



FY26 Quarter #4 Performance Report

April - June 2026

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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 five primary goals for FY26 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: Promote equity and well-being for older adults with greatest economic and social need across New Mexico by responding to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.

Goal 3: Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings and preserving the rights and autonomy of older New Mexicans.

Goal 4: Assist Tribes, Pueblos and Nations in accessing Title III funding and enhance coordination between Title III and Title VI programs.

Goal 5: Develop internal behavioral health supports to help staff reduce secondary trauma while serving seniors with complex needs.

AGENCY PROGRAMS:

CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM	PROGRAM CODE: P592
ADULT PROTECTIVE SERVICES DIVISION	PROGRAM CODE: P593
AGING NETWORK DIVISION	PROGRAM CODE: P594
LONG-TERM CARE DIVISION	PROGRAM CODE: P595

FY26 END-OF-YEAR EXECUTIVE SUMMARY

During Fiscal Year 2026, the New Mexico Aging and Long-Term Services Department (ALTSD) continued to advance its mission of supporting older adults, adults with disabilities, caregivers, and vulnerable populations through high-quality services, consumer protection, and community-based supports. Despite workforce shortages, increasing service demands, and the implementation of several new initiatives, each division demonstrated a strong commitment to improving outcomes for New Mexicans while maintaining accountability and operational excellence.

Consumer and Elder Rights Division (CERD)

The Consumer and Elder Rights Division remained the primary point of entry for older adults and individuals seeking information, referral, and options counseling services statewide. Throughout FY26, the Aging and Disability Resource Center (ADRC) maintained exceptional responsiveness despite operating with several vacant Options Counselor positions and a supervisor vacancy for much of the year.

During the first quarter alone, the ADRC answered 8,325 of 8,857 incoming calls with a live operator, achieving a 94 percent live response rate. Call volume remained consistent throughout the remainder of the fiscal year, averaging approximately 125–131 calls per day. The addition of Customer Care Agents during the second half of the year helped improve triage and allowed Options Counselors to focus on more complex consumer needs.

Consumer satisfaction remained strong, with approximately 80 percent of individuals surveyed reporting they were satisfied or very satisfied with the services they received and the division's impact on improving quality of life and decision-making. These results demonstrate CERD's continued ability to provide timely, person-centered assistance despite staffing constraints and increasing demand.

Long-Term Care Ombudsman Program (LTCOP)

The Long-Term Care Ombudsman Program continued protecting the rights of residents living in long-term care facilities through advocacy, complaint investigation, and education.

During FY26, the program maintained an outstanding complaint resolution rate, resolving approximately 88 percent of complaints within sixty days. In addition, during the fourth quarter, the Ombudsman Program successfully resolved 89 percent of discharge- and transfer-related complaints to the satisfaction of residents or their representatives.

Recognizing the risks associated with improper discharges, the program expanded education for both ombudsmen and long-term care facilities, developed standardized discharge guidance, and began implementing a centralized notification process that will improve timeliness of advocacy and strengthen resident protections moving forward.

Adult Protective Services Division (APS)

Adult Protective Services continued to provide critical protection for vulnerable adults by ensuring timely responses to reports of abuse, neglect, and exploitation throughout New Mexico.

Although APS narrowly missed its FY26 target of 100 percent on-time investigation initiations, the division achieved an impressive annual average of 98 percent. This performance reflects the dedication of

investigative staff who maintained statewide emergency response coverage while managing vacancies in several high-volume regions.

APS leadership continued to use workload and performance data to prioritize staffing, strengthen recruitment efforts, and support person-centered and victim-centered practices. The division's ability to maintain around-the-clock response capability while sustaining high levels of performance demonstrates its commitment to protecting vulnerable adults across all five service regions.

Aging Network Division (AND)

The Aging Network Division continued delivering essential Older Americans Act services through senior centers, nutrition programs, caregiver supports, transportation, volunteer services, and senior employment programs.

The division's senior employment performance measure reflects ongoing efforts to assist older adults in transitioning from subsidized employment into unsubsidized work. While annual outcomes indicate continued opportunities for improvement, the program remains focused on increasing workforce participation, supporting economic self-sufficiency, and strengthening employment opportunities for older New Mexicans.

Beyond employment outcomes, the Aging Network continues to serve as the backbone of community-based aging services statewide, supporting independence and helping older adults remain healthy and engaged within their communities.

Long-Term Care Division (LTC)

FY26 marked an important transition year for the Long-Term Care Division as it implemented new initiatives and established baseline performance measures for emerging programs, including New MexiCare.

Because several programs were newly implemented, FY26 primarily focused on establishing foundational data collection processes rather than reporting outcome performance. Beginning in FY27, the division will formally track caregiver confidence following training through the New MexiCare program, providing meaningful outcome data to evaluate caregiver preparedness and program effectiveness.

The division's work during FY26 positioned these new initiatives for future performance measurement and continuous quality improvement.

Overall FY26 Highlights

Across all divisions, FY26 demonstrated ALTSD's continued commitment to serving New Mexico's aging population through responsive customer service, protective services, advocacy, and community-based supports. Significant accomplishments included:

- Maintaining a 94% live-answer rate for ADRC calls despite staffing shortages.
- Achieving approximately 80% consumer satisfaction with CERD services.
- Sustaining a 98% on-time response rate for APS emergency and Priority One investigations.
- Resolving approximately 88% of Ombudsman complaints within sixty days while strengthening resident discharge protections.

- Establishing baseline performance measures for new Long-Term Care initiatives that will support future outcome evaluation.
- Continuing partnerships that expand access to nutrition and supportive services for Tribal elders.

Looking Ahead to FY27

ALTSD enters FY27 focused on strengthening workforce capacity, revising performance measurement, and implementing innovative programs that improve outcomes for older adults and caregivers. Priorities include:

- Filling critical vacancies to improve service delivery across multiple divisions.
- Expanding technology solutions that improve consumer access and efficiency.
- Launching new outcome-focused performance measures for many ALTSD programs.
- Continuing to strengthen person-centered, victim-centered, and culturally responsive services.
- Using performance data to drive continuous quality improvement and demonstrate measurable outcomes for New Mexico residents.

Together, these efforts position ALTSD to continue advancing its mission of helping older New Mexicans age with dignity, independence, and choice while ensuring vulnerable adults receive the protection, advocacy, and services they need.

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)
- Prescription Drug Assistance Program
- Medicare Improvement for Patients and Providers Act (MIPPA) Program

The Long-Term Care Ombudsman Program (LTCOP) is federally and state-mandated to provide independent oversight and advocacy services to residents in New Mexico’s long-term care facilities. The program advocates for the recognition, respect, and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. Highly skilled 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):

FY26 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employees
200	2,974.7		1,151.3	900.0	5,026.0	55
300	310.0		111.0		421.0	
400	244.6		609.5		854.1	
TOTAL	3,529.3		1,871.8	900.0	6,301.1	

FY25 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employees
200	1,895.7		1,151.3	900.0	3,947.0	53
300	10.0		111.0		121.0	
400	244.6		609.5		854.1	
TOTAL	2,150.30		1,871.8	900.0	4,922.1	

CERD and LTCOP 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 individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
5. Percentage of facilities visited monthly.
6. Percent of ombudsman complaints resolved within sixty days.

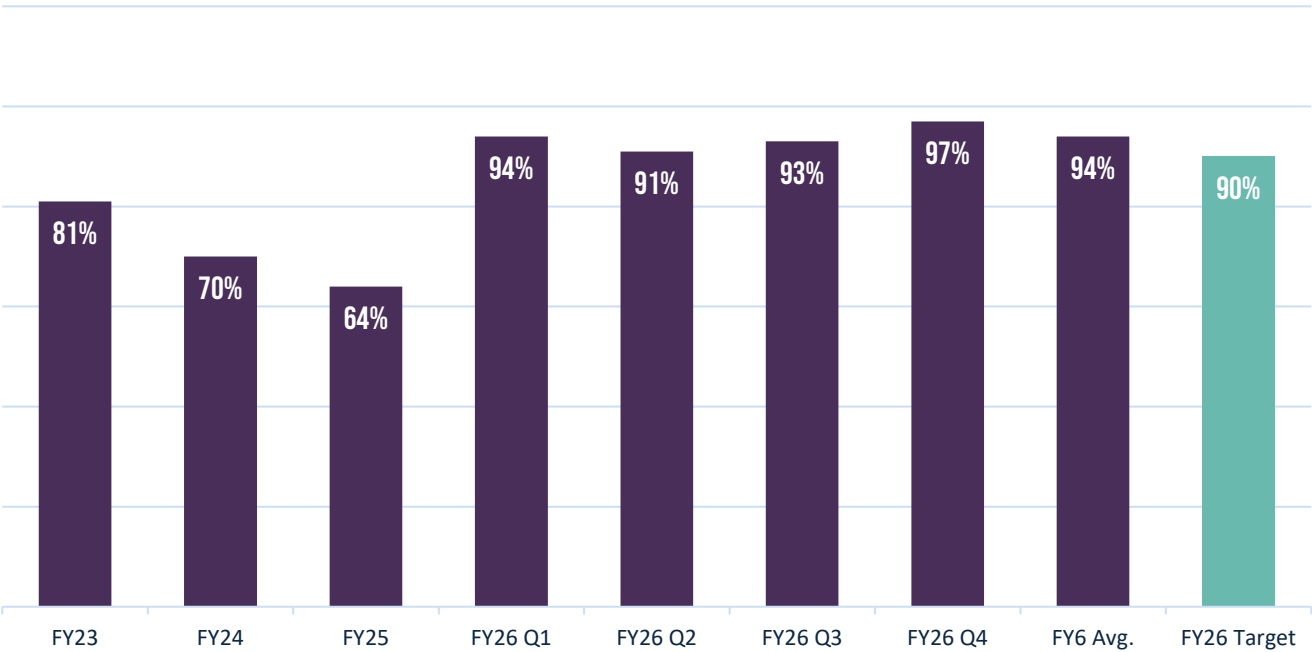
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
81%	70%	64%	94%	91%	93%	97%	94%	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 Zoom Call Center 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: In the fourth quarter of FY26, the ADRC handled 8,053 calls, averaging 128 calls per day. Operations were supported by an average of 10 Options Counselors, despite 4 counselor vacancies and 1 supervisor vacancy.

To help manage call volume, four temporary Customer Care Agents (CCAs), onboarded in Q3, continued to assist by triaging incoming calls and transferring more complex inquiries to Options Counselors.

Service capacity was further impacted by 2 holidays, multiple staff trainings totaling 12 hours, and ongoing staffing shortages due to scheduled and unscheduled leave. Despite these challenges, the ADRC maintained consistent service delivery and call management.

IMPROVEMENT ACTION PLAN: The ARDC exceeded its target percentage of calls answered at 97% and will continue to meet its target through the updated version of the Zoom Contact Center, which has given us the ability to address additional calls through technological enhancements, such as immediate callbacks and automated options as additional assistance to callers. The ADRC also began using Bookly, a new appointment scheduling application for Option Counseling and Medicare appointments. The ADRC team has started piloting a Closed Loop Referral System in collaboration with FindHelp to better screen and serve constituents accessing community resources.

UNDULICATED NUMBER OF CALLERS SERVED BY MONTH:

<i>Q1</i>	July: 1161	<i>Q2</i>	Oct: 1114	<i>Q3</i>	Jan: 1239	<i>Q4</i>	April: 901
	Aug: 1192		Nov: 878		Feb: 2361		May: 828
	Sept: 1247		Dec: 1103		Mar:1038		June: 799

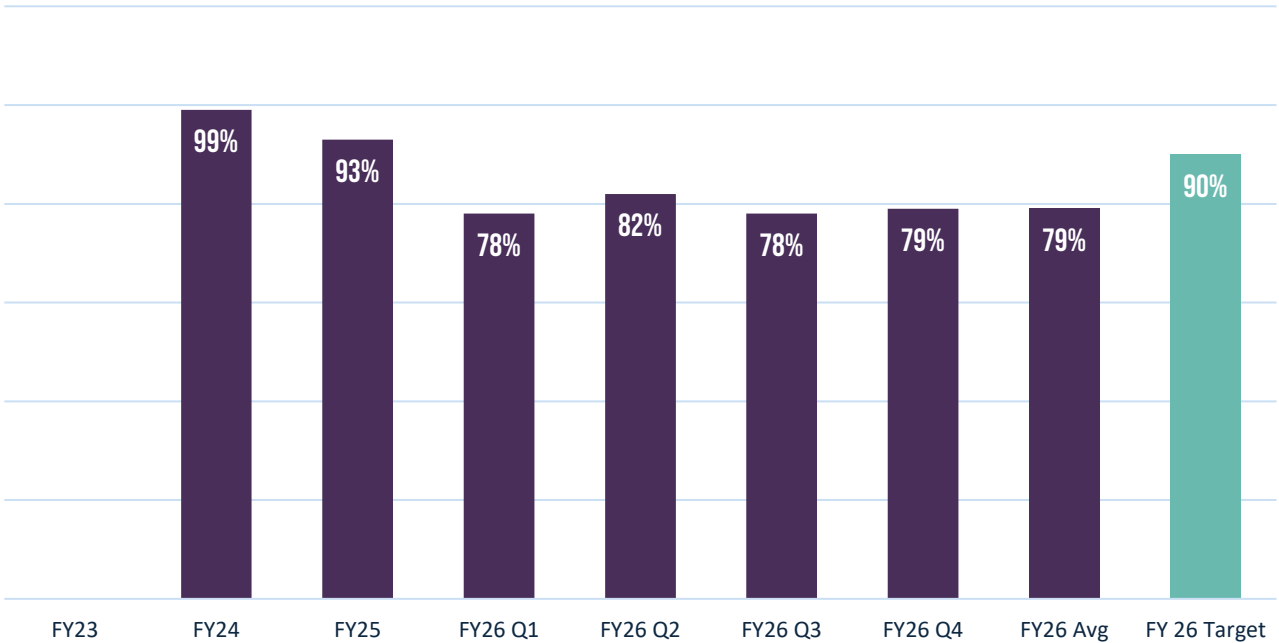
PERFORMANCE MEASURE #2

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	99%	93%	78%	82%	78%	79%	79%	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 analysis. 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 FY26 Q3, respondents to the survey question, “How satisfied are you that we addressed your primary reason for contacting us today?” generally reported positive experiences with the Consumer and Elder Rights Division. Of the 876 individuals surveyed, 694 (approximately 79%) indicated they were either very satisfied (546) or satisfied (148), that their needs were addressed during their interaction. The remaining responses included 38 neutral, 39 unsatisfied, and 105 very

unsatisfied. Nationally, industry-standard single-contact resolution rates typically range between 70% and 80%, the ADRC rate of 79% falls in line with national standards for resource call centers.

These results should be interpreted in the context of a recent change in survey methodology. Prior to mid-2025, surveys were administered by secondary staff (someone other than the call handler), which often resulted in higher reported satisfaction due to direct human interaction. Since June 2025, the division transitioned to automated surveys through Zoom, which distributes a survey after each call rather than relying on a limited sample size. This change eliminates live interaction during survey administration and has significantly increased response volume, both of which may have influenced overall satisfaction trends, including PM#3. In addition, surveys are now collected across all program divisions, and there is currently no mechanism to separate ADRC-specific responses. As a result, ADRC performance cannot yet be isolated within the dataset. Once the platform is upgraded, the division will have the ability to filter and report ADRC-specific survey results separately.

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. ADRC leadership will follow up with constituents who identify as being neutral or less than satisfied to identify what lead to those ratings and address via a training session with team members.

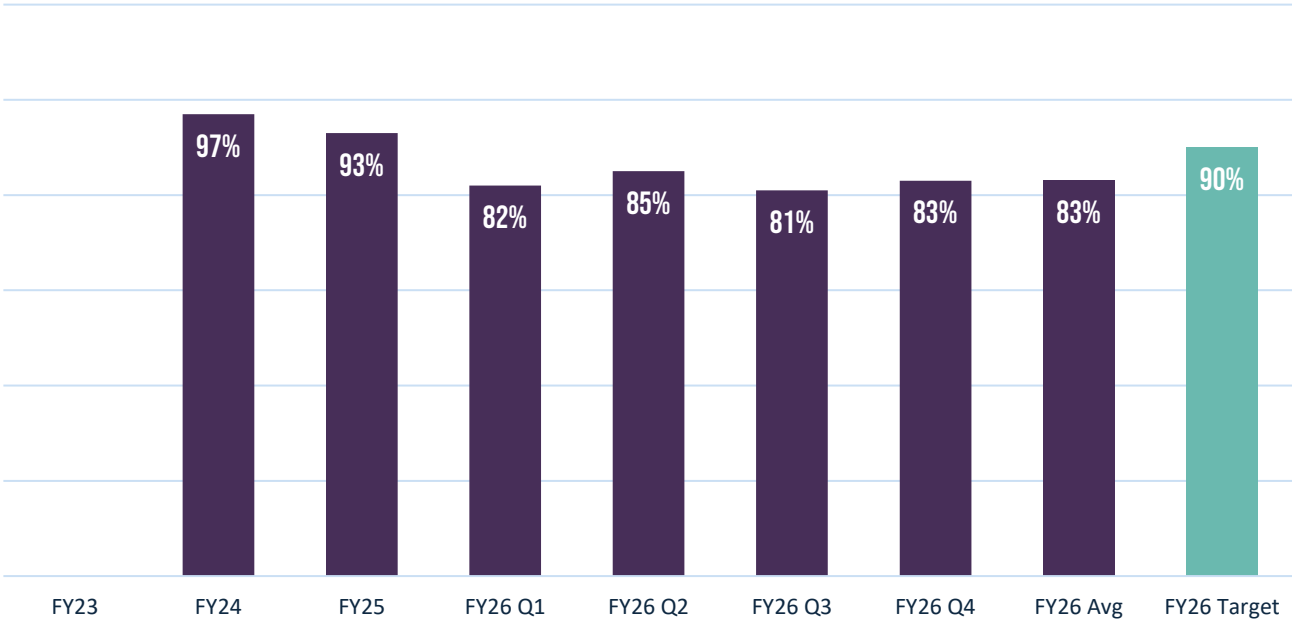
PERFORMANCE MEASURE #3

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	97%	93%	82%	85%	81%	83%	83%	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 its 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 analysis. 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 of FY26, the Aging and Disability Resource Center (ADRC) received feedback from 917 constituents regarding their call outcomes. A strong majority, 81% (745 respondents), reported being very satisfied or satisfied, reflecting that ADRC support positively influences decision-making and quality of life. This demonstrates the ADRC’s continued effectiveness in delivering timely, helpful, and responsive assistance to the individuals it serves.

IMPROVEMENT ACTION PLAN: By regularly evaluating processes, maintaining up-to-date resources and staff knowledge, and systematically incorporating customer feedback, we will continue to deliver high-quality customer service, as reflected in survey results. ADRC leadership will follow up with constituents who identify as being neutral or less than satisfied to identify what lead to those ratings and address via a training session with team members.

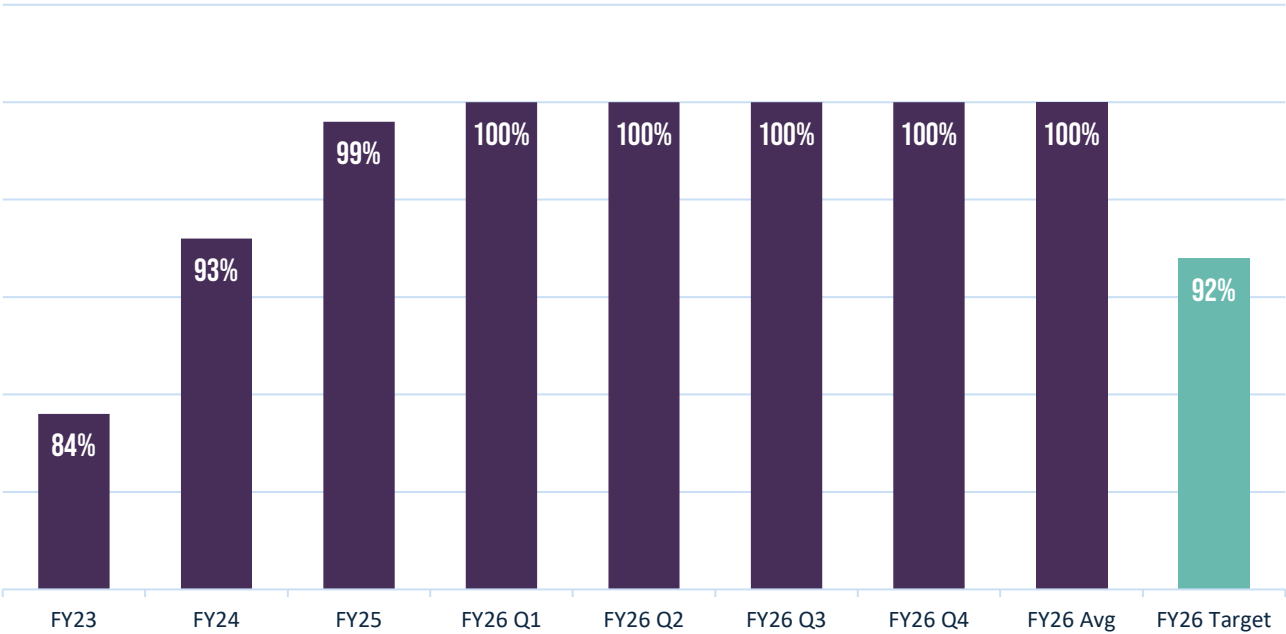
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
84%	93%	99%	100%	100%	100%	100%	100%	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: In the fourth quarter of FY26, 100% of constituents accessed services within 30 days, exceeding the FY26 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.

IMPROVEMENT ACTION PLAN: All SHIP staff positions are filled, and the program continues to exceed its target of 92%. SHIP Coordinators will continue to be trained regularly on short-term assistance best practices.

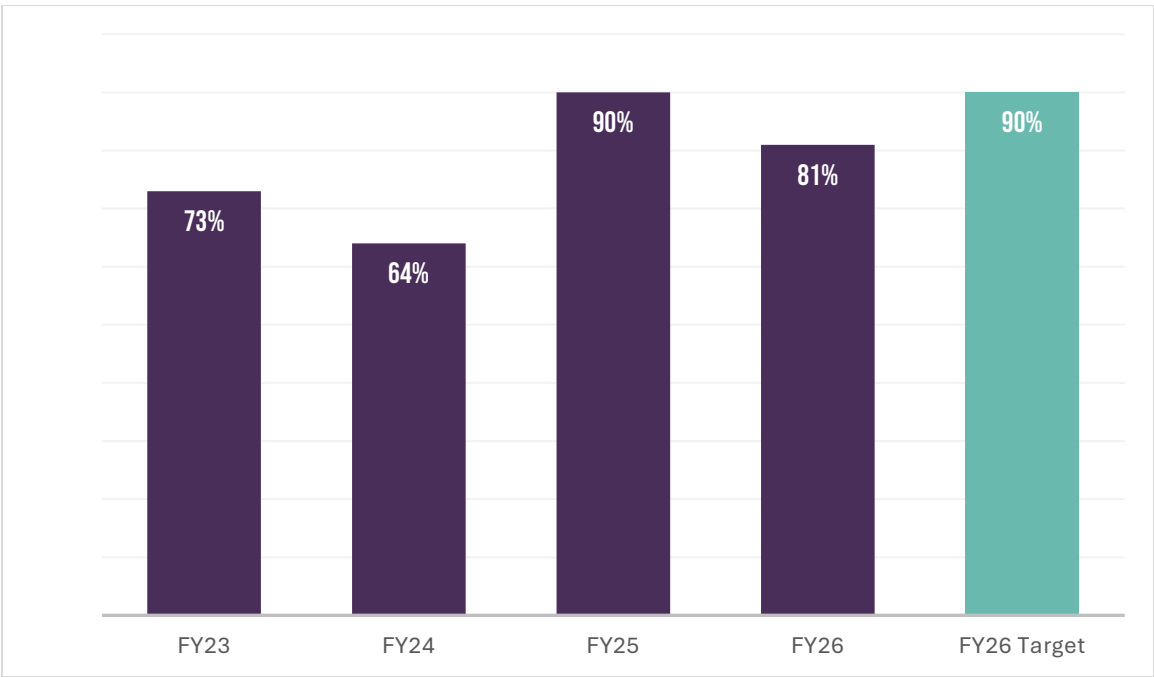
CERD ANNUAL MEASURE

Percent of people accessing CERD programs who indicated the assistance improved their quality of life and made a positive difference in their decisions

Results

FY23	FY24	FY25	FY26	FY26 Target
73%	64%	90%	81%	90%

Graph of Data Above



MEASURE DESCRIPTION: Percent of people accessing CERD programs who indicated the assistance improved their quality of life and made a positive difference in their decisions

DATA SOURCE/METHODOLOGY: The Aging and Disability Resource Center (ADRC) conducts a satisfaction survey to assess the effectiveness of its counseling services. At the conclusion of each telephone counseling session, callers are asked to complete a customer satisfaction survey, and the data is compiled for analysis.

STORY BEHIND THE DATA: In the fourth quarter of FY26, survey results indicate strong overall satisfaction with the Consumer and Elder Rights Division’s impact on quality of life and decision-making. Of the 589 respondents, 469 (approximately 80%) reported being either very satisfied (396) or satisfied (73). The remaining responses included 50 neutral, 19 unsatisfied, and 51 very unsatisfied, reflecting generally positive feedback with some opportunity for improvement.

IMPROVEMENT ACTION PLAN: To sustain and improve customer satisfaction, the Consumer and Elder Rights Division (CERD) will

focus on continuous evaluation of processes, strengthening staff knowledge, and incorporating customer feedback into daily operations. CERD will conduct regular reviews of call center performance, service delivery workflows, and referral processes to identify opportunities for increased efficiency and effectiveness. Staff will participate in ongoing training to remain current on program policies, available resources, and best practices in customer service. Survey results will be analyzed quarterly to identify trends and areas for improvement, with feedback directly informing updates to communication approaches, resource navigation, and service delivery. Additionally, CERD will continue leveraging technology enhancements, such as improved call center features and scheduling tools, to expand access and streamline services. Leadership will monitor progress, ensure accountability, and use survey outcomes to guide continuous improvement efforts, reinforcing CERD's commitment to high-quality service and positive customer experiences.

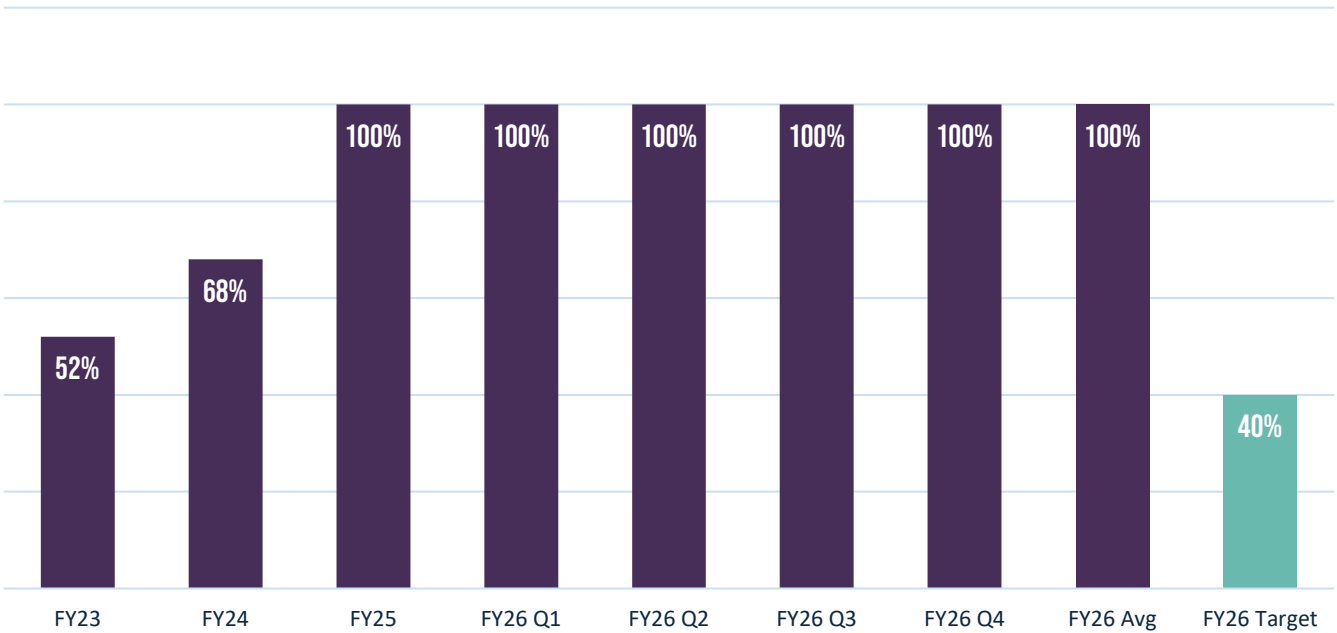
PERFORMANCE MEASURE #6

Percent of Facilities Visited Monthly

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
52%	56%	68%	100%	100%	100%	100%	100%	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 the third quarter, Long-Term Care Ombudsman Program (LTCOP) staff and volunteers completed 1,073 facility visits, reaching 100% of the 275 long-term care (LTC) facilities. This meets federal guidelines, which require residents to have regular and timely access to LTCOP services, including responses to complaints and requests. The NMLTCOP strives to exceed this standard by visiting all Skilled Nursing Facilities and Assisted Living Facilities at least once per month.

IMPROVEMENT ACTION PLAN: There was a significant increase in facility visits in FY26, and this level has remained consistent at 100% through end of the fiscal year. This trend is expected to stabilize as newer Regional Coordinators in the Metro area continue to gain experience. The increase is also attributed to newly trained volunteer ombudsmen conducting regular visits, as well as enhanced training on documentation best practices. These training efforts are ongoing as staff collaborate with the Ombudsman consultant and implement updated policies and procedures. Visits included both routine and non-routine activities, such as responding to cases and complaints, delivering presentations, and meeting with residents and facility staff. Facilities with higher levels of resident concerns were visited multiple times to ensure appropriate follow-up and that concerns were addressed in a timely manner.

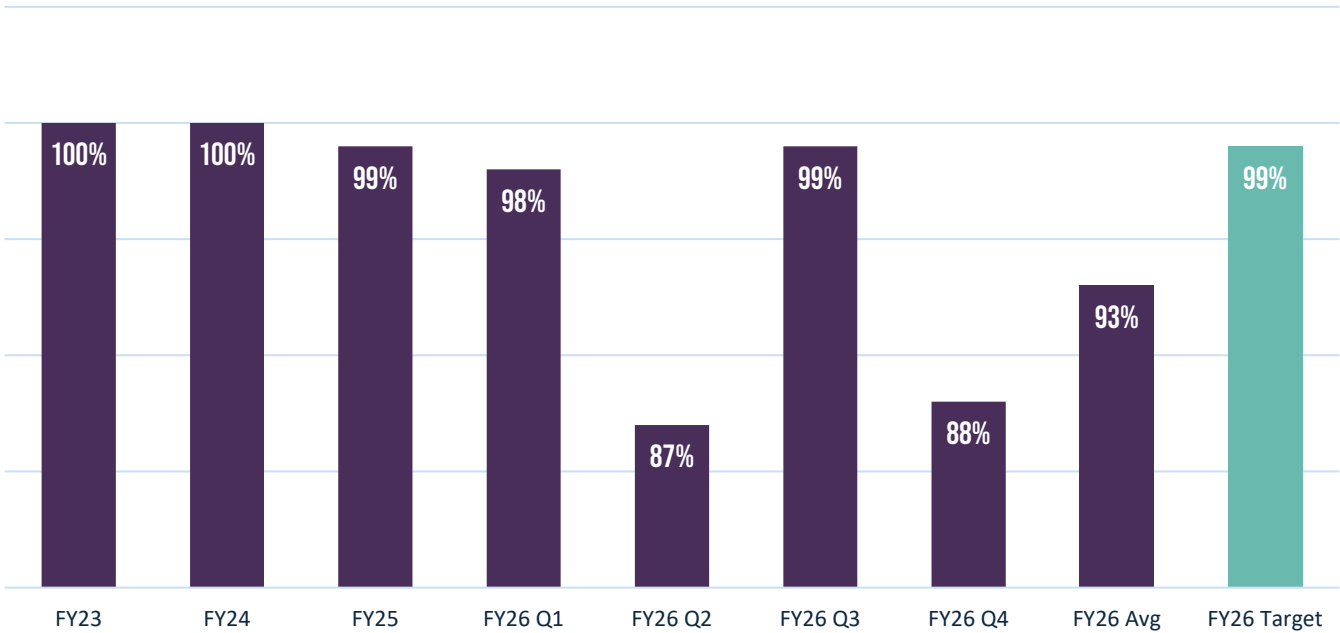
PERFORMANCE MEASURE #7

Percent of Ombudsman complaints resolved within sixty days.

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
100%	100%	99%	98%	87%	99%	88%	93%	99%

Data of Graph 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 that 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, 403 cases were referred to the Ombudsman program. Of those cases, 356 were resolved, while 47 cases exceeded the 60-day resolution timeframe. This is an 88% resolution rate. LTCOP works diligently to

keep cases and complaints updated. Although not all cases can or should be closed within 60 days, the goal is to achieve partial or full resolution to the satisfaction of the resident, resident representative or complainant. Supervisors collaborate with Regional Coordinators to ensure that no case is overlooked or becomes inactive.

IMPROVEMENT ACTION PLAN: While some cases appropriately remain open beyond 60 days due to their complexity or ongoing efforts, the program will strengthen case monitoring and oversight to improve timeliness. Supervisors will continue conducting regular case reviews with Regional Coordinators to ensure consistent follow-up, identify barriers to resolution, and prevent cases from becoming inactive. These efforts are intended to increase timely case resolution while maintaining high-quality advocacy and advancing the program toward its 99% resolution goal.

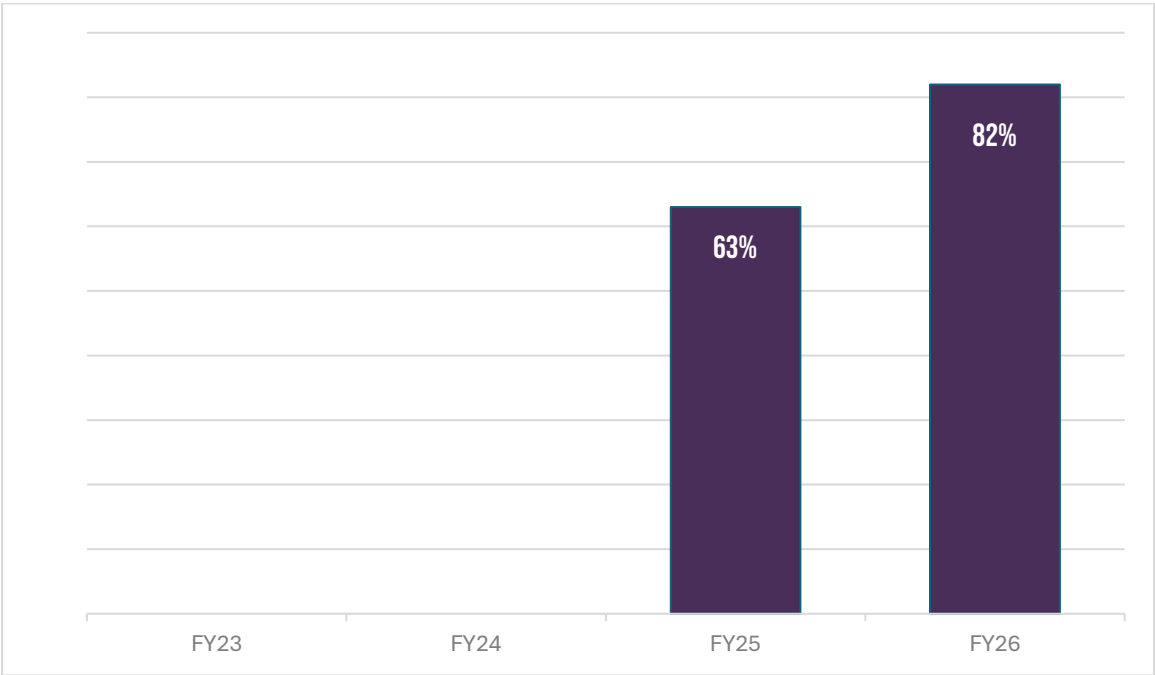
LTCOP Annual Measure

Percent of nursing and assisted living facility residents who remained in the facility following a discharge or eviction complaint

Results

FY23	FY24	FY25	FY26
NA	NA	63%	82%

Graph of Data Above



MEASURE DESCRIPTION: The percent of nursing and assisted living facility residents who remained in the facility following a discharge or eviction complaint.

DATA SOURCE/METHODOLOGY: 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 eviction and discharge outcomes.

STORY BEHIND THE DATA: During FY26 Q4, the Long-Term Care Ombudsman Program (LTCOP) received 37 complaints related to discharge and transfer, with 33 cases resolved either partially or fully to the satisfaction of the resident, resident representative, or complainant, resulting in an 89% resolution rate. Improper or premature discharges can place residents at significant risk of adverse outcomes, including rehospitalization, falls, medication errors, pressure injuries, emotional distress, and other serious health complications. To help prevent these outcomes, the LTCOP remains current on applicable Medicare and Medicaid discharge requirements and provides advocacy to protect residents' rights throughout the discharge process.

As part of this work, ombudsmen review discharge notices for compliance with federal and state requirements, educate residents about their rights, and advocate on their behalf when requested. When appropriate, LTCOP also provides referrals to community resources and programs that support continued placement in a long-term care facility or facilitate a safe and appropriate transition to the community.

IMPROVEMENT ACTION PLAN: The Ombudsman Program has expanded discharge-related training for both the Ombudsman team and long-term care facilities to improve understanding of resident rights, discharge requirements, and appropriate procedures. The program recently developed a step-by-step discharge flowchart to assist facilities in identifying required actions and ensuring compliance throughout the discharge process.

Additionally, the Ombudsman Program is in the final stages of developing a more centralized process for receiving facility discharge notices. Once implemented, this process will improve efficiency, ensure timely notification, and allow ombudsmen to respond earlier when advocacy may prevent an inappropriate discharge. Currently, discharge notices are submitted through multiple channels, which can delay awareness and limit the program's ability to intervene proactively.

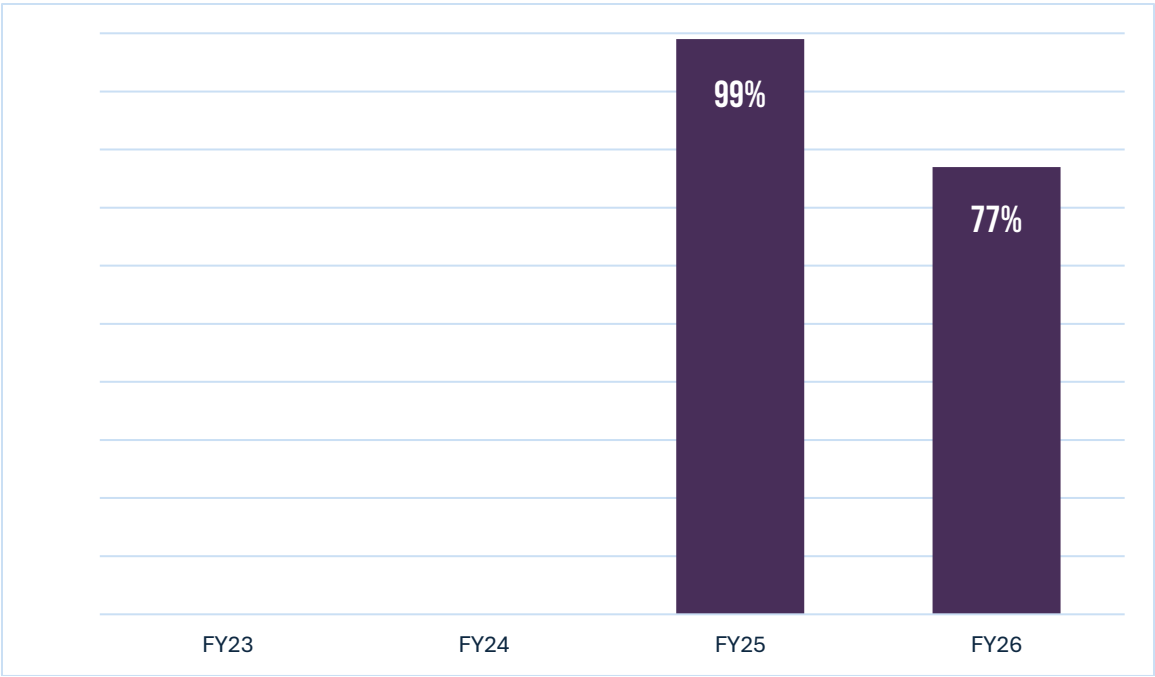
LTCOP Annual Measure

Percent of complaints resolved by the ombudsman's office to the satisfaction of the nursing facility resident over the reporting period

Results

FY23	FY24	FY25	FY26
NA	NA	99%	77%

Graph of Data Above



MEASURE DESCRIPTION: The percent of nursing and assisted living facility residents who remained in the facility following a discharge or eviction complaint.

DATA SOURCE/METHODOLOGY: 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 complaints and complaint outcomes.

STORY BEHIND THE DATA: In FY26, LTCOP opened and investigated 2,110 complaints. Of those, 1,631 complaints (77%) were resolved to the satisfaction of the nursing facility resident, reflecting the number reported for the Performance Measures requirement regarding complaints resolved to the residents’ satisfaction. Additionally, 49 complaints were not resolved to the complainant's satisfaction, and 66 were withdrawn or determined to require no further action. From FY25 to FY26, the number of complaints grew substantially from 878 in FY25 to 2,110 in FY26. Many factors should be considered in the resolution of complaints,

including the complexity of cases. For example, one resident had complex behavioral health issues in which it would have been challenging to meet all the complaints they had reported.

IMPROVEMENT ACTION PLAN: The LTCOP will continue to improve complaint resolution outcomes through enhanced case monitoring, staff support, and consistent follow-up practices. Supervisors and Regional Coordinators will continue reviewing cases to identify opportunities for timely resolution and strengthen resident-centered advocacy.

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 the availability of those services to abused, neglected, or exploited adults 18 years of age or older who do not have the ability to self-care or self-protect. APS 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):

*FY26 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employ- ees
200	9,600.6			2,557.5	12,158.1	130
300	1,092.3			1,926.3	3,018.6	
400	671.4			250.0	921.4	
TOTAL	16,018.8			4,733.8	16,098.1	

**FY26 decreases reflect the move of programs and staff into the re-established Long-Term Care Division*

FY25 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Trans- fers	BUDGET TO- TAL	Full-Time Em- ployees
200	9,370.6		55.7	2,957.5	12,383.8	143
300	5,826.8		442.8	1,926.3	8,195.9	
400	821.4		5.0	250.0	1,076.4	
TOTAL	16,018.8		503.5	5,133.8	21,656.1	

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.

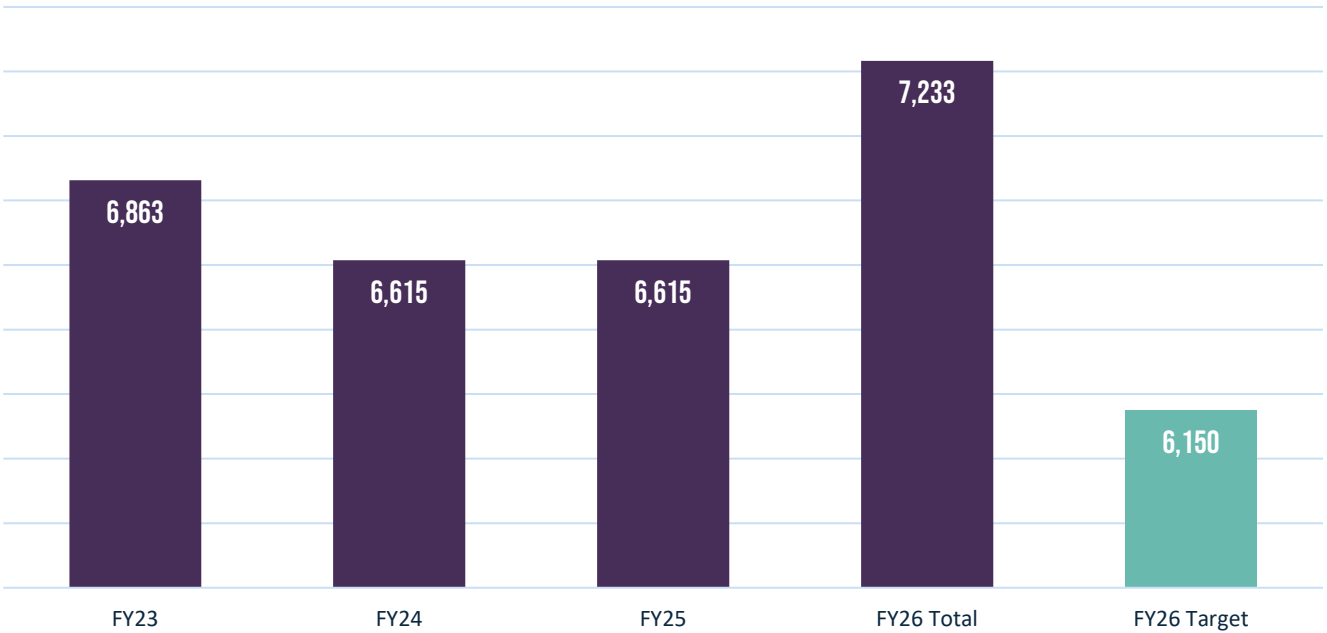
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
6,863	7,632	6,615	1,860	1,675	1,799	1,899	7,233	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: Q4 concluded with 1,899 completed investigations, an increase from Q3 and part of a gradual upward trend from Q1 through Q4. With this final-quarter performance, APS successfully exceeded its FY26 target of 6,150 completed investigations. These results show the need in New Mexico and the importance of having a well-coordinated APS team responding to reports of abuse, neglect, and exploitation involving vulnerable adults statewide.

IMPROVEMENT ACTION PLAN: The increase in investigations demonstrates that APS remained on pace to meet its annual performance target while also highlighting the need for appropriate staffing in areas with the highest caseloads. APS will conduct a deeper analysis of caseload distribution, investigation volume, and staffing capacity to determine the number of investigators needed in each region.

Based on the current data, APS will prioritize recruiting and onboarding 7 to 8 investigators in the Metro Region, where caseloads are highest, while filling additional vacancies in other high-need areas of the state. These efforts are intended to strengthen statewide capacity and promote a more equitable distribution of caseloads among investigative staff. Filling regional vacancies is contingent on budget availability, as in previous reporting periods, this has been a challenge.

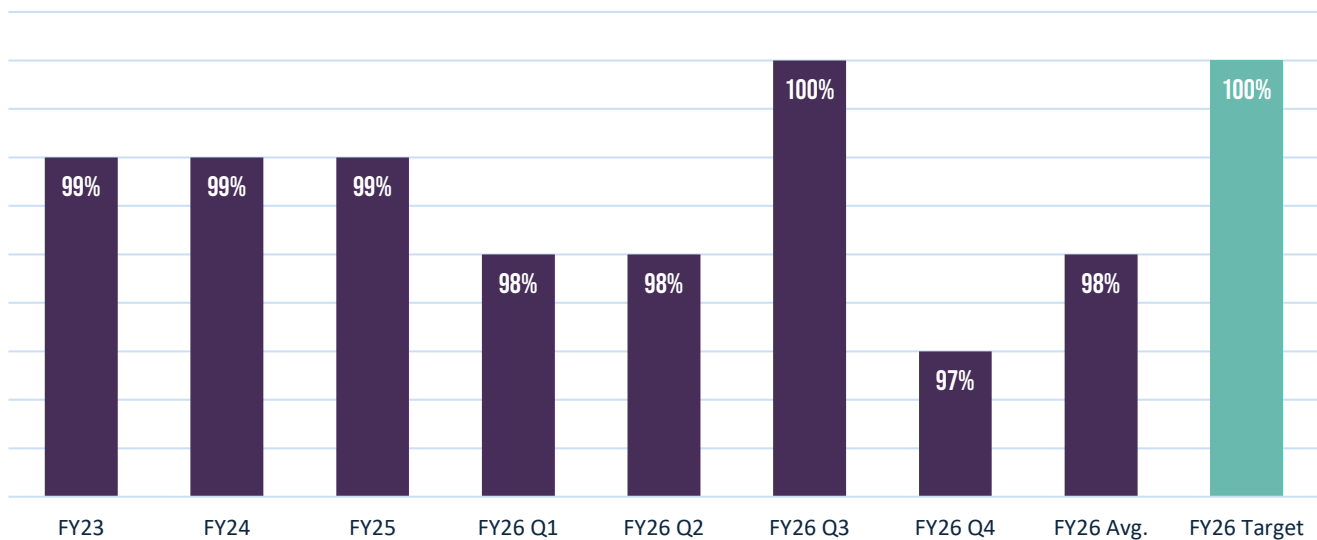
PERFORMANCE MEASURE #2

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
99%	99%	99%	98%	98%	100%	97%	98%	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 Q4, APS achieved a 97% on-time initiation rate, reflecting the continued dedication of its statewide investigative workforce. While this represents a slight decline from the previous quarter, the change should be considered within the context of increased investigation assignments and ongoing staffing limitations. Despite these operational pressures, APS maintained a strong performance level and remains committed to timely engagement with vulnerable adults to support immediate safety, early assessment, and appropriate intervention. APS will continue monitoring caseloads and staffing capacity to ensure

timely responses remain a priority.

IMPROVEMENT ACTION PLAN: APS will continue strengthening its recruitment, retention, and onboarding efforts to fill critical vacancies as quickly as possible. During the first quarter of FY27, APS aims to fill 7 vacancies in the Metro Region, which currently has the highest caseloads and number of case assignments. APS will continue using workload and performance data to prioritize recruitment in areas where staffing shortages have the greatest operational impact, supporting appropriate staffing levels and timely responses statewide.

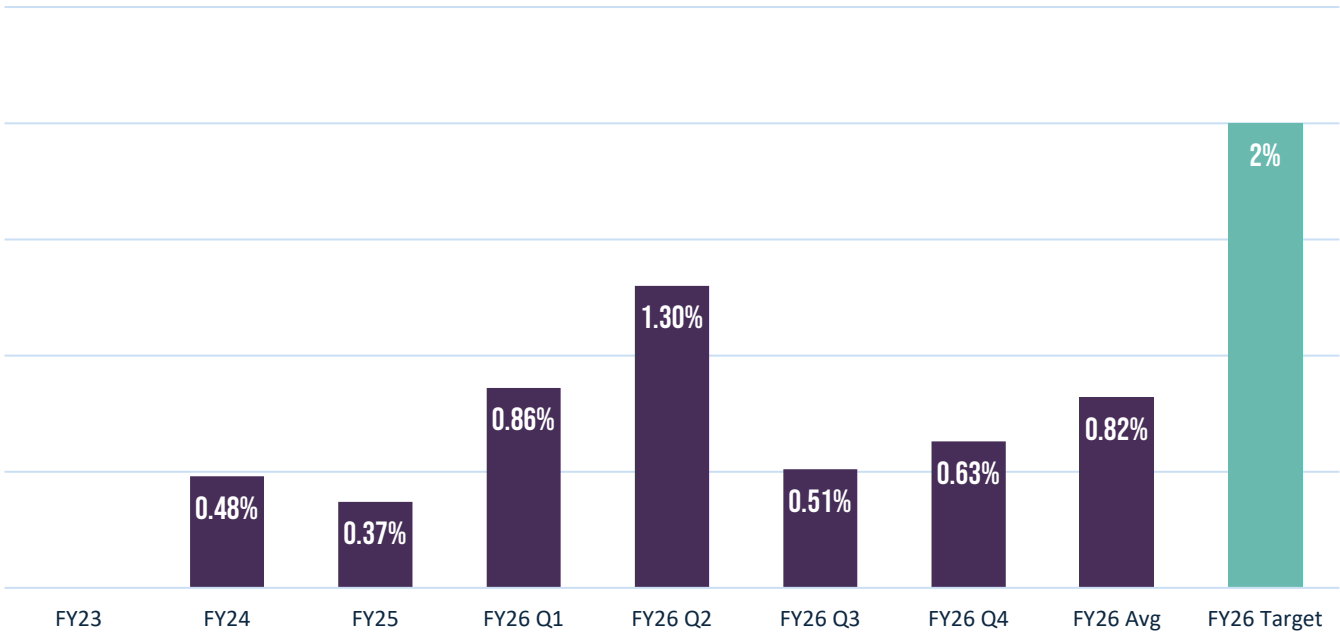
PERFORMANCE MEASURE #3

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
0%	0.48%	0.37%	0.86%	1.30%	.51%	0.63%	0.82%	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: APS saw a slight increase in the percentage of repeat Abuse, Neglect, and Exploitation (ANE) in Q4 compared to Q3, while remaining generally consistent with trends seen in FY24 and FY25. Although verified ANE cases are down, APS continues to manage complex investigations involving self-neglect and behavioral health concerns, where significant risk may still be present even when ANE is not substantiated. While this was a slight increase from Q3, the rate remained well below the established performance measure of 2%.

Self-neglect remains a complex challenge, particularly among older adults seeking to maintain independence while managing increasing care needs. Through the combined impact of APS Clinical services, Title XX supports, and strong community partnerships, APS helps vulnerable adults remain safely in their homes. These collaborative, person-centered efforts continue to reinforce the agency's mission of prevention, protection, and sustained well-being statewide.

IMPROVEMENT ACTION PLAN: APS has observed an increase in the percentage of repeat cases over the last four quarters and high percentage than FY25, reflecting the growing complexity of investigations and the ongoing challenges faced by vulnerable adults and investigative staff. In response, APS will focus improvement efforts on ensuring investigative staff have access to the appropriate tools, targeted training, and consistent leadership support necessary to conduct thorough investigations and develop effective, sustainable protective plans. Emphasis will be placed on strengthening harm reduction strategies to support long-term client safety and reduce repeat involvement with APS.

Investigation volume increased this quarter, and overall caseloads remain high. To support workforce stability and maintain service quality, APS will prioritize filling five or more Investigative Caseworker vacancies through FY27, with particular attention to identified gaps in the Metro region. Strengthening staffing capacity will support timely responses, reduce workload strain, and enhance APS's ability to implement protective plans that promote sustained well-being beyond case closure.

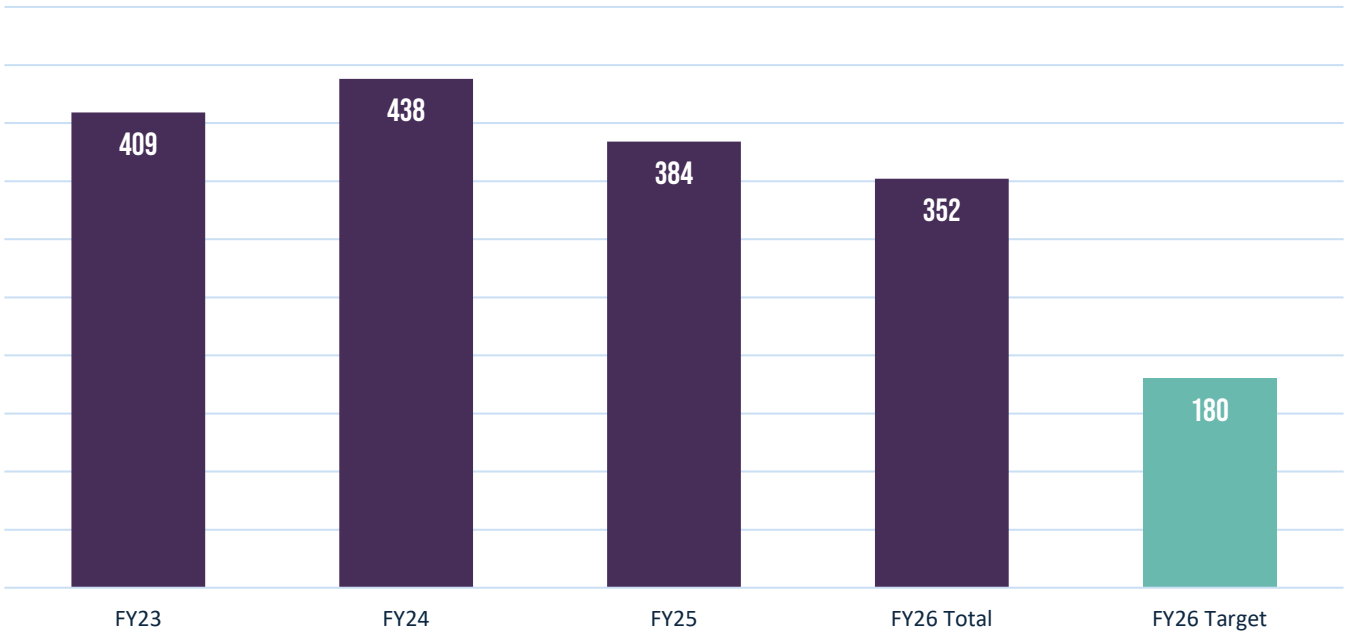
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
409	438	384	88	94	94	76	352	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 Q4, APS completed 76 community outreach presentations, a decrease from the previous two quarters. This reduction reflects a more targeted outreach strategy focused on establishing and strengthening relationships with local, state, and county law enforcement agencies. APS also expanded its outreach approach by pursuing opportunities to share program information with broader audiences, including APS leadership presenting at two conferences during the quarter.

Despite the Q4 decrease, APS significantly exceeded its FY26 target of 180 outreach presentations, completing 352 presentations statewide. This achievement demonstrates APS's continued commitment to increasing public awareness, strengthening community partnerships, and improving the identification and reporting of ANE.

IMPROVEMENT ACTION PLAN: No Improvement plan necessary as APS is on track to exceed its target of 180 presentations.

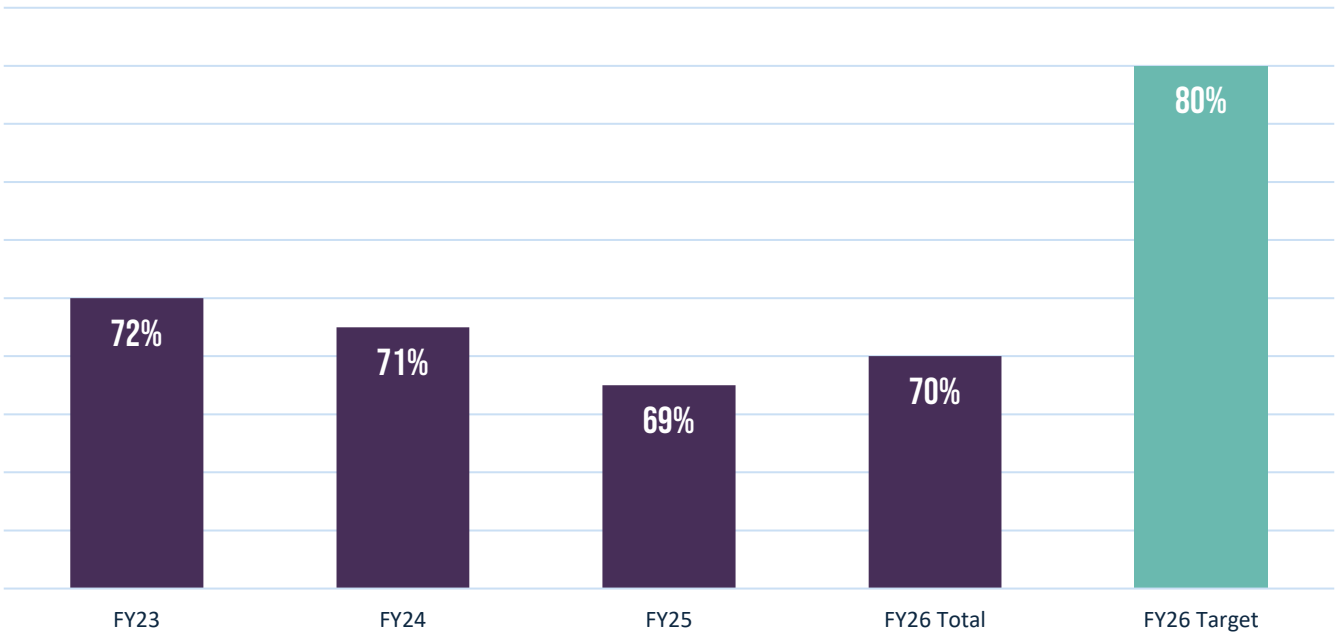
PERFORMANCE MEASURE #5

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
72%	71%	69%	66%	69%	73%	72%	70%	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 FY26 Q4, 72% of contract referrals resulted in services being implemented within two weeks, reflecting a slight decrease from Q3 and 6% increase from Q1 and the highest over the past four years. This improvement demonstrates the value of APS’s continued relationship-building with contractors and the strong coordination between CES, investigative staff, and leadership.

IMPROVEMENT ACTION PLAN: APS will prioritize recruiting and onboarding a CES in Metro and ICW vacancies. Until these positions are filled, APS will strengthen interim oversight by regularly reviewing pending referrals and identifying those approaching the two-

week initiation deadline. As part of its year-end performance evaluation, APS discontinued agreements with two contractors that did not meet performance expectations and is onboarding two new contractors. APS anticipates that these providers will improve service capacity and support faster initiation of referrals within the required timeframes.

APS will continue holding monthly meetings with contracted providers to review referral activity, resolve barriers, and confirm referrals are received and processed promptly. Quarterly performance data will be used to evaluate progress, identify regional or provider-specific delays, and guide corrective action toward achieving the 80% performance target.

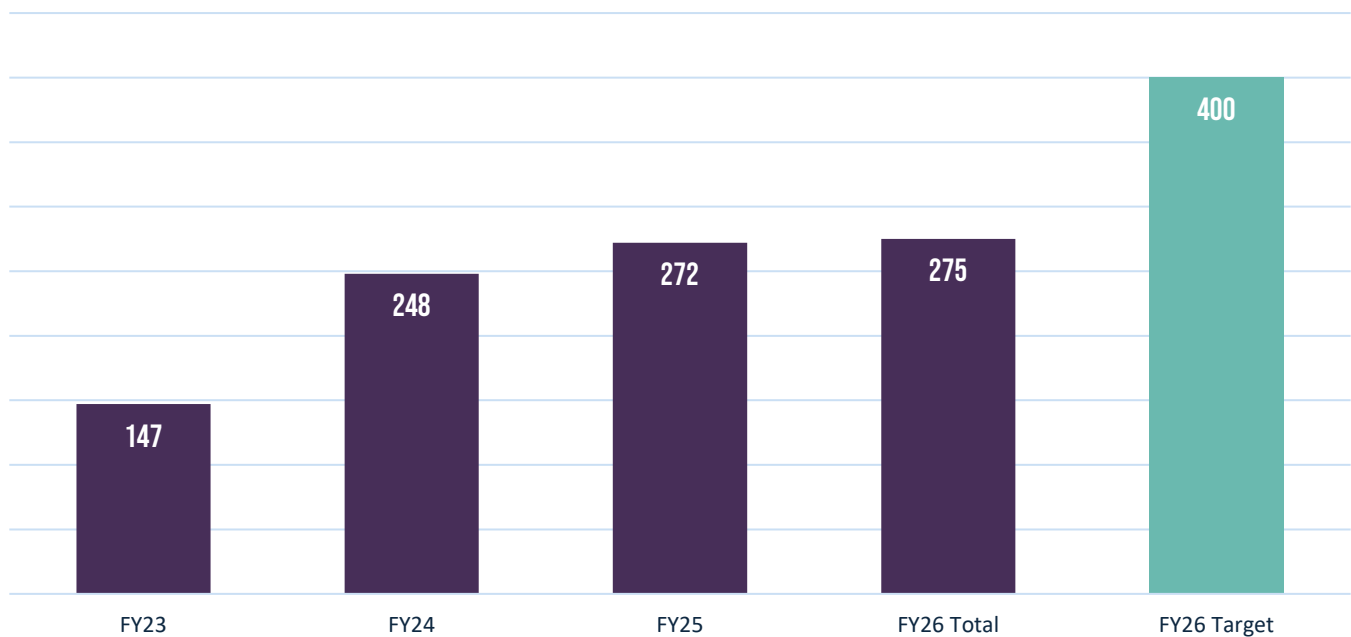
PERFORMANCE MEASURE #6

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
147	248	272	70	75	72	58	275	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 Q4, APS made 58 referrals to HC following investigations of ANE. This represents a decrease from approximately 70 referrals averaged during previous quarters. Although the data does not identify a definitive cause, the decline may have been influenced by the FY26 closeout and transition into FY27, which briefly affected referral coordination and processing. Additionally, 2 regional manager departures occurred during the final three months of FY26, creating leadership transitions in several regions. Because regional managers play an important role in reviewing and coordinating home care referrals, these changes may also have contributed to the lower number. The decrease in referrals should not be interpreted as a reduction in the need for HC services.

IMPROVEMENT ACTION PLAN: In response to the Q4 decrease in referrals, APS will continue monitoring referral activity to ensure services are coordinated appropriately and effectively. APS has already finalized FY27 contracts to ensure services continued without interruption beginning July 1. This continuity will help prevent delays in connecting vulnerable adults with the services needed.

APS is also recruiting three regional managers to restore consistent regional oversight and strengthen the review and coordination of referrals. Additionally, APS and its contracted providers will continue meeting monthly to review referral activity, address barriers, and confirm that referrals are being submitted, received, and processed appropriately. APS will use FY27 Q1 data to assess whether referral levels improve following these actions and determine whether further intervention is needed.

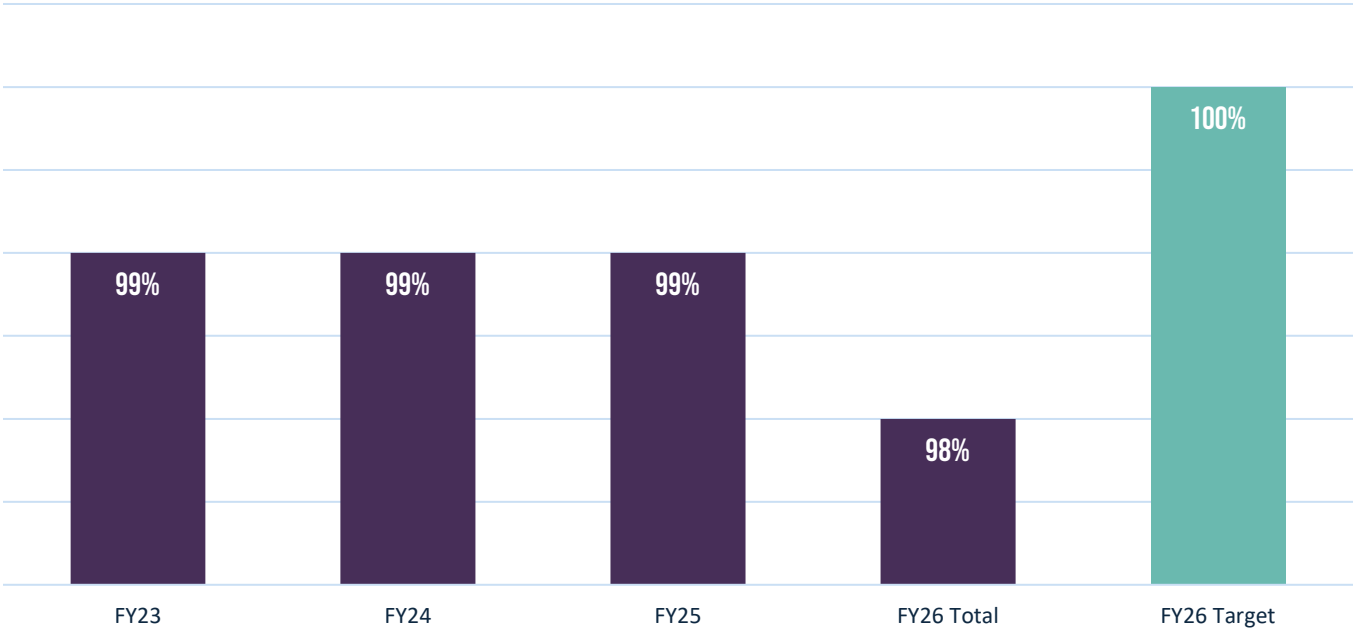
PERFORMANCE MEASURE #7

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
99%	99%	99%	99%	99%	98%	98%	98%	100%

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 DATA: In Q4, APS initiated 98% of Priority 2 cases within the required timeframe. This represents a slight decrease from Q1 through Q3 and falls below the established performance target. The decline occurred alongside an increase in investigation assignments during Q4 and continued staffing shortages in the Metro Region, which manages the state’s highest

investigative volume. These operational pressures reduced the time available for staff to complete existing assignments while initiating newly assigned cases. Despite these challenges, APS maintained a 98% timely initiation rate and continues to prioritize prompt engagement, safety assessment, and intervention for vulnerable adults.

IMPROVEMENT ACTION PLAN: APS will prioritize recruiting and onboarding staff to fill 7 vacancies in the Metro Region during Q1 of FY27. Staffing and caseload data will be reviewed regularly to identify high-volume areas and support a more equitable distribution of investigations across available staff.

Regional managers and supervisors will strengthen monitoring of Priority 2 assignments, with particular attention to cases approaching their initiation deadline. APS will also evaluate opportunities to temporarily redistribute workloads and provide cross-regional support when staffing shortages or investigation volumes affect timely responses. Quarterly performance reviews will be used to assess progress and guide additional corrective action toward meeting the established target.

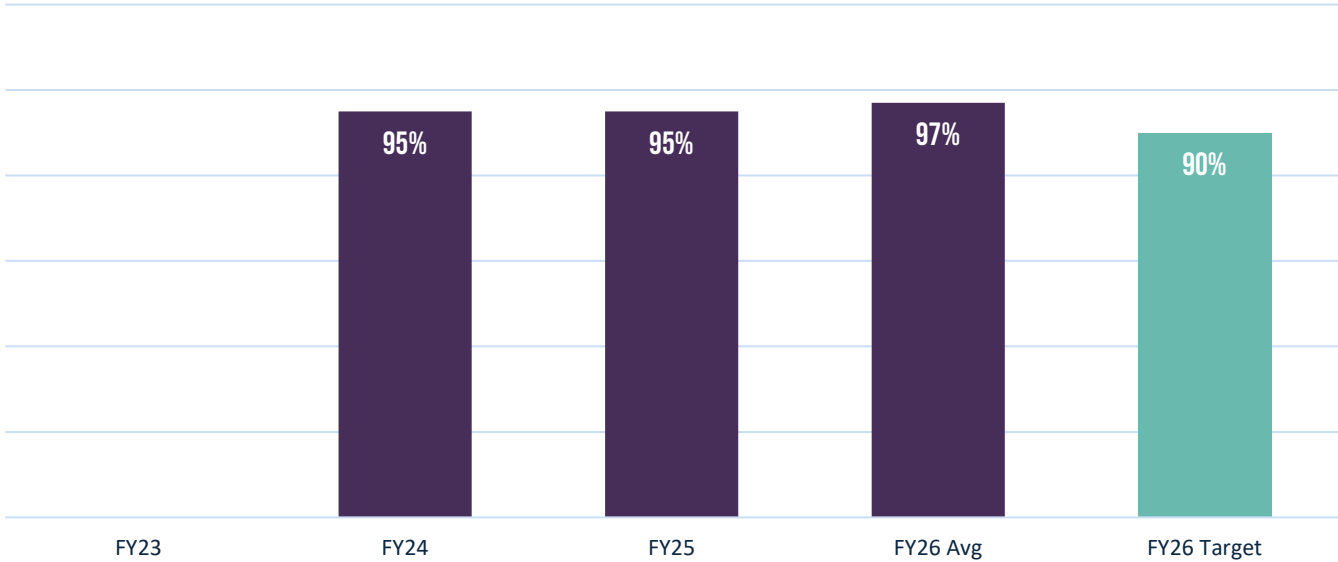
PERFORMANCE MEASURE #8

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	95%	95%	100%	97%	95%	97%	97%	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 remain 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 documents these details in the Title XX System, creating a comprehensive record of consumer referrals and their interactions with services.

STORY BEHIND THE DATA: In FY26, APS achieved a 97% rate of referrals resulting in a total of 268 clients remaining in the community, which reflects the effectiveness of home care contractors and the value of these referrals in supporting vulnerable adults safely in their community.

There are several reasons why some clients do not remain in the community, including the need for a higher level of care, hospitalization due to acute medical issues, or changes in discharge plans and living arrangements. Even with these factors, the data continues to reflect the positive impact of APS referrals have.

IMPROVEMENT ACTION PLAN: While referral activity remains strong, APS will continue to monitor this measure to ensure appropriate referrals are being made and that referral decisions are based on the individual needs of each client. Improvement efforts will remain focused on ensuring referrals are made effectively, consistently, and in a manner that best supports the victims.

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), contract monitoring of state general funds allocated to the AmeriCorps Seniors Volunteer Program grantees for (Foster Grandparent (FGP), Senior Companion Program (SCP), Retired and Senior Volunteer Program (RSVP), Care Companion Program (CCP), Volunteer Driver Program and Care Transition Volunteer Driver Program contracted through NCNMEDD; and Senior Employment Programs (SEP/SCSEP). Additionally, the budgets for 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 that 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 that supports 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):

FY26 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employees
200	1,602.4	34.5	455.3		2,092.2	27
300	939.9	10.0	119.2		1,069.1	
400	43,667.7	71.3	11,450.1		55,189.1	
TOTAL	46,210.0	115.8	12,024.6		58,350.4	

FY25 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employees
200	1,682.6	34.5	455.3		2,172.4	24
300	1,810.7	10.0	119.2		1,939.9	
400	42,596.9	71.3	11,450.1		54,118.3	
TOTAL	46,090.2	115.8	12,024.6		58,230.6	

AND Program Performance Measures:

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

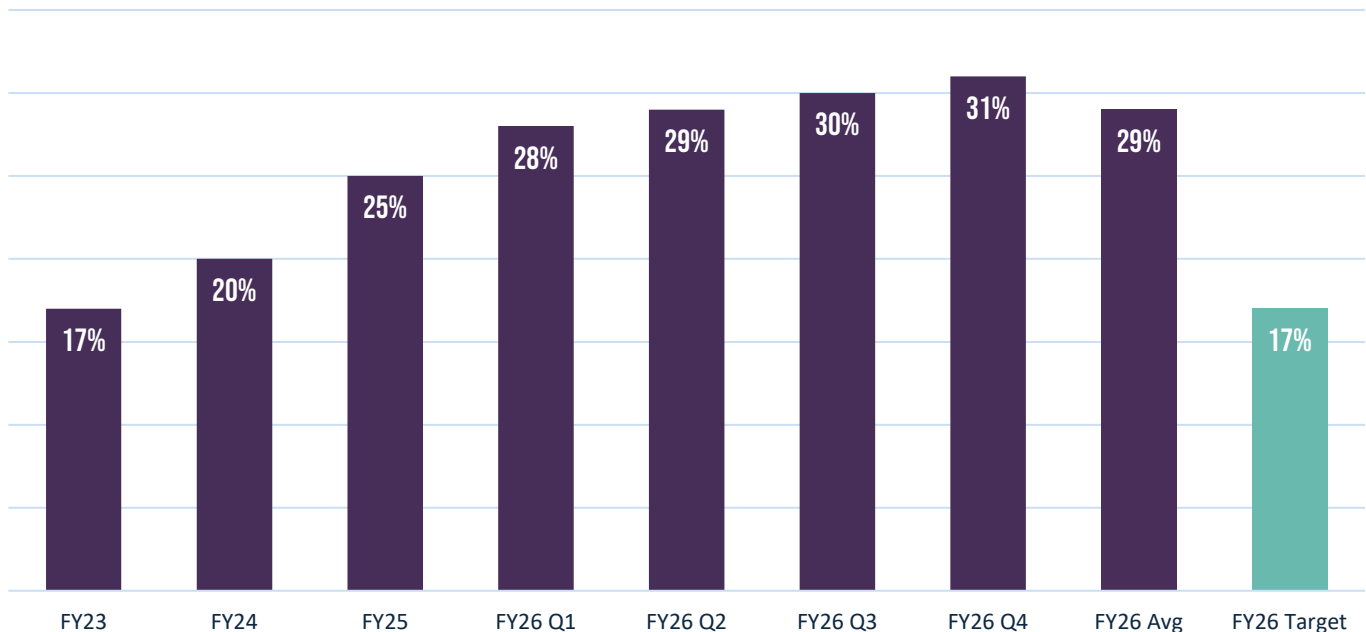
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
17%	20%	25%	28%	29%	30%	31%	29%	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 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 data from the senior centers and providers. Thus, the Q3 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 evaluation section of the state-required needs assessment, based on ACL/OAA and New Mexico Administrative Code (NMAC) regulations.

STORY BEHIND THE DATA: The data shows an increase in the number of consumers served during Q4 FY25, with 8,023 individuals identified as having high nutritional risk. It also reflects a rise in the percentage of high-risk individuals, from 29.38% in Q4 FY25 to 31% in Q4 FY26. Overall, AND aims to see this trend decline over time as individuals with high nutritional risk gain access to long-term congregate or non-congregate meal services and achieve nutritional stability. Because older adults often rely on fixed incomes, making it harder to afford healthy foods and mobility issues, lack of transportation, and living in rural areas can limit access to grocery stores and fresh produce.

IMPROVEMENT ACTION PLAN: The data reflects an increase in congregate, and home delivered meals served while also reflecting an increase in high nutritional risk consumers being identified. Unlike other performance measures, an increase to older adults assessed as high-risk is not a positive outcome. The Aging Network is working with the AAAs and meal site service providers to expand congregate and home-delivered meal programs especially in rural areas by integrating pilot meal programs to attract more older adults in need of nutrition services to attend senior centers/meal sites to decrease the risk of hunger.

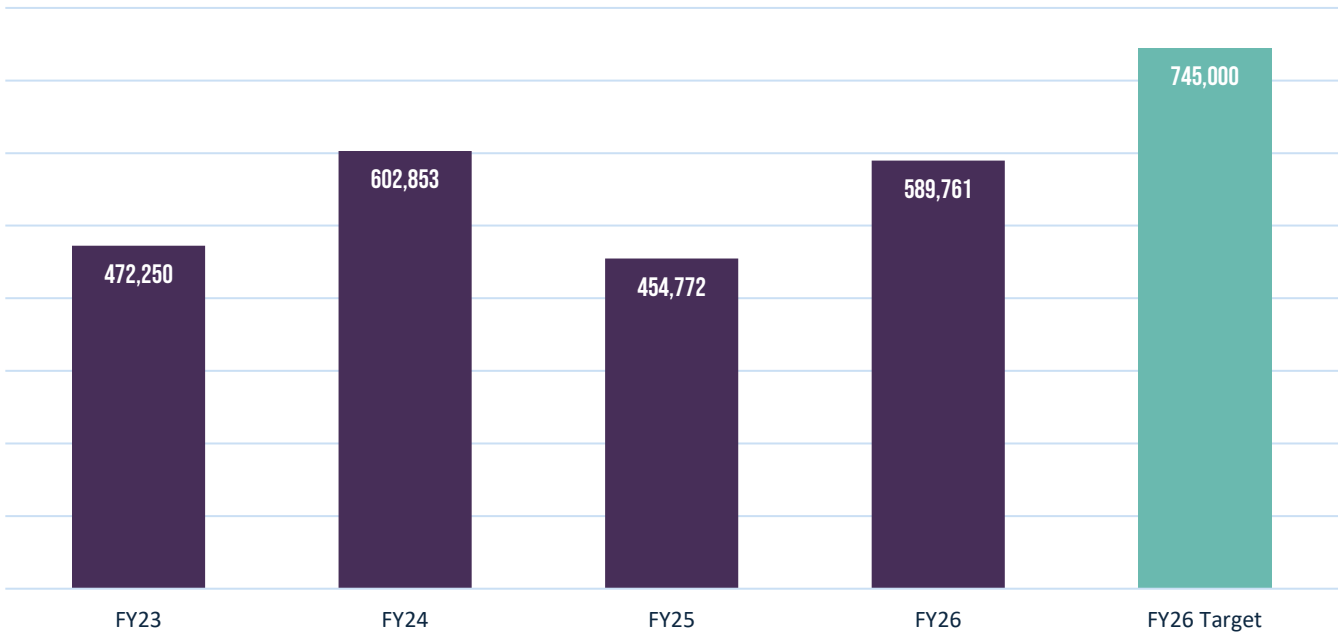
PERFORMANCE MEASURE #2

Number of hours of services provided by senior volunteers, statewide

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
472,250	602,853	454,772	111,572	145,460	148,940	183,789	589,761	745,000

Graph of Data Above



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), the Retired and Senior Volunteer Program (RSVP) grantees, and the department volunteer program (Care Companion Program, Volunteer Driver Program, and the Care Transition Volunteer Program),

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, that data is reported in the next state fiscal quarter.

STORY BEHIND THE DATA: 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), Care Companion Program, Volunteer Driver Program, and Care Transition Volunteer Driver Program. The Senior Volunteer Programs have seen a decline in enrollment due to health and mobility

limitations among the older adult population. The Aging Network Division has promoted marketing among volunteer programs to attract new volunteer participants.

IMPROVEMENT ACTION PLAN: To strengthen targeted outcomes and increase volunteer participation AND has allowed contractors to utilize a larger portion of administrative funds towards advertising and program development to encourage and increase senior volunteer participation. ALTSD has prioritized volunteer recruitment as a major initiative in the agency's strategic plan.

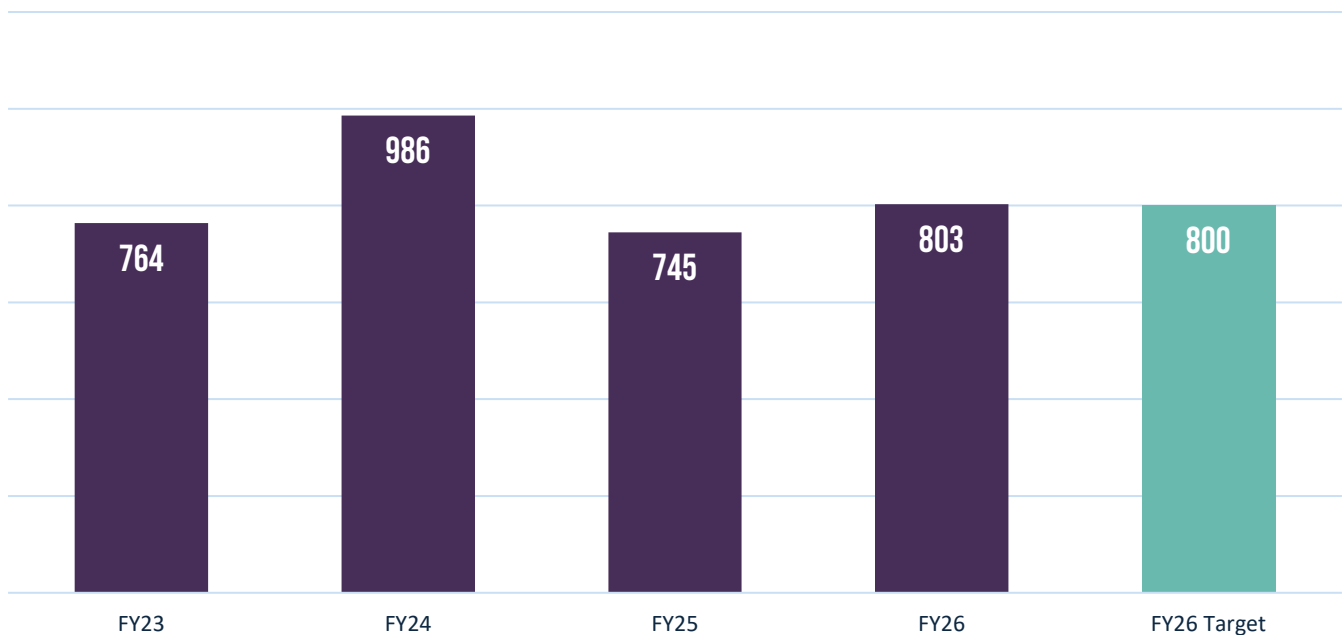
PERFORMANCE MEASURE #3

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
764	986	745	178	167	225	233	803	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 Q3 total for this measure includes PSAs 1–4 and PSAs 5 and 6.

STORY BEHIND THE DATA: During FY26 Q4, the Aging Network and contract service providers performed 233 outreach events (including provider volunteer outreach events, with a YTD total of 803). Outreach events may be in-person or virtual. Types of outreaches not included in these totals are Aging Network service outreach via websites, the ALTSD quarterly magazine, social media, newspapers, radio, and television. Specific outreach activities include recruitment of people who may benefit from internal and contracted services.

IMPROVEMENT ACTION PLAN: The performance numbers are on track and exceeded the end-of-year goals. The Aging Network will continue to ensure the older adult populations we serve are provided with relevant Aging Network information on available services and providers statewide through various forms of public outreach events statewide.

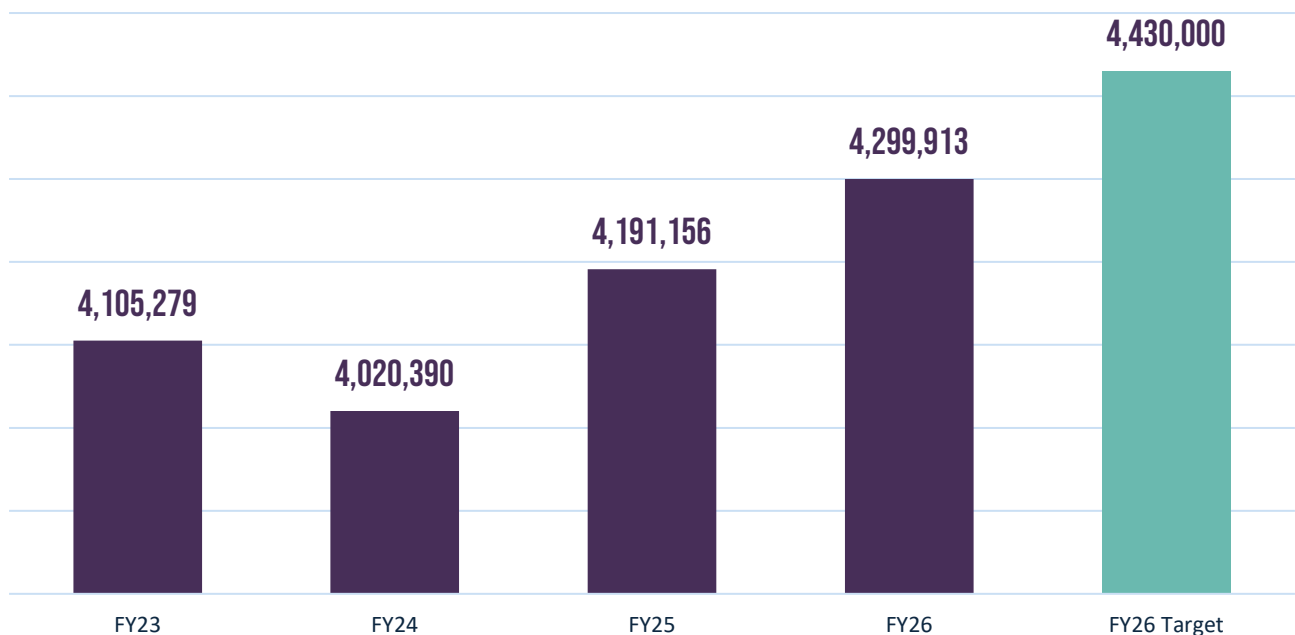
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
4,105,279	4,020,390	4,191,156	1,021,120	1,171,371	1,040,067	1,067,355	4,299,913	4,430,000

Graph of Data Above



MEASURE DESCRIPTION: This measure includes the number of meals served in congregate, home-delivered, and “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 senior centers and providers.

STORY BEHIND THE DATA: For FY26, the Planning and Service Areas (PSAs) 1 through 6 have achieved 94% progress toward their target. (The Crownpoint Agency (19 senior centers) did not submit data for February 2026; this information was incorporated into the final report.)

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

IMPROVEMENT ACTION PLAN: Strategies to improve this performance measure include implementing alternative meal delivery options—such as restaurant vouchers, food truck partnerships, and catering services to meal sites—to help reduce meal costs for service providers. Lower costs will allow for the expansion of both the number of meals provided and the number of individuals served. Currently, three contractors are working with the Non-Metro Area Agency on Aging (AAA) to pilot these alternative meal options, which will be reviewed for effectiveness and efficiency in FY27.

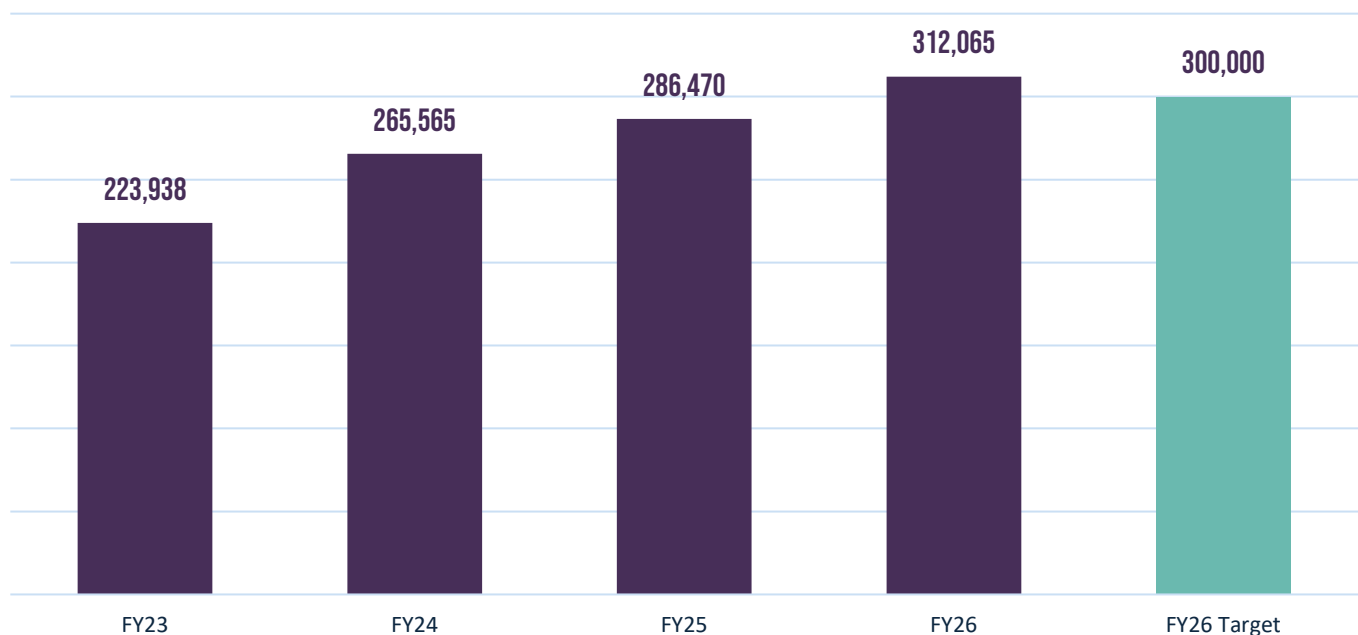
PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
223,938	265,565	286,470	75,518	80,181	77,647	78,719	312,065	300,000

Graph of Data Above



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 its allocation of New Mexico general funds in the service categories it deems 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: 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.

Transportation services help older adults with limited mobility and access to services as well as other forms of public transportation. Older adults need transportation services to perform essential tasks associated with daily living. As the need

for older adult transportation services increases, ALTSD and our service providers continue to explore creative ways to expand transportation services to serve the growing older adult population.

IMPROVEMENT ACTION PLAN: The AAA's, Providers, and Volunteers have succeeded in increasing transportation services across the state; however, the need for expanded transportation services is ever growing. The volunteer driver program is in its second year, and the Community Core (C3) transportation program grant term ends September 2026. Community Core (C3) transportation program will be included partially in FY27 reporting.

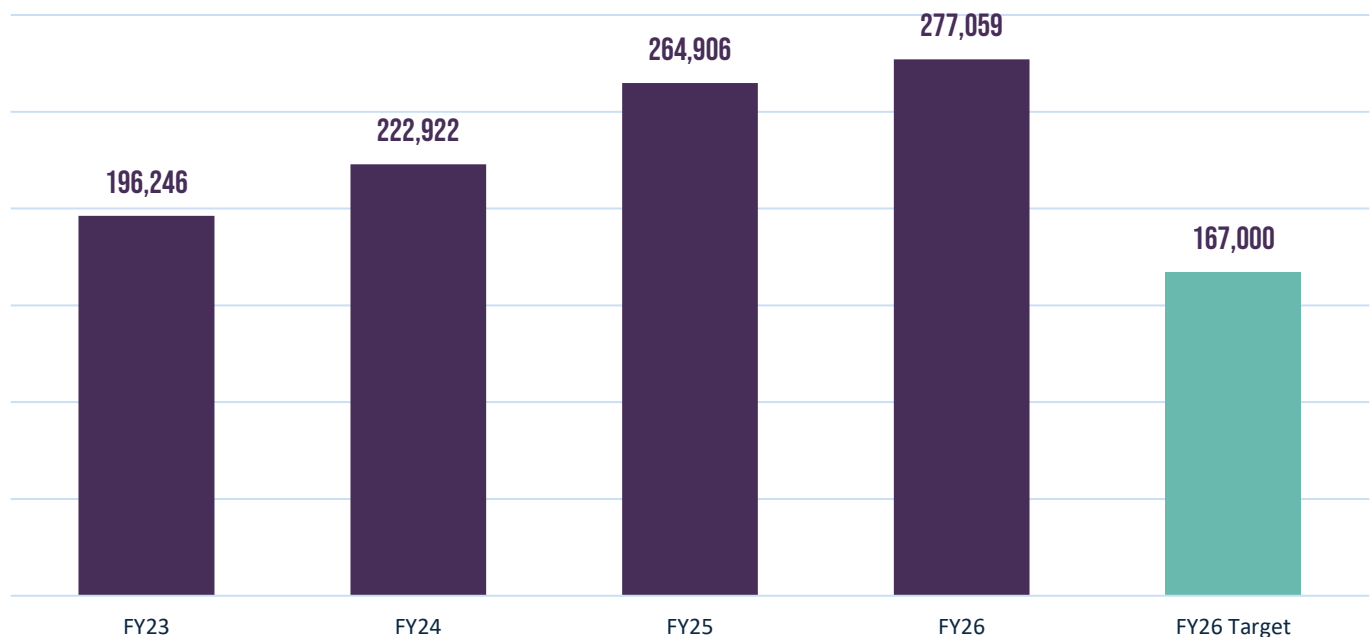
PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Total	FY26 Target
196,246	222,922	264,906	66,139	64,630	71,807	74,483	277,059	167,000

Graph of Data Above



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 FY25 or FY26.

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	FY Quarter 1 Hours, by Caregiver Service Category	FY Quarter 2 Hours, by Caregiver Service Category	FY Quarter 3 Hours, by Caregiver Service Category	FY Quarter 4 Hours, By Caregiver Service Category
Respite Care	22,508	20,560	21,312	24,622
Adult Day Care	21,969	20,124	21,269.5	22,497
Homemaker	20,333	20,447	21,574.75	21,735
Other Support Services	1,329	3,499	7,650.75	5,631
Total	66,139	64,630	71,807	74,483

STORY BEHIND THE DATA: Caregiver support remains a strategic priority for ALTSD, encompassing services such as home care, adult day care, respite care, and other essential supports for family and informal caregivers. For FY26, the agency reached 277,059.21 service units against a target of 167,000, achieving approximately 165% of its goal.

This measure reflects a comprehensive range of supports, including training, counseling, and caregiver support groups, designed to strengthen caregivers' capacity and well-being. Reported training data include evidence-based programs such as the Savvy Caregiver program, which equips caregivers with practical skills and knowledge.

Overall, this performance highlights the agency's strong progress in assisting caregivers who enable their loved ones to remain at home longer, helping to avoid or delay the need for more costly institutional care.

IMPROVEMENT ACTION PLAN: The performance numbers are on track and exceeded the end-of-year goals. The department will continue implementing effective strategies that support this progress, maintain close monitoring of data submitted by the AAA's, and reinforce successful practices to ensure goals are achieved and sustained through the next reporting period.

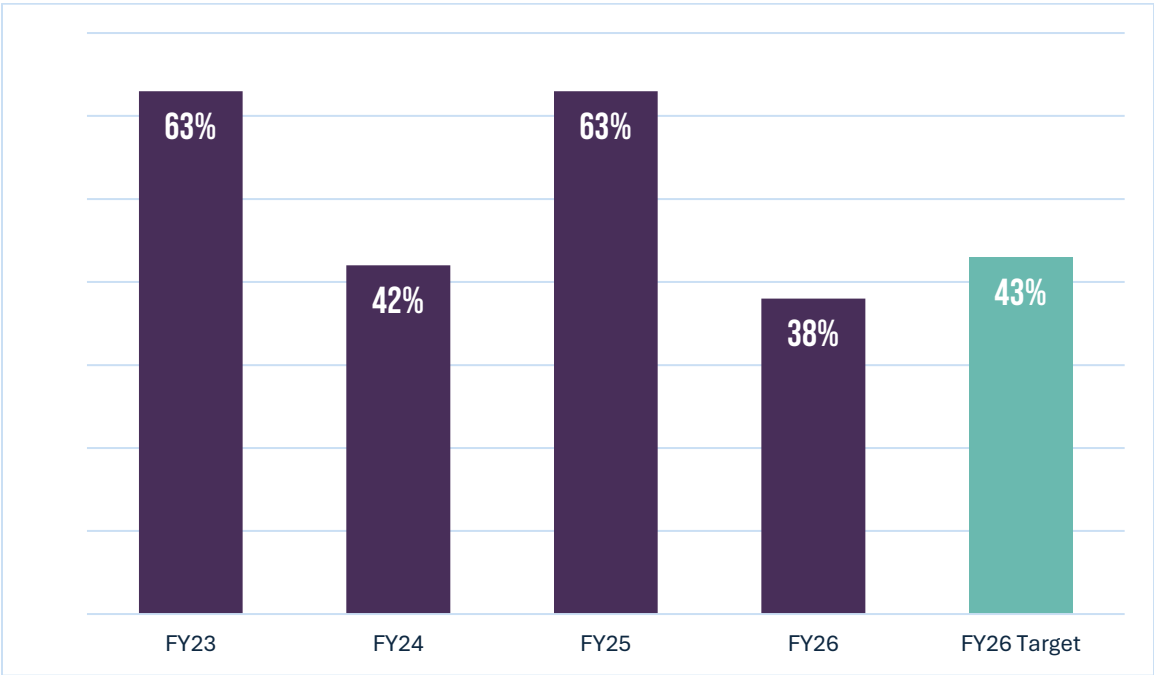
AND ANNUAL MEASURE

Percent of individuals exiting the senior employment programs achieving financial independence through employment without public sector subsidy

Results

FY23	FY24	FY25	FY26	FY26 Target
63%	42%	63%	38%	43%

Graph of Data Above



STORY BEHIND THE DATA: The Senior Employment Bureau supervises the Senior Community Service Employment Program (SCSEP); administers the state-funded Senior Employment Program (SEP); and collaborates with the University of New Mexico for the Community Health Worker (CHW) program. The goal of the Senior Employment Programs is unsubsidized employment that provides financial independence for each program member.

IMPROVEMENT ACTION PLAN: When recruiting senior program participants, ALTSD Senior Employment Staff will train and emphasize the importance of obtaining unsubsidized employment. The first training is scheduled during the Conference on Aging on September 24, 2026 during (TIPS).

AND ANNUAL EXPLANATORY MEASURE

Average cost per unit of transportation in Bernalillo and Santa Fe counties

Results

FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg
\$38.00	\$31.00	\$35.00	\$31.00	\$34.00

STORY BEHIND THE DATA: The following data elements are collected to provide the average cost per unit of transportation for Bernalillo and Santa Fe counties. (This includes both assisted transportation and regular transportation units.)

- The number of transportation units (one-way trips) provided by each county.
- The cost for all transportation units provided.
- The number of consumers receiving transportation units in each county.
- The average cost per unit of transportation is then calculated.
- This data is collected by Metro and Non-Metro AAAs.

Across the two counties, there are differences in capacity, distribution, networks, wages, locations, marketing, and fuel prices. These variables have an impact on the result for the average cost per unit of transportation in both Bernalillo and Santa Fe Counties.

IMPROVEMENT ACTION PLAN: The Non-Metro AAA is in the process of becoming an eligible Medicaid billing entity. Transportation services for older adults who are Medicaid eligible. This will allow Non-Metro AAA to bill Medicaid for transportation costs associated with those older adults, allowing for a decrease in operating costs and an increased ability to provide transportation services overall.

LONG-TERM CARE

Program Description, Purpose, and Objectives: The Long-Term Care Division (LTCD) was re-established on July 1, 2025 to provide essential resources, programs, and advocacy that empower individuals and caregivers to thrive within their communities.

LTCD is composed of the following program areas:

- Kinship Caregiver
- Veteran Directed Care
- Care Transitions Unit (CTU)
- New MexiCare
- Office of Alzheimer's and Dementia Care

Program Budget (in thousands):

FY26 Budget Codes	General Fund	Other State Funds	Federal Funds	Other Transfers	BUDGET TOTAL	Full-Time Employees
200	1,215.5		55.7	400.0	1,671.2	28
300	5,605.3		442.8		6,048.1	
400	170.0		5.0		175.0	
TOTAL	6,990.8		503.5	400.0	7,894.3	

LTCD Program Performance Measures:

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

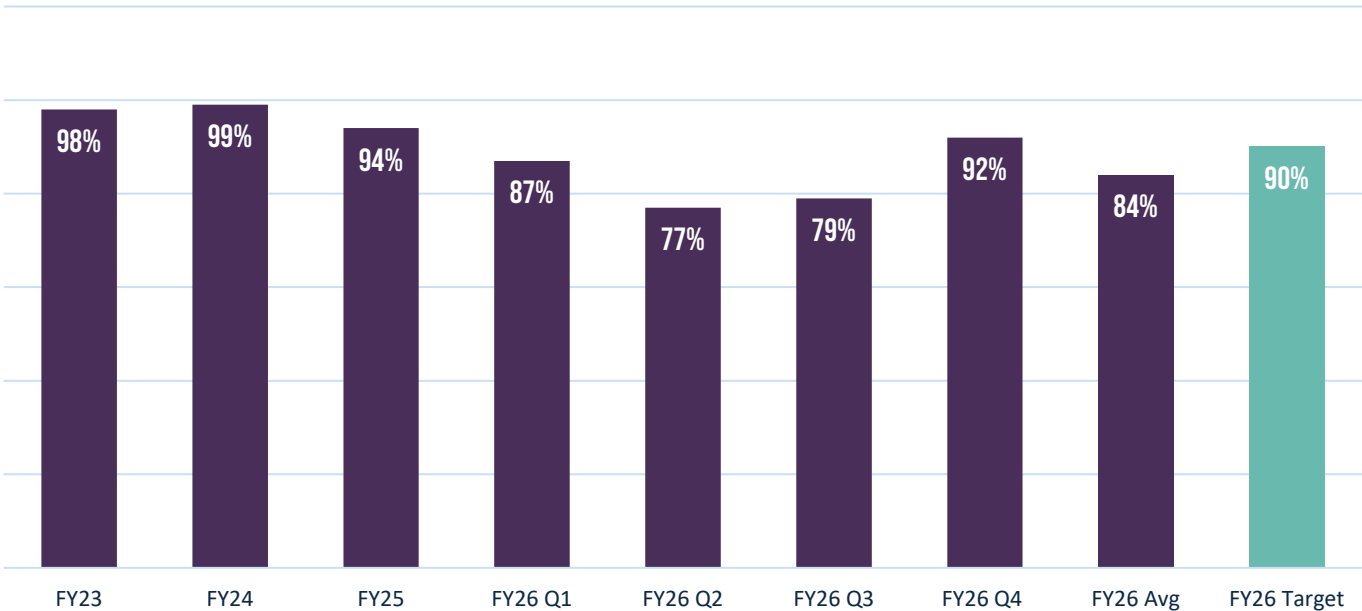
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
98%	99%	94%	87%	77%	79%	92%	84%	90%

Graph of Data Above



MEASURE DESCRIPTION: The percentage of residents who left a 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 LTCD CTS staff and the subsequent well-being provided for six months following community re-entry or transfer.

STORY BEHIND THE DATA: During FY26 Q4, the Community Transition Unit (CTU) strengthened its impact by expanding outreach, increasing staffing, and enhancing statewide partnerships while maintaining a caseload of approximately 160 clients. The team successfully transitioned 37 nursing facility residents back into the community, with 100% of residents discharged in May and June remaining in the community for at least six months. Overall, Q4 achieved a 13% increase over Q3 in residents remaining in the community following a nursing home transition, reflecting continued improvement in long-term transition outcomes. Ongoing efforts to strengthen data collection and quality assurance support sustainable program performance and alignment with agency goals.

CTU continues to refine its methodologies to strengthen quality assurance, improve data accuracy, and ensure alignment with current program standards.

IMPROVEMENT ACTION PLAN: In FY27, the Community Transition Unit (CTU) will focus on strengthening workforce capacity through recruitment, onboarding, staff development, and cross-training to support consistent statewide service delivery. The program will evaluate FY26 outreach and education efforts to better target awareness activities in tribal, rural, and underserved communities. CTU will also conduct a retrospective review of partnerships and referral sources to strengthen high-performing collaborations, expand outreach in underrepresented counties, and improve identification of individuals who can successfully transition and remain in the community.