded in FY23 to include training, counseling, and support groups, to reflect the wide array of support services more comprehensively provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. As of FY24 Q1, data for this measure no longer includes services provided by the New Mexico Chapter Alzheimer's Association or by ALTSD's ADRC Caregiver Information Services; therefore, data for this measure collected during FY21, FY22, and FY23 should not be compared to data collected during FY24.

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

Caregiver Service Category	SFY Quarter 1 Hours, by Caregiver Service Category	SFY Quarter 2 Hours, by Caregiver Service Category	SFY Quarter 3 Hours, by Caregiver Service Category	SFY Quarter 4 Hours, By Caregiver Service Category
Respite Care	25,212			
Adult Day Care	22,215			
Homemaker	19,224			
Other Support Services	5,251			
Total	68,508			

STORY BEHIND THE DATA: Caregiver support is a strategic priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services.

IMPROVEMENT ACTION PLAN:

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly