

HM53 DEMENTIA TASK FORCE SUMMARY REPORT JUNE 2026



THIS REPORT WAS CREATED BY:

MICHELE LIS DBA ML CONSULTING, LLC
Santa Fe, New Mexico

RACHEL O'CONNOR AND ASSOCIATES, LLC
Placitas, New Mexico

Table of Contents

Executive Summary	Page 3
Section One: Introduction	Page 5
Section Two: HM53 Membership, Activities, and Process for Report Findings	Page 7
Section Three: HM53 Task Force Priorities (Findings and Recommendations)	Page 11
Section Four: Additional Considerations	Page 16
Section Five: Conclusions and Next Steps	Page 21
Appendix: A. Table of State Agency Roles B. Summary Table of Recommendations C. Sample Caregiver Guide for Cognitive Diagnosis	Page 22

List of Acronyms

- *ADOD = Alzheimer's Disease and Other Dementias*
- *ALTSD = (New Mexico) Aging and Long-Term Services Department*
- *DOH = (New Mexico) Department of Health*
- *HCA = (New Mexico) Health Care Authority*
- *LHHS = (New Mexico) Legislative Health & Human Services Committee*
- *OADC = (New Mexico) Office of Alzheimer's and Dementia Care*

Executive Summary

Background

In 2025, the New Mexico Legislature passed House Memorial 53 (HM53), creating a Task Force to develop recommendations for improving outreach and services for people living with Alzheimer’s disease and other dementias (ADOD) and their caregivers. From August 2025 through January 2026, the Task Force brought together stakeholders from state government, health care, and community organizations to assess current needs and identify opportunities for improvement.

This report presents the Task Force’s key findings and priority recommendations for legislative and agency action. It also includes additional recommendations informed by a review of Task Force activities, stakeholder interviews, and related research.

Key Findings

The Task Force identified seven interconnected findings that collectively define the scope and urgency of the challenge:

1. Critical and Growing Need

ADOD represents a significant and escalating public health challenge in New Mexico that demands urgent action. Nationally, the prevalence of ADOD is notably higher in communities of color, and New Mexico's diverse population makes addressing these inequities a matter of both public health and equity.

2. Integration of Resources

Three state departments—the Aging and Long-Term Services Department (ALTSD), the Department of Health (DOH), and the Health Care Authority (HCA)—along with community partners and health care providers, possess existing resources to support those with ADOD. Strengthening interdepartmental collaboration will allow these agencies to leverage their assets more effectively and better coordinate services statewide.

3. Expanding Resource Capacity

While resources to serve individuals with ADOD exist across the state, they are not adequately funded or scaled to meet current—let alone growing—demand. Expanding the reach and capacity of existing programs is essential as additional infrastructure is strengthened.

4. Lack of Adequate Dementia-Trained Workforce

New Mexico faces a critical shortage of both clinical providers and community-based professionals with specialized dementia training. The insufficient clinical and health care provider workforce contributes directly to delayed diagnosis and delayed access to treatment, with disproportionate impacts in rural and tribal communities where workforce gaps are most acute.

5. Need for Culturally-Appropriate Public Awareness

Many New Mexicans—particularly those in rural, tribal, and bilingual communities—lack access to culturally and linguistically appropriate information about ADOD, its warning signs, available clinical

care, and community-based supports. Increased public awareness is foundational to driving earlier diagnosis and service utilization.

6. Caregiver Support

Caregivers are the backbone of support for individuals living with ADOD. While New Mexico has taken meaningful steps to strengthen caregiver support systems, demand far exceeds current capacity—particularly in rural and tribal communities where formal services are limited or absent.

7. Sustainable Funding

Leveraging federal grants and maximizing Medicare and Medicaid reimbursement for billable services is essential to expand access to early ADOD diagnosis and treatment sustainably and to fund the implementation of Task Force recommendations.

Priority Recommendations

Based on these findings, the Task Force identified three strategic priorities that together form a continuum of care—from awareness through diagnosis to ongoing community support:

Priority 1: Public Awareness and Evidence-Based, Culturally-Appropriate Education and Training

Expanded, culturally responsive public awareness campaigns and education initiatives will support earlier recognition of ADOD symptoms, especially in rural, tribal, and bilingual communities that are currently underserved. Greater awareness reduces stigma, builds health literacy, and creates the conditions for timely diagnosis and care. The State would also benefit from a public awareness campaign that teaches community members about the existing array of services and how to access them.

Priority 2: Early Access to Clinical Care and Best Available Treatments

Early diagnosis is transformative—it opens the door to treatment, clinical trial participation, and timely planning for long-term needs. Increasing access to dementia-trained clinical providers and ensuring equitable availability of emerging therapies are central to improving outcomes for New Mexicans living with ADOD.

Priority 3: Access to Community-Based Services for People Living with Dementia and Their Caregivers

A well-trained community-based workforce and a robust network of supportive services are essential to ensuring that older adults living with ADOD can age with dignity in their homes and communities. Strengthening these services—and the caregivers who depend on them—is critical to meeting both the clinical and long-term care needs of people with ADOD.

Additional Considerations

ML Consulting reviewed Task Force documents and conducted stakeholder interviews to enhance this report. Besides the Task Force recommendations, it also includes additional suggestions for agency officials and policymakers, summarized in the report and detailed in the Appendix.

Section One: Introduction

In 2025, the Legislature passed House Memorial 53, which established a Task Force to convene state agencies and experts to use the best available evidence-based research regarding brain health to increase awareness, integrate research, and make recommendations to seek funding and resources to update and integrate efforts on Alzheimer's and dementia programs and initiatives. This report is the result of the legislation and work completed by the Task Force.

The Memorial specifically directed the Task Force to conduct the following activities and compile a report with outcomes and recommendations to the Legislature and Governor by June 30, 2026. The House Memorial 53 summary of requests is listed below:

- Convene DOH, ALTSD, NM Alzheimer's Association, other statewide entities, and experts
- Update and integrate the best available evidence-based research regarding brain health into the department's public health education and outreach campaigns
- Increase the public's understanding and awareness of ADD (warning signs, risk reductions, early detection)
- Investigate the need for health care provider education and outreach (awareness of risk factors, diagnosis, best standard of care, care planning, available treatments, validated assessment tools, planning, and billing).
- Explore access barriers and solutions to increase access to resources for caregivers and the best available early diagnosis and treatment programs
- Make recommendations for federal funding and resources needed to implement Task Force recommendations.
- Produce a report on the efforts and outcomes recommended by the Task Force.

Dementia and Alzheimer's Landscape in New Mexico

The landscape of Alzheimer's and other dementias (ADOD) in New Mexico represents a significant and growing public health challenge. As of 2024, approximately **46,000 New Mexicans** aged 65 and older—roughly **11.8%** of that age group—are living with these conditions. The impact of the disease is felt most acutely within families, where an estimated **426,000 caregivers** (comprising 26% of the state's adult population) provide the backbone of support.ⁱ Among these, 46,000 specifically care for adults with ADOD, contributing a staggering **119 million hours of unpaid care** every year. This dedication is vital, as nearly half (48%) of all unpaid caregivers for older adults in the state are tending to someone with dementia.ⁱⁱ

The burden of ADOD also highlights deep-seated health disparities within New Mexico's diverse populations. Nationally, the prevalence of ADOD is notably higher in communities of color: **19%** among non-Hispanic Black older adults and **14%** among Hispanic older adults, compared to **10%** for White older adults. This means Black seniors are twice as likely, and Hispanic seniors 1.5 times as likely, to live with the disease. Furthermore, the impact on Indigenous communities is profound, with more than half (**54%**ⁱⁱⁱ) of American Indian and Alaska Native people over age 70 experiencing cognitive impairment. These statistics underscore why Alzheimer's has become a leading cause of mortality; it was the **8th leading cause of death**^{iv} in New Mexico in 2023 and rose to the **6th leading cause**^v across the U.S. by 2025.

The chart below provides Alzheimer's Dementia Prevalence estimates by county (Source: Dhana et al., Alzheimer's & Dementia, 2023).

Table 1. Alzheimer's Dementia Prevalence Estimates, 2020

County	Total Pop. Age 65+ (nearest 100)	AD Cases Age. 65+ (nearest 100)	AD Prevalence (%) Age 65+
Guadalupe	900	100	15.50%
Harding	300	50	15.10%
Mora	1,300	200	14.10%
Rio Arriba	8,000	1,100	13.80%
Hidalgo	1,000	100	13.40%
San Miguel	6,400	800	13.20%
Union	900	100	13.00%
Dona Ana	37,000	4,800	12.90%
Luna	5,000	600	12.80%
Chaves	10,500	1,300	12.60%
De Baca	500	100	12.60%
Curry	6,400	800	12.40%
Eddy	8,500	1,000	12.20%
Lea	8,100	1,000	12.20%
Colfax	3,400	400	12.10%
Grant	7,900	900	12.10%
Socorro	3,400	400	12.10%
Taos	9,300	1,100	12.10%
Cibola	4,600	500	12.00%
Otero	12,100	1,400	12.00%
Roosevelt	2,800	300	12.00%
Bernalillo	118,400	14,100	11.90%
Valencia	14,500	1,700	11.90%
Quay	2,200	300	11.80%
Sierra	4,100	500	11.60%
Los Alamos	3,600	400	11.10%
San Juan	19,900	2,100	10.80%
Santa Fe	40,000	4,300	10.80%
Torrance	3,400	400	10.70%
McKinley	9,500	1,000	10.60%
Sandoval	28,500	3,000	10.60%
Lincoln	6,100	600	10.50%
Catron	1,600	200	10.20%

Source: Dhana et al., *Alzheimer's & Dementia*, 2023

Section Two: Task Force Membership, Activities, and Process for Report Findings

Task Force Membership

House Memorial 53 established a Task Force composed of 14 members from government, health care, and community-based organizations. *Gratitude is extended to the following members for their contributions.*

Table 2. Task Force Members and Affiliation

Task Force Member	Affiliation
Representative Pamela Herndon Mercedes Herrera	Legislative Representative and HM53 Sponsor
Joseph Roybal-Sanchez	AARP
Donald Smithburg	Alzheimer's Association
Lorey Esquibel	Caregivers
Erin Tarica	Family Caregiver Center of New Mexico
Troy Clark	Hospital Association
Emily Kaltenbach Angelina Flores-Montoya Amy Lucero Antonella Harrison	New Mexico Aging and Long-Term Services Department and Office of Indian Elder Affairs
Adrienne Smith	New Mexico Caregiver's Coalition
Kevin Peine	New Mexico Department of Health
Valerie Tsosie	So'Tsoh Foundation
Dr. Janice Knoefel	University of New Mexico Health Sciences Memory and Aging Center

Task Force Activities and Meetings

The Task Force convened in August 2025 and held six meetings on the following dates, with discussion on topics outlined in the memorial. The Task Force also presented interim findings to the LHHS on November 7, 2025.

Table 3. Task Force Meetings

Meeting Date	Topics
August 28, 2025	Review HM53 Task Force requests; priority areas identified.
September 23, 2025	Evidence-based research and other state models (E.G., Dementia Care Specialist Model)
October 16, 2025	Priority focus area updates and evidence-based research
November 7, 2025	LHHS Dementia Task Force Presentation to Committee
November 19, 2025	Updates on priority areas and recommendations
December 17, 2025	Share evidence-based programs, outreach, treatments, and models to inform the report.
January 7, 2026	Clinical and health care provider roles, access to treatment, and community-based supports for people with dementia and caregivers. Task Force members invited to join Dementia Advisory Council to provide input on the ALTSD Dementia and Brain Health Roadmap.

Process for Report Findings

A. Overview of Process

ML Consulting was engaged to synthesize the findings and outcomes of the HM53 Task Force and present them in this report. The research process drew on three primary sources: a comprehensive review and thematic analysis of notes and minutes from all six Task Force meetings; key informant interviews with eight Task Force members and additional subject matter experts conducted to gather deeper input on priorities and recommendations; and a review of primary research and literature relevant to the Task Force's focus areas. Together, these sources informed the findings, gaps, and recommendations presented throughout this report.

Gratitude is extended to the following individuals who shared their thoughts through interviews:

Representative Pamela Herndon

Dr. Janice Knoefel, University of New Mexico

Kevin Peine, New Mexico Department of Health

Trista Turner, Office of Alzheimer's and Dementia Care, New Mexico Aging and Long-Term Services

Joseph Roybal-Sanchez, AARP

Angelina Flores-Montoya, New Mexico Aging and Long-Term Services Department

Adrienne Smith, New Mexico Caregivers Coalition

Natalie Skogerboe, Aspen Solutions

Angela Medrano, Consultant

B. Primary Research

Below is a high-level summary of research, models, and evidence-based practices regarding brain health, dementia, and Alzheimer's that were explored/investigated.

A. Overview: Alzheimer's and Other Dementias

Dementia is a collection of symptoms associated with a decline in memory, reasoning, language, and other thinking skills, caused by harmful protein buildups and damage to parts of the brain. The most common form is Alzheimer's disease, which accounts for 60 to 80% of cases, though many other types exist. Symptoms typically appear after age 60, though rare early-onset cases can occur in a person's thirties through fifties. Certain populations face a higher risk, including Hispanic, Latino, American Indian, and Alaska Native individuals.^{vi}

Brain changes that cause dementia are thought to begin twenty or more years before symptoms appear, with the brain compensating through alternate neural networks until it can no longer do so. As the disease progresses, individuals lose the ability to perform everyday tasks and, in the final stages, may require around-the-clock care. While the exact causes are not fully understood, they are believed to involve a mix of genetic, environmental, and lifestyle factors. Currently, there is no proven cure, though some treatments can slow progression, and healthy lifestyle behaviors may reduce risk or delay the onset of symptoms.

B. Healthy Brain Initiative

The [Healthy Brain Initiative \(HBI\)](#) was established in 2005 through congressional support, creating a collaboration between the Alzheimer's Association and the Centers for Disease Control and Prevention (CDC) to prioritize brain health within public health practice. The HBI works to improve the understanding of brain health as a central part of public health by creating and supporting partnerships that promote brain health across the lifespan, collecting and reporting data to inform priorities and decision-making, increasing awareness among the public and health professionals, and supporting populations with a high burden of Alzheimer's disease and related dementias.

The overarching vision of the HBI is that everyone deserves a life with the healthiest brain possible. A key tool in achieving this is the [HBI Road Map](#), most recently updated for 2023–2027, which serves as a framework designed to help public health professionals act with urgency in their communities to improve brain health across the life course and support caregivers. The Road Map promotes equity by integrating brain health and caregiving into state and local public health practices. It addresses the social factors that impact brain health throughout a person's life. As evidenced with other chronic diseases — including heart disease, diabetes, and cancer — public health approaches like those employed by the HBI can reduce the burden of disease and help address health disparities related to dementia.^{vii}

C. Dementia Care Specialist (Wisconsin Model)

The [Dementia Care Specialist \(DCS\) Program](#) is embedded within select Aging and Disability Resource Centers (ADRCs) and tribal agencies throughout Wisconsin. The program has four primary goals: supporting individuals with dementia to stay in their own homes and remain active in the community; supporting family caregivers so they can continue to help their loved ones remain in the least restrictive setting for as long as possible; increasing the dementia capability of local ADRCs and other county and tribal agencies; and facilitating local efforts to build dementia-friendly communities. All information and services are provided to community members regardless of income level.

Dementia Care Specialists meet with individuals and families to offer a deeper understanding of dementia and its impact over time, covering topics such as future planning, action plans for anticipated changes, strategies to address evolving needs and behavioral changes, safety planning, and skills to help caregivers reduce stress. Specialists also conduct memory screenings to help identify changes in memory and cognition and can refer individuals to a doctor if memory loss is detected, as well as connect people to social activities and caregiver support groups in their local communities. The DCS program is part of the broader Dementia-Capable Wisconsin Initiative, prompted by the Wisconsin Department of Health Services. It serves as a catalyst for creating dementia-friendly communities by raising awareness of the unique needs of people with dementia and their families.^{viii}

D. CDC BOLD Grant

The [Building Our Largest Dementia \(BOLD\) Infrastructure for Alzheimer's Act](#) was passed into law on December 31, 2018, with the aim of advancing public health efforts to reduce dementia risk, support early detection of dementia, and support caregivers of individuals with dementia. The Act directed the Centers

for Disease Control and Prevention (CDC) to establish three national Public Health Centers of Excellence in dementia, focused respectively on dementia caregiving, dementia risk reduction, and early detection of dementia. Through BOLD, the CDC funds state, territorial, local, and tribal public health departments to build a strong public health infrastructure with a focus on dementia risk reduction, increasing early detection and diagnosis, preventing avoidable hospitalizations, and supporting dementia caregiving. The CDC funds 43 state, local, territorial, and tribal recipients for a five-year period, and all recipients use the Healthy Brain Initiative State and Local Road Map for Public Health, 2023–2027 as a guide to expand and improve their response to Alzheimer's disease and related dementias.

Since its enactment, the CDC has made 66 awards to 45 state, local, and tribal health departments, and the BOLD Act has also increased data analysis and timely reporting on Alzheimer's, cognitive decline, caregiving, and health disparities. These collective efforts have increased public awareness, expanded training of health care providers, linked public health programs with health care systems, and supported programs to reduce the risk for Alzheimer's disease and related dementias. A bipartisan BOLD Reauthorization Act has been introduced in both the Senate and House to continue and expand this critical public health work, underscoring broad legislative support for sustaining the program's momentum.^{ix}

E. The Guiding an Improved Dementia Experience (GUIDE) Model

The [Guiding an Improved Dementia Experience \(GUIDE\) Model](#) is a voluntary, nationwide initiative launched by the Centers for Medicare & Medicaid Services (CMS) on July 1, 2024, designed to run for eight years. The model tests the impact of providing comprehensive, coordinated services and supports for people with dementia and their caregivers, with the goal of helping individuals remain safely in their homes and communities longer, preventing or delaying nursing home placement, improving quality of life for both patients and caregivers, and reducing Medicare and Medicaid expenditures. The GUIDE Model addresses the problem of fragmented dementia care by delivering evidence-based services, including care navigation, 24/7 access to a support line, caregiver training and education, respite services of up to \$2,500 annually, and connections to community resources.

The model uses an alternative payment methodology with two key components: tiered monthly per-patient payments to support a collaborative care approach based on patient complexity and caregiver burden, and reimbursement for respite services, including in-home care, adult day center programs, and facility-based respite. Care is delivered through interdisciplinary teams that include clinicians with dementia experience, Care Navigators, and direct care workers. Participants are required to screen patients and caregivers for psychosocial and health-related social needs and connect them with local community-based organizations. The model also includes specific components to reach high-needs populations, including financial and technical support for developing dementia care programs in underserved and rural areas with limited access to specialty dementia care, making it a particularly relevant opportunity for states like New Mexico.^x

Section Three: HM53 Task Force Priorities

Dementia Task Force: Analysis of Strategic Gaps and Recommendations

The HM53 Task Force convened from August 2025 to January 2027 to assess the landscape of Alzheimer's disease and other dementias (ADOD) in New Mexico and to develop actionable recommendations to strengthen outreach and services for people living with dementia and their caregivers. This section presents the critical challenges and proposed strategic actions identified by the Task Force, organized by its three core priorities. The full set of recommendations follows in Table 4.

New Mexico faces a significant and growing public health challenge. The prevalence of ADOD is rising statewide, with communities of color experiencing disproportionately higher rates—a pattern that mirrors national trends but is amplified by New Mexico's demographic diversity. Across all three priorities, the Task Force found that existing resources, while meaningful, are not adequately funded, coordinated, or scaled to meet current demand, and that inequities in access are most acute in rural, frontier, tribal, and bilingual communities.

The Task Force's Three Strategic Priorities

- **Priority 1:** Public Awareness and Evidence-Based, Culturally-Appropriate Education and Training
- **Priority 2:** Early Access to Clinical Care and Best Available Treatments
- **Priority 3:** Access to Community-Based Services for People Living with Dementia and Their Caregivers

These priorities are interdependent. Increased public awareness drives earlier recognition of symptoms and reduces stigma. Earlier recognition leads to timely diagnosis, which opens the door to treatment, clinical trial participation, and long-term planning. A trained workforce and robust community-based services then ensure that individuals and caregivers receive sustained, dignified support throughout the care continuum.

Priority 1: Increase Public Awareness and Culturally-Appropriate Education

The Task Force identified major gaps in public understanding of dementia, including limited awareness of risk factors, early warning signs, and the resources available to people living with dementia and their caregivers. These challenges are compounded by persistent stigma and by limited access to culturally and linguistically appropriate outreach—especially in rural, tribal, and bilingual communities. In addition, many front-line clinicians and other workforce sectors need more specialized education and training to recognize symptoms and make timely referrals for diagnosis and treatment.

Closing these gaps is essential across the full continuum of dementia care. Without stronger public awareness and a better-prepared workforce, even well-resourced clinical and community systems may fail to reach the people who need them most.

Task Force Recommendations

To address these needs, the Task Force recommends:

- A statewide public awareness campaign focused on prevention, early detection, diagnosis, and how to access existing resources.
- Targeted education and training initiatives for providers and other workforce sectors
- Strategic collaboration with the Office of Indian Affairs and other partners to ensure outreach is culturally grounded
- Pursuit of federal funding through the CDC, the Administration for Community Living, and other sources
- Expanded workforce training across the sector

Current Landscape: Dementia Education and Training in New Mexico

New Mexico already has a strong foundation of evidence-based education and training resources that can be expanded to reach more community members, caregivers, and workforce professionals who serve individuals with ADOD. The ALTSD Office of Alzheimer's and Dementia Care (OADC) serves as the central statewide hub for dementia education and awareness, operating a comprehensive website covering brain health, warning signs, risk factors, types of dementia, post-diagnosis guidance, and a calendar of trainings offered by both the Department and community partners.

The following highlights current training offerings available to providers and caregivers in New Mexico:

A. NCCDP Certified Alzheimer's Disease and Dementia Care Trainer Program (OADC)

OADC is implementing this national certification program, which trains healthcare professionals to become certified dementia care practitioners. The standardized, evidence-based curriculum—widely used in long-term care and memory care settings nationally—is available to paid and family caregivers, first responders, EMTs, social workers, case managers, city and county senior care staff, home health workers, physical rehabilitation staff, and long-term care facility employees.

B. Alzheimer's Foundation of America (AFA) Monthly Training Webinars

Sponsored by ALTSD, AFA offers free interactive monthly webinars open to professional and family caregivers. Training content is evidence-informed, covering care techniques, communication strategies, and behavioral management aligned with current dementia care research.

Additional Education, Programs, and Trainings

The following organizations provide supplementary dementia and caregiver education resources available to New Mexicans:

- Alzheimer's Association – [Dementia Care Resources](#) (Programs about Alzheimer's disease and programs for caregivers)
- Family Caregiver Center of New Mexico – [Powerful Tools for Caregivers](#)
- The Memory Care Alliance – [Caregiving Education and Support Groups](#)
- New Mexico Caregiver Coalition – [Respite Caregiver Training](#)

- [Health Occupation Students of America - HOSA respite care trainings](#)
- [Parkinson's Foundation](#)
- [UCLA Caregiver Videos](#)
- UNM Health Sciences Center outreach and trainings

Priority 2: Access to Clinical Care and Best-Available Treatments

Early diagnosis is transformative: it enables access to emerging treatments, opens pathways to clinical trial participation, and allows individuals and families to plan for long-term care needs. Yet New Mexico's clinical landscape is defined by severe workforce shortages, inadequate infrastructure, and long wait times—barriers that delay diagnosis and widen existing health disparities.

The state faces a significant deficit of clinical providers—including neurologists and dementia specialists—particularly in frontier, rural, and tribal areas. Many primary care providers lack familiarity with validated cognitive screening tools and with Medicare billing for Annual Wellness Visits, resulting in missed opportunities for early detection. Access to diagnostic imaging, including MRI and PET scans, which are critical for accurate dementia diagnosis, is also limited, with long wait times compounding delays.

The Task Force's recommendations under this priority focus on expanding clinical capacity, reducing wait times, and ensuring that New Mexicans have access to the best available treatments. Key initiatives include:

- Training primary care providers to conduct baseline cognitive assessments during Annual Wellness Visits and equipping them with information on Medicare billing and specialist referral pathways.
- Expanding the specialist pool and UNM Memory Care and Aging Clinic's capacity to reduce wait times for diagnosis and specialty care, as well as improved access to diagnostic tests and imaging equipment.
- Improving statewide access to virtual care through enhanced telehealth infrastructure, particularly for frontier and tribal communities.
- Leveraging the Rural Health Transformation Program and medical compacts to expand the clinical provider pool in underserved areas.
- Increasing access to evidence-based treatments and clinical trials, including exploration of emerging interventions such as the UNM medical psilocybin program for Alzheimer's and dementia.

Priority 3: Access to Community-Based Services for People with Dementia and Their Caregivers

Caregivers are the backbone of support for individuals living with ADOD, yet the systems meant to support them are stretched far beyond their current capacity. The Task Force found critical shortfalls in specialized case management, adult day services, and respite care—the very services that allow individuals with dementia to remain safely in their homes and communities and that protect caregiver health and wellbeing.

New Mexicare, the state’s pilot program for caregiver assistance and training for family/friend caregivers supporting older adults with cognitive or physical limitations, has been expanded to serve 600 people and yet still does not meet the overwhelming need. Adult day care and respite services face severe capacity constraints across the state. Family caregivers, particularly those in rural and tribal regions, shoulder immense burdens with little institutional support: low reimbursement rates, no paid family leave, and limited access to navigation resources compound the challenge of caregiving in geographically isolated communities.

To address these gaps, the Task Force recommends launching a specialized case management pilot to help families identify, access, and coordinate resources. This pilot would provide families with dedicated navigation support from the point of diagnosis through the progression of care needs.

Additional recommendations under this priority are designed to build a more comprehensive, equitable system of community-based support:

- Expand New Mexicare to serve a greater number of individuals with ADOD across the state.
- Implement the Yes NM Closed Loop Referral system to improve coordination and follow-through on community resource connections.
- Increase funding for adult day services and respite care to address critical capacity shortfalls.
- Expand the Lifespan Respite Care Program, including caregiver vouchers, support networks, and training.
- Increase reimbursement rates for both professional and family caregivers to stabilize the direct care workforce.
- Utilize Community Health Workers (CHWs) and local government senior services staff to extend family support, especially in rural and tribal communities.
- Advocate at the legislative level for paid family and medical leave, recognizing family caregivers as an essential but currently unsupported component of the dementia care system.

Table 4. Summary of HM53 Task Force Recommendations

Priority	Identified Gaps	Task Force Recommendations
Priority 1 Increase Public Awareness and Culturally-Appropriate Education and Training	<ol style="list-style-type: none"> 1. Low general public awareness of dementia risk factors and early warning signs 2. Lack of awareness about how to access existing resources, especially among rural, tribal, and bilingual communities 3. Absence of culturally appropriate outreach materials and campaigns for tribal, rural, and bilingual communities 	<ol style="list-style-type: none"> 1. Conduct a Statewide Public Awareness Campaign on prevention, early detection, and diagnosis informed by evidence-based research. 2. Conduct a statewide public awareness campaign on how to access existing resources. 3. Collaborate with the Office of Indian Affairs and other key partners to expand culturally appropriate outreach and training for tribal, rural, and bilingual communities.

Priority	Identified Gaps	Task Force Recommendations
Priority 2 Access to Clinical Care and Best-Available Treatments	<p>4. Pervasive stigma surrounding dementia diagnosis</p> <p>5. Need for additional workforce training across multiple sectors</p> <p>6. Lack of targeted training for front-line providers and clinicians who may be the first point of contact</p>	<p>4. Increase training for providers and caregivers to ensure a high-quality, dementia-trained workforce.</p> <p>5. Train providers on validated cognitive assessment tools, Medicare Annual Wellness Visit billing, and the process for neurology referrals to increase the timeliness of patient diagnosis.</p> <p>6. Seek federal Administration for Community Living funding for education and awareness programs.</p>
	<p>1. Insufficient clinical providers to screen, diagnose, and treat ADOD, resulting in delayed diagnosis and long wait times</p> <p>2. Provider's lack of awareness of validated assessment tools and Medicare billing for cognitive assessments</p> <p>3. Severe workforce shortages, especially in rural, frontier, and tribal areas</p> <p>4. Inadequate capacity at the UNM Memory Care and Aging Clinic and long wait lists</p> <p>5. Limited access to diagnostic imaging (MRI and PET scans) and associated wait times</p>	<p>1. Expand clinician capacity to provide baseline cognitive assessments at Annual Wellness Visits through targeted training.</p> <p>2. Expand clinical capacity and shorten wait times through expansion of the provider pool and UNM Memory Care and Aging Clinic.</p> <p>3. Identify funding and policy mechanisms to support clinical care expansion:</p> <ul style="list-style-type: none"> ◦ Leverage Rural Health Transformation Program funding. ◦ Utilize medical compacts to expand the provider pool in frontier and tribal hospitals. ◦ Expand telehealth infrastructure to increase statewide virtual appointment access. <p>4. Increase access to evidence-based treatment and clinical trials.</p> <p>5. Develop UNM medical psilocybin program for Alzheimer's and dementia and other best available treatments.</p>
	<p>1. Limited capacity within New Mexicare (currently serving approximately 600 people)</p> <p>2. Lack of specialized case management and care navigation</p> <p>3. Insufficient adult day and respite care services statewide</p>	<p>1. Expand New Mexicare to serve greater numbers of individuals with ADOD.</p> <p>2. Develop a Specialized Case Management/Dementia Care Specialist pilot to help families identify and access resources.</p>

Priority	Identified Gaps	Task Force Recommendations
	<p>4. Inadequate support for family caregivers, including those in rural and tribal communities</p> <p>5. Lack of paid family and medical leave</p> <p>6. Low reimbursement rates for professional and family caregivers</p> <p>7. Limited access to emergency funding and APS support for isolated seniors with dementia</p>	<p>3. Launch the Yes NM Closed Loop Referral system to improve community resource coordination.</p> <p>4. Increase funding for adult day and respite services.</p> <p>5. Increase funding for Adult Protective Services (APS) support for seniors with dementia who are isolated or have complex vulnerabilities.</p> <p>6. Expand the Lifespan Respite Care Program, including caregiver vouchers, support, and training.</p> <p>7. Increase reimbursement rates for family and professional caregivers.</p> <p>8. Utilize Community Health Workers (CHWs) to extend family support in rural and tribal communities.</p> <p>9. Advocate for paid family and medical leave legislation.</p>

Section Four: Additional Considerations

ML Consulting conducted interviews with ALTSD staff and Task Force members to identify any outstanding recommendations not included in the preliminary work. The following recommendations are derived from these interviews and the consulting team's observations. Care was taken to refine these additional considerations to ensure they align with both the Task Force's and the Department's overall goals of serving this population effectively.

- 1. Build Additional Infrastructure at ALTSD, Office of Alzheimer's and Dementia Care:** The Office of Alzheimer's and Dementia Care (OADC) is an established division within the Aging and Long-Term Services Department. This office serves as a central resource for addressing dementia-specific issues in the state. Currently, it oversees the state's dementia programming across prevention, training, and coordination. Additionally, it serves as the primary point of contact for the state's dementia care initiatives.

The ALTSD currently has one employee staffing this important division. The state would benefit from additional staff assisting in various areas.

- Identifying new funding sources to support agency priorities.
- Planning and coordinating grant writing.

- Coordinating interagency and interdepartmental communications.
- Networking and coalition building with local governments, for-profit and non-profit providers, and individuals with dementia and their family members.

2. **Strengthen Interdepartmental Partnerships (see table in Appendix A):** House Memorial 53 created a Task Force to make recommendations regarding services to people with dementia in New Mexico. The Memorial prescribed membership that included valuable partners such as the Alzheimer's Association, the Department of Health, the Caregiver Coalition, the University of New Mexico, and others. Together, these partners coalesced to make recommendations as instructed by the legislation.

However, interviews revealed that key public stakeholders were either not included or their roles were not well defined. For example, the New Mexico Healthcare Authority (HCA), which oversees New Mexico's Medicaid program (Turquoise Care), has extensive responsibility for providing personal care and other health-related services to seniors. In addition, the Task Force would have benefited from representation from the Department of Health Epidemiology and Response Division and the Behavioral Health Services Division, as well as from Public Health.

As a result, Task Force members were confused about the role that each respective agency plays in the provision of services for older adults with dementia. In addition, these three state agencies possess existing infrastructure and programs that can be leveraged more effectively through strengthened interdepartmental collaboration. Specific recommendations to clarify this include, but are not limited to, the following:

- Clearly identify State agencies serving these populations and their role in service provisions for older adults (see attached Table in Appendix A).
- Educate Task Force members and policymakers on Department roles and responsibilities, and the crucial programs they have that serve older adults.
- Increase communications amongst state agency players to determine what each can bring to the table to better serve people with dementia, their caregivers, and affected families.

3. **Focus on Maximizing Existing Resources:** The State currently has significant resources dedicated to serving people with dementia and those who care for them. However, many of these programs have limited funds or service slots. Signature programs that are currently serving the State well and could be expanded to meet the needs of more people with dementia include, but are not limited to:

- a. **New Medicare:** *Financial support and navigation resources to friend and family caregivers to support personal care for non-Medicaid clients. This program recently expanded and is currently serving 635 eligible caregivers, with a total of nearly 800 served to date.*
- b. **Turquoise Care/Community Benefit:** *Turquoise Care is the state's Medicaid plan. Community Benefit services are similar to Medicaid waiver services, providing a range of in-home supports for eligible individuals. These services may include meal preparation, adult day health, respite care, and minor home modifications such as ramps and grab bars.*

- Access to Community Benefit services is crucial for meeting the long-term needs of people living with dementia and their caregivers. These services also provide an alternative to institutional care by helping individuals remain in their homes and communities for as long as possible. Reducing waitlists for Community Benefit services is therefore essential to meeting the needs of New Mexico's aging population.*
- c. **Lifespan Respite Grant:** *This program provides access to respite services which offers short-term relief for primary caregivers. This is offered through a federal grant to NM ALTSD and provides respite services with vouchers for respite, training for respite providers, and direct access to respite care. It is recommended to seek ongoing expansion funds to support these important services.*
 - d. **Adult Day Care:** *Specialized daytime environments for seniors who cannot be left alone, providing social engagement and supervision.*
 - e. **Public Health Offices:** *By 2030, one in three New Mexicans will be over the age of 60, yet the Public Health offices provide limited, if any, services for people with dementia and their families.*
 - f. **UNM Memory and Aging Care Center/Clinical Care:** *The University of New Mexico offers clinical support for individuals with Alzheimer's disease and their families through its Memory and Aging Care Center. The program provides comprehensive services, including diagnosis, treatment, and long-term family support. However, it is currently significantly understaffed and unable to meet the statewide clinical needs, resulting in a one-year waiting list. Increasing the capacity of this program and similar initiatives is essential to address the growing clinical needs of New Mexico's aging population.*
 - g. **Telehealth Services:** *Expand use of telehealth services as a low-cost resource to conduct cognitive assessments and increase access to providers.*
 - h. **Resource Tool-Kit:** *Develop a tool-kit or pre-work list for providers or family members to prepare for a specialist visit such as UNM Memory Care Clinic. This will help to prepare for the visit, gather all existing information, and best use the specialist's time and resources.*
4. **Seek additional funding capacity to support priority recommendations:** Multiple public and private payer sources could be utilized to enhance services to older adults with dementia in New Mexico. Expanding the capacity of the Office of Alzheimer's and Dementia Care would help the State compete for these dollars. Examples of funding streams that are available or underutilized include the following:
- a. **CDC BOLD:** Dollars are currently available through the Centers for Disease Control and Prevention's BOLD grants to support current New Mexico activities and projects. ALTSD intends to submit an application for the next round of CDC BOLD funding. According to the most recent CDC data, 43 recipients (including state, local, territorial, and tribal health departments) are currently funded under the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act for the 2023–2028 cycle. New Mexico is one of only a handful of states that have not yet benefited from this funding, which could support multiple priority recommendations made by the Task Force.

New Mexico, with over 46,000 individuals living with Alzheimer's and 67,000 unpaid caregivers providing 118 million hours of care annually, has a strong case for pursuing a CDC BOLD grant to enhance its dementia-related public health infrastructure. BOLD offers two components: a two-year capacity-building phase followed by three years of implementation, or a five-year direct implementation option. The New Mexico Aging and Long-Term Services Department has a solid foundation, including a State Plan for Alzheimer's and other dementias that aligns with BOLD's priorities. By partnering with the New Mexico Department of Health, tribal health agencies, and local organizations, ALTSD could craft a competitive application. Existing initiatives, such as a pilot Dementia Care Specialists Program and training standards for caregivers and first responders, can be integrated into a BOLD-funded strategic plan, positioning New Mexico well for this federal investment.

- b. **Maximizing Medicare:** Medicare is an underutilized payer source both nationwide and in New Mexico. Medicare provides coverage for dementia screening and assessment through several mechanisms, primarily the Annual Wellness Visit (AWV) and the specialized Cognitive Assessment & Care Plan. New Mexico should offer training to primary care providers on conducting screenings for high-risk patients and provide them with information on billing Medicare.

- The Annual Wellness Visit (AWV) is covered by Medicare Part B at no cost to the patient, with no deductibles or coinsurance. A key part of this visit is a brief cognitive screening, during which providers assess cognitive function through observation and reports from the patient and caregivers. Standardized tools like the Mini-Cog or the Montreal Cognitive Assessment (MoCA) are often used. Patients must be enrolled in Part B for at least 12 months to qualify.

If a provider identifies potential cognitive impairment during a routine visit or the Annual Wellness Visit (AWV), Medicare covers a separate, more comprehensive visit for Cognitive Assessment and Care Plan Services. The billing code for this service is CPT 99483. Unlike the AWV, this service is subject to the Part B deductible and a 20% coinsurance.

This visit involves a detailed evaluation that must include a comprehensive medical history, physical examination, functional assessment, and a review of medications. Additionally, it must include a written care plan among other components.

Medicare also covers essential diagnostic tests to identify conditions, including:

- Laboratory Tests:** Blood tests and urinalysis.
- Imaging Tests:** CT scans, MRIs, and EEGs.
- PET Scans:** Brain Amyloid PET imaging for Alzheimer's diagnosis.
- Medicare also pays for *evaluations* by neurologists, psychiatrists, or clinical psychologists under Part B benefits and covers medical services like doctor visits and physical therapy in those settings.

- c. **Maximize Opportunities Through Medicaid:** In New Mexico, the Medicaid Managed Care program, known as Turquoise Care, provides services for seniors with dementia primarily through its Long-Term Care and Community Benefit programs. These services are designed

to support individuals with cognitive impairments, allowing them to remain safely in their homes or communities instead of transitioning to a nursing facility. The services offered include Adult Day Health, Personal Care, Home Delivered Meals, and respite care. However, there is currently a waiting list to access these services.

Turquoise Care also provides Care Coordination for seniors with advanced conditions such as dementia. A care coordinator evaluates each senior's health status, cognitive needs, and home safety, helping to create and manage a comprehensive, customized care plan. Despite this valuable service, it appears that seniors are not fully maximizing access to it.

Many states are shifting towards dedicated, dementia-specific case management protocols. This means that case managers receive specialized training, maintain lower caseloads, or operate under waivers specifically designed for cognitive decline, rather than general physical frailty. States that offer such services include Virginia, Kentucky, Florida, Arizona, and Texas. It is recommended that the Aging and Long-Term Services Department (ALTSD) explore Turquoise Care to assess current usage and identify options to elevate this service to a more specialized model.

- d. **Rural Hospital Grants:** *New Mexico Rural Hospital and Health Care Grant* funding can be used to serve older adults, provided the services align with the specific grant's goals of expanding access to essential health care in rural areas.

- Several current recipients of the state's Rural Health Care Delivery Fund (RHCDF), a major \$146 million initiative, specifically use their awards to provide geriatric and senior-focused care. Eligible services include Memory and Dementia Care, Nursing Home and Long-Term Care, Chronic Disease Management, and Home-Based Services.

5. **Implement no-cost or low-cost “wins”:** Examples include but are not limited to:

- A one-page step-by-step guide for families of people with dementia. To date, families struggle to determine how to proceed beyond the initial diagnosis. An example is provided in the Appendix of this report.
- Families do not currently have access to a listing of clinical specialists and could benefit from the creation of such a document to be posted on the ALTSD website.
- The Department of Health, Epidemiology and Response Division should utilize existing data sources to create and distribute an annual report on the status of older adults.
- Develop and distribute a one-page briefing sheet for Legislators outlining the scope of the problem, the number of constituents impacted in each county, and links and phone numbers to resources for services such as respite and personal care.
- The Health Care Authority, Behavioral Health Services Division, should provide data on the number of people in the behavioral health system who are identified as older adults with dementia.

6. **Develop a Case Management Pilot.** Case Management for older adults with dementia and their families was the most requested service discussed in interviews. ALTSD could consider developing a small pilot program to provide intensive case management. Possible options could include one of the following options:

- a. Request funds for the development of a pilot program like the Dementia Specialist program spearheaded in Wisconsin.
 - b. Work with the AAA and others to provide intensive training to existing field Case Managers to better serve this population.
 - c. Work with the MCO funded to provide Turquoise Care to identify better and provide intensive Case Management to individuals with dementia who are dually eligible.
7. **Increase Partnerships with Local Government and Agency Providers:** The Aging and Long-Term Department (ALTSD) funds both public and privately run senior centers across the state. Many of these funds are reimbursed through agreements with the Area Agency on Aging (AAA). These centers offer essential services, including congregate and home-delivered meals, transportation, and various activities. In some cases, they may also provide chore services and case management, which can be supplemented by funding from local counties or cities.

This valuable grassroots network should play a critical role, in partnership with the state government, in identifying and supporting individuals with dementia. Staff at local senior centers often serve as the first or only point of contact for isolated seniors experiencing cognitive decline. Potential partnership ideas include, but are not limited to:

1. ALTSD could disseminate valuable information about clinical and social supports to their network.
2. Staff such as Activity Coordinators, Cooks, and Drivers could be trained on how to identify cognitive changes and what information or referrals could be made for those who are struggling with memory or other identified issues.
3. AAA has begun a Case Management pilot for Seniors that could also be modified to serve people with dementia and their family members.

Section Five: Conclusion and Next Steps

The Dementia Task Force held regular meetings over a six-month period that began in 2025. These meetings culminated in a series of recommendations outlined in this document. Additional recommendations were gathered through interviews and observations, which are referenced above.

In parallel with this process, the Aging and Long-Term Services Department (ALTSD) hired a contractor, Aspen Solutions, in 2025 to plan future growth in state efforts to address dementia care. In 2026, an Advisory Council was established to guide this initiative. Members of the Dementia Task Force were invited to participate in the Advisory Council to ensure their work aligned and to prevent any conflicting findings.

Currently, the ALTSD is working to finalize the "*Dementia and Brain Health Road Map*," which will serve as a comprehensive document for state agencies and policymakers dedicated to supporting individuals with dementia and their caregivers.

Appendix A: State of New Mexico Agency Roles and Responsibilities to Serve People Living with Dementia and Their Caregivers

Three state agencies play a critical role in serving individuals with dementia and their family members, including the Aging and Long-Term Services Department, the Healthcare Authority, and the Department of Health. The chart on the pages below outlines programs each department offers to individuals with dementia and their families, and more details about programs and services are provided through ALTSD and [ODAC](#).

Agency	Role	Specialized Services	Generic Services for Older Adults
New Mexico Aging and Long-Term Services Department (ALTSD)	<p>ALTSD’s mission is to provide accessible, integrated services that help older adults, adults with disabilities, and caregivers maintain their independence, dignity, and safety.</p> <p>The ALTSD Office of Alzheimer’s and Dementia Care (OADC) serves as the central statewide hub for dementia-specific initiatives.</p>	<p>Office of Alzheimer’s and Dementia Care (OADC) The OADC serves as New Mexico’s central hub for dementia-specific initiatives.</p> <p>Public Education and Training:</p> <ul style="list-style-type: none"> • “Take Action. Talk.” Campaign – Launched March 2025 in partnership with the Alzheimer’s Association of New Mexico. Goal: spark family conversations and educate the public on the 10 warning signs of Alzheimer’s. • Post-Diagnosis Guidance: Resources and information to help individuals and families understand their specific type of dementia and next steps following a diagnosis. • Webinars: Free monthly webinars for professional and family caregivers, often offering CE credits for social workers and healthcare professionals. • Workforce Training: Pathways and funding support for professionals to become Certified Dementia Practitioners. • Resource Library: Curated local and national resources to help navigate ADOD. 	<p>Aging and Disability Resource Center (ADRC): The primary “single point of entry” for older adults, people with disabilities, and caregivers to access long-term services and supports. Designed as a “no wrong door” system.</p> <p>Long-Term Care Planning: Assisting families with planning for future needs, including health care wishes, legal capacity, and financial considerations (e.g., Powers of Attorney and Living Wills).</p> <p>Emergency Preparedness: Helping caregivers create emergency and disaster plans tailored to individuals with dementia, for whom routine disruptions can be particularly distressing.</p>

Agency	Role	Specialized Services	Generic Services for Older Adults
		<p>Specialized Caregiver Support Programs:</p> <ul style="list-style-type: none"> • New MexiCare (Caregiver Health Program): Provides financial assistance and training to family or friend caregivers of individuals with cognitive or physical limitations. May provide up to \$1,400/month to support home-based care. • Savvy Caregiver Program: Evidence-based training program that teaches families the clinical skills and knowledge required for dementia care. • Title XX: Safety net services for individuals who are abused, exploited, or neglected. Access through APS; must meet Medicaid financial requirements and ADL criteria. • Respite Care: Coordination of temporary relief for primary caregivers, including reimbursement through the Alzheimer's Association and free online respite caregiver training. • Lifespan Respite Grant: Federal funding to expand New Mexico's Lifespan Respite Care System, providing vouchers and community-based respite for caregivers of individuals with Alzheimer's, dementia, and Parkinson's. • The GUIDE (Guiding an Improved Dementia Experience) Model piloted through a partnership with Consumer Direct in Northwestern counties to provide respite and training for caregivers. • Adult Day Care: Specialized daytime environments providing social engagement and supervision for seniors who cannot be left alone. • Care Transition Program: Free service helping seniors with cognitive decline transition safely from long-term care facilities back to home or community settings. 	<p>Senior Centers:</p> <p>ALTSD funds Senior Centers statewide, offering food access, activities, transportation, and in some cases, chore services and navigation/case management.</p> <p>Veterans Directed Care (VDC):</p> <p>A self-directed program allowing Veterans and their families to choose services and supports needed to live safely at home.</p> <p>Community-Based Services (The Aging Network):</p> <p>Through regional Area Agencies on Aging (AAA), seniors can access home-delivered or congregate meals, transportation, case management, and chore services.</p>

Agency	Role	Specialized Services	Generic Services for Older Adults
		<ul style="list-style-type: none"> • Legal Resources for the Elderly Program (LREP): Free helpline for residents 55+ addressing complex legal needs associated with dementia, including guardianship and medical orders. <p>Office of Indian Elder Affairs: Promotes culturally appropriate dementia education and supports for tribal members living with dementia.</p>	
New Mexico Department of Health (NMDOH)	NMDOH’s mission is to ensure health equity and, with partners, promote health and well-being while improving health outcomes for all New Mexicans.	<p>Disease Surveillance and Data: NMDOH conducts surveillance for dementia-related diseases using multiple data sources, including All-Payer Claims Data, Hospital Inpatient Discharge Data, Death Certificates, and the Behavioral Risk Factor Surveillance System (BRFSS), providing extensive information on seniors with dementia in New Mexico.</p> <p>Psilocybin Pilot Program: NMDOH is conducting a pilot review of a psilocybin program for Alzheimer’s and dementia.</p>	<p>Public Health Office Network: NMDOH operates over 50 public health offices across the state’s 33 counties, providing a wide range of clinical and community services, often on a sliding fee scale or at no cost. While primarily focused on population health (immunizations, infectious diseases), local offices provide some services relevant to older adults.</p> <p>Injury Prevention Program: Provides targeted training and information on fall prevention among seniors.</p>
New Mexico Health Care Authority (HCA)	HCA’s mission is to ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-	<p>Community Benefit (Turquoise Care): The primary Medicaid waiver-equivalent program for seniors. Allows individuals who meet a “Nursing Facility Level of Care” to receive services in their homes or communities rather than in an institution.</p>	HCA’s Medicaid programs provide foundational coverage for many older adults with ADOD, including access to primary care, behavioral health services,

Agency	Role	Specialized Services	Generic Services for Older Adults
	<p>quality health care and safety-net services.</p> <p>Established July 1, 2024, HCA consolidated the state’s health care purchasing and regulation into a single agency. It oversees Medicaid, SNAP, child support enforcement, and behavioral health services.</p>	<p>Services include personal care, meal preparation, adult day health, respite care, and minor home modifications (ramps, grab bars). Services are slot-based with a managed wait list.</p> <p>Community Benefit respite options include:</p> <ul style="list-style-type: none"> ◦ In-Home Respite: A professional comes to the home for a few hours or days. ◦ Adult Day Health: Provides respite by having the senior attend a specialized center during the day. ◦ Self-Direction (SDCB): Allows the senior to use their Medicaid budget to hire their own respite providers, including friends or certain family members. <p>Behavioral Health Crisis Support:</p> <p>HCA oversees the 988 Lifeline, providing 24/7 confidential support for mental health crises, including dementia-related behavioral changes.</p> <p>Mobile Crisis Teams:</p> <p>Rapid-response teams provide evaluation and stabilization in the community in the least restrictive environment possible.</p> <p>Mi Via (“My Path”):</p> <p>New Mexico’s self-directed Medicaid waiver program for individuals with intellectual and developmental disabilities (IDD) or medically fragile conditions. Allows participants to manage their own care rather than receiving a pre-set service bundle. Administered by HCA in partnership with DOH.</p>	<p>long-term services and supports, and prescription drug coverage.</p> <p>The 988 Lifeline and Mobile Crisis Teams serve the general population but are available to older adults and caregivers experiencing mental health or behavioral health crises.</p>

Appendix B. Summary of HM53 Task Force Recommendations

Priority	Identified Gaps	Task Force Recommendations
Priority 1 Increase Public Awareness and Community Education About Dementia	<ol style="list-style-type: none"> 1. Low general public awareness of dementia risk factors and early warning signs 2. Lack of awareness about how to access existing resources, especially among rural, tribal, and bilingual communities 3. Lack of culturally appropriate outreach to tribal and rural communities 4. Lack of culturally sensitive public awareness materials 5. Need for additional workforce training across sectors 6. Need for targeted campaigns for front-line providers and clinicians who may be the first point of contact 7. Need for a general public awareness campaign to address stigma around dementia 	<ol style="list-style-type: none"> 1. Conduct a Statewide Public Awareness Campaign on prevention, early detection, and diagnosis informed by evidence-based research. 2. Conduct a statewide public awareness campaign on how to access existing resources. 3. Collaborate with the Office of Indian Affairs and other key partners to expand culturally appropriate outreach and training for tribal, rural, and bilingual communities. 4. Increase training for providers and caregivers to ensure a high-quality, dementia-trained workforce. 5. Train providers on validated cognitive assessment tools, Medicare billing, and the process for neurology referrals to increase the timeliness of patient diagnosis. 6. Seek federal Aging Administration funding for education and awareness programs.
Priority 2 Access to Clinical Care	<ol style="list-style-type: none"> 1. Lack of clinical providers to screen, diagnose, and treat ADOD, resulting in access barriers to early diagnosis and long wait times 	<ol style="list-style-type: none"> 1. Expand clinician capacity to provide baseline cognitive assessments at Annual Wellness Visits through targeted training. 2. Expand clinical capacity and shorten wait times through expansion of the provider pool and the UNM Memory Care and Aging Clinic. 3. Identify funding and policy mechanisms to support clinical care: <ol style="list-style-type: none"> a. Leverage Rural Health Transformation Program funding.

Priority	Identified Gaps	Task Force Recommendations
Priority 3 Access to Community-Based Services for People Living with Dementia and Their Caregivers	<ol style="list-style-type: none"> 2. Provider lack of awareness of validated assessment tools and Medicare billing information 3. Workforce shortage, especially in rural, frontier, and tribal areas 4. Insufficient clinicians, including neurologists, and limited UNM Memory & Aging Clinic capacity 5. Lack of infrastructure at UNM Memory Care Clinic and growing wait lists 6. Limited access to imaging tools and extended wait times for MRI and PET scans 	<ol style="list-style-type: none"> b. Use medical compacts to expand the provider pool and the frontier/tribal hospital workforce. c. Expand telehealth infrastructure to increase statewide virtual appointment access. 4. Increase access to evidence-based treatments and clinical trials. 5. Develop UNM medical psilocybin program for Alzheimer's and dementia and other best available treatments.
	<ol style="list-style-type: none"> 1. Limited capacity within New Mexicare (currently serving approximately 600 people) 2. Lack of specialized case management 3. Lack of appropriate slots for Community Benefit 4. Lack of adult day and respite care services 5. Lack of support for family caregivers, including in rural and tribal communities 6. Lack of paid family leave 	<ol style="list-style-type: none"> 1. Expand New Mexicare. 2. Develop a Specialized Case Management/Dementia Care Specialist pilot to help families identify and access resources. 3. Launch Yes NM Closed Loop Referral system. 4. Increase funding for adult day and respite services. 5. Increase access to funding for APS support for seniors with dementia. 6. Expand Lifespan Respite Care Program, including caregiver vouchers, support, and training. 7. Increase reimbursement rates for family and professional caregivers. 8. Utilize Community Health Workers (CHWs) to provide family support. 9. Advocate for paid family and medical leave legislation.

Priority	Identified Gaps	Task Force Recommendations
	<p>7. Low reimbursement rates for caregivers</p> <p>8. Insufficient access to resources such as respite and case management/care navigation</p>	

Additional Considerations for Implementation

Priority	Identified Gaps	Additional Considerations
Strengthen Infrastructure	ALTSD has limited infrastructure to address major gaps in dementia care in New Mexico.	<p>ALTSD currently has one employee staffing this important division. The state would benefit from additional staff in the following areas:</p> <ol style="list-style-type: none"> 1. Identifying new funding sources to support agency priorities 2. Planning and coordinating grant writing 3. Coordinating interagency and interdepartmental communications 4. Networking and coalition building with local governments, for-profit and non-profit providers, and individuals with dementia and their families
Strengthen Interdepartmental Partnerships	ALTSD serves as the lead in coordinating policymaking and programming but needs stronger partnerships with state agencies.	<p>Specific recommendations include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Clearly identify state agencies serving these populations and their role in service provision for older adults (see Appendix A). 2. Educate Task Force members and policymakers on department roles, responsibilities, and the key programs each agency operates for older adults. 3. Increase communication among state agency partners to determine what each can contribute to better serve people with dementia, their caregivers, and affected families.
Maximize Existing Resources	The State has flagship programs that serve only a fraction of the population in need. The State should focus on expanding existing programs rather than creating new ones.	New Mexico has significant resources dedicated to serving people with dementia and their caregivers, but many programs have limited funds or service slots. Signature programs that could be expanded include, but are not limited to: New Mexicare, Turquoise Care/Community Benefit, the Lifespan Grant/Voucher Program, clinical care provided by UNM, telehealth services and others.

Priority	Identified Gaps	Additional Considerations
Seek Additional Funding to Support Priorities	Both federal and state dollars are available to support Task Force and Advisory Council priorities.	Funds are available through CDC Bold Grants, Rural Health dollars, Medicare, and other payer sources.
Implement No-Cost or Low-Cost “Wins”	State agencies could implement no-cost or low-cost programming immediately that would benefit the community.	<p>Examples include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Develop a one-page step-by-step guide for families of people with dementia to clarify next steps beyond the initial diagnosis. (See example in Appendix.) 2. Create and post on the ALTSD website a listing of clinical specialists available to families navigating an ADOD diagnosis. 3. Direct the DOH Epidemiology and Response Division to utilize existing data sources to produce and distribute an annual report on the status of older adults in New Mexico. 4. Develop and distribute a one-page legislative briefing sheet outlining the scope of the problem, the number of constituents impacted in each county, and links/phone numbers to key resources. 5. Direct the HCA Behavioral Health Services Division to report on the number of people in the behavioral health system identified as older adults with dementia. 6. Develop a tool-kit or pre-work list for providers or family members to prepare for a specialist visit such as UNM Memory Care Clinic. This will help to prepare for the visit, gather all existing information, and best use the specialist's time and resources.

Priority	Identified Gaps	Additional Considerations
Develop a Case Management Pilot	Case management for people with dementia and their caregivers remains one of the most significant gaps in the current service array.	<p>Possible options include one or more of the following:</p> <ol style="list-style-type: none"> 1. Request funds to develop a pilot program modeled on the Dementia Care Specialist program established in Wisconsin. 2. Work with Area Agencies on Aging (AAA) and others to provide intensive training to existing field case managers to better serve this population. 3. Work with the MCO funded to provide Turquoise Care to better identify and provide intensive case management to individuals with dementia who are dually eligible.
Increase Partnerships with Local Government and Community-Based Providers	The State would benefit from utilizing the grassroots connections between local government, senior centers, and community providers.	<p>Staff at local senior centers often serve as the first—or only—point of contact for isolated seniors experiencing cognitive decline. Potential partnership approaches include, but are not limited to:</p> <ol style="list-style-type: none"> 1. ALTSD could disseminate information about clinical and social supports through its network of local senior centers and Area Agencies on Aging. 2. Train Activity Coordinators, Cooks, Drivers, and other front-line staff to identify signs of cognitive change and make appropriate information referrals. 3. Expand the AAA Case Management pilot for seniors to include people with dementia and their family members.

Appendix C – Guide for Caregivers and Families

Getting a Diagnosis for Dementia in New Mexico: A Guide for Caregivers & Families

Getting a Diagnosis for Memory Problems

A Plain-Language Guide for Caregivers & Families in New Mexico

If you are worried that a family member or someone you care for is showing signs of memory problems or confusion, you are not alone — and you have options. This guide explains what kinds of tests and screenings are available, how they are paid for, and how to get started in New Mexico.

STEP 1: Start with a Doctor's Visit

The first step is to talk with a primary care doctor (your family doctor or a doctor at a clinic). You don't need a specialist to get started. During a regular visit, the doctor can:

- Ask questions about memory and thinking
- Do a short memory test (takes about 3–10 minutes)
- Look for other causes of confusion, such as medication side effects, sleep problems, depression, diabetes, or vitamin deficiencies
- Refer to a specialist if needed

Tip: Bring someone with you

Doctors often ask a family member or caregiver to answer questions about what they have noticed. Your observations matter. Write down specific examples before the appointment — for instance, 'She forgot the names of her grandchildren last Tuesday' or 'He got lost driving to the grocery store he's been going to for 20 years.'

STEP 2: The Free Annual Wellness Visit

If your family member has Medicare (the health insurance for people 65 and older), they are entitled to a free Annual Wellness Visit every year. This visit must include a check of their memory and thinking.

What happens at this visit?

- The doctor or nurse will ask questions about memory, daily activities, and overall health
- They may give a short written or spoken memory test
- They will look at medications and other health conditions
- This visit is FREE — no copay, no cost, as long as the doctor accepts Medicare

How to request this visit

Call the doctor's office and say: "I'd like to schedule the Annual Wellness Visit that Medicare covers, and I want to make sure it includes a memory check." If the doctor finds a concern, they can schedule a follow-up appointment for a more complete assessment.

STEP 3: A More Complete Assessment (If the Doctor Has Concerns)

If the short memory check at the Annual Wellness Visit raises concerns, the doctor can schedule a longer, more thorough appointment. This is called a Comprehensive Cognitive Assessment and Care Plan Visit.

What does this visit include?

- A detailed evaluation of memory, thinking, and daily functioning — usually 50 to 60 minutes
- The doctor will ask both the patient AND a family member or caregiver to answer questions
- A review of medications to check for ones that might affect memory
- A check for depression, anxiety, or behavior changes
- A safety assessment (driving, living alone, home safety)
- A written care plan that is shared with the patient and family — explaining next steps, available help, and community resources

How much does this cost?

Your insurance situation	What you typically pay
Medicare only	20% of the cost after a yearly deductible of about \$283. That usually means \$30–\$60 out of pocket for this visit.
Medicare + Medicaid ("dual eligible")	Usually FREE — Medicaid covers what Medicare doesn't pay.
Medicare Advantage (private plan through Medicare)	Must cover the same services as regular Medicare. Check your plan's paperwork or call the number on your insurance card.
Low income / can't afford the cost	You may qualify for Medicare Savings Programs that help pay your Medicare costs. Call New Mexico SHIP (free counseling): 1-800-432-2080

This visit can also be done by video (telehealth) — helpful for families in rural areas of New Mexico where specialists may not be nearby.

STEP 4: Specialized Testing (If Needed)

Sometimes the doctor needs more information to understand exactly what is going on. In that case, they may refer your family member for:

Type of test	What it is
Neuropsychological testing	A series of tasks and questions given by a psychologist to measure memory, attention, language, and problem-solving in detail. Takes 4–6 hours, sometimes spread over two visits.

Getting a Diagnosis for Dementia in New Mexico: A Guide for Caregivers & Families

Brain MRI scan	Medicare covers this when medically necessary. Can be done via telehealth. A picture of the brain that can rule out other causes (like a stroke, a small tumor, or fluid on the brain). An MRI does not diagnose Alzheimer's on its own but gives the doctor important information.
Blood test for Alzheimer's	A newer blood test can detect signs of Alzheimer's with about 85% accuracy. This test is becoming more available. Ask the doctor whether it makes sense for your family member.
Amyloid PET imaging	A brain scan that looks for amyloid protein — a key marker of Alzheimer's disease. Available at UNM Cancer Center in Albuquerque. Usually for complex or uncertain cases.

Where to Go in New Mexico

New Mexico has limited specialist resources, so it may take time to get an appointment. Here is where to start:

Resource	Notes
Your primary care doctor	The best first step. They can do the initial screening, order blood tests, and refer you to a specialist.
UNM Memory & Aging Clinic (Albuquerque)	The only dedicated memory care clinic in New Mexico. Sees patients in person and virtually. Current wait times are long (over a year). Ask your doctor for a referral as early as possible — and get on the waitlist now even if symptoms are mild.
Telehealth specialists	If you live in a rural area or can't travel, most memory care appointments can now be done by video. Medicare covers telehealth visits for these services.
Alzheimer's Association NM Chapter	Free support groups, education programs, and a 24/7 helpline: 1-800-272-3900. Can help you navigate the system and find local resources.

Important: Don't Wait

Because waits for specialists in New Mexico can be more than a year, it is important to start the process early — even if symptoms are mild or you are not sure. Early diagnosis opens the door to treatment, planning, and support.

Common Questions Caregivers Ask

"The doctor just does a short test — is that enough?"

Prepared April 2026 | For families and caregivers in New Mexico | For help navigating services, contact ALTSD: 1-800-432-2080

Getting a Diagnosis for Dementia in New Mexico: A Guide for Caregivers & Families

The short test at a regular visit is just a first screen. If it shows any concerns, you can ask for the longer, more thorough assessment (the Comprehensive Cognitive Assessment). Don't hesitate to ask.

"Will insurance pay for testing?"

Medicare covers the Annual Wellness Visit for free and covers the comprehensive assessment with a small copay. Blood tests and MRI are usually also covered when the doctor orders them as medically necessary. Medicaid (Centennial Care in New Mexico) can cover costs for those who qualify. If you're not sure what your insurance covers, call the number on the insurance card and ask.

"What if we can't afford it?"

New Mexico has programs to help people with low incomes pay for Medicare costs. Call ALTSD (Aging and Long-Term Services Department) at 1-800-432-2080, or contact NM SHIP (free Medicare counseling) to find out what help is available.

"What if we live far from Albuquerque?"

Most memory assessments can now be done by video (telehealth) from home. Your local primary care doctor can do the initial screening. If you need a specialist, ask about telehealth options. The Alzheimer's Association also has resources and support groups in many communities across New Mexico, including Gallup and other rural areas.

"What happens after the diagnosis?"

After a diagnosis, you should receive a written care plan from the doctor. This plan will explain the diagnosis, what to do next, and what resources are available — including support groups, in-home help, and community programs. You can also ask the doctor to refer you to a Dementia Care Specialist or care navigator who can help you and your family figure out next steps.

About the Memory Tests: What to Expect

Memory tests used by doctors are not like school tests — there are no "right" or "wrong" grades. They help the doctor understand how a person's thinking, memory, and daily functioning compare to what is typical for their age. Common tests include:

Name of test	What it's like	Good to know
Mini-Cog	About 3 minutes. The person draws a clock and remembers three words.	Free, quick — often used in a primary care office.
MoCA	About 10 minutes. Draws a shape, remembers words, does simple math, answers questions.	Available in Spanish. Good for detecting early-stage problems.
SLUMS	About 7 minutes. Questions and simple tasks about memory, attention, and thinking.	Free. Developed for Veterans; works well in rural settings.
SAGE	About 15 minutes. The person fills it out themselves (no doctor needed).	Available in multiple languages. Useful if

Prepared April 2026 | For families and caregivers in New Mexico | For help navigating services, contact ALTSD: 1-800-432-2080

Getting a Diagnosis for Dementia in New Mexico: A Guide for Caregivers & Families

	Answers questions about memory and daily tasks.	someone can't easily get to a doctor.
RUDAS	About 10 minutes. Designed to be fair across different cultural backgrounds.	Recommended for Hispanic/Latino and Native American patients.

Note for Hispanic/Latino and Native American families

Standard memory tests can sometimes be unfair if they were designed for a different cultural or language background. Ask the doctor or clinic to use a test that has been adapted for Spanish speakers or diverse cultural backgrounds — such as the MoCA in Spanish or the RUDAS. In New Mexico, this matters for many families.

Key Resources for New Mexico Families

Organization	What they can help with
Alzheimer's Association 24/7 Helpline	1-800-272-3900 Support, information, local resources, Spanish language services
ALTSD (NM Aging & Long-Term Services Dept.)	1-800-432-2080 Information on state services, New MexiCare, respite care
NM SHIP (free Medicare counseling)	1-800-432-2080 Help understanding your Medicare coverage and benefits — free, unbiased
NM Health Care Authority (Medicaid)	hca.nm.gov 1-855-637-6574 Help with Medicaid (Centennial Care) coverage
YES New Mexico (online resource portal)	yes.nm.gov Find and apply for state services online — including caregiver support
Family Caregiver Center of NM	familycaregivernm.org Support groups, caregiver navigation, and education resources
NM Caregivers Coalition	Help for family caregivers, respite care, and caregiver training

You don't have to figure this out alone. Help is available.

ⁱ New Mexico Aging and Long-Term Services Department (ALTSD). (2024). *Caregiver Resources and State Statistics*. Source for data on 426,000 total caregivers in New Mexico and the proportion specifically caring for individuals with ADOD. [ALTSD Caregiver Support](#)

ⁱⁱ Alzheimer's Association. (2024). *2024 Alzheimer's Disease Facts and Figures: New Mexico State Fact Sheet*. Source for data on 46,000 New Mexicans living with ADOD (11.8% of those 65+), 119 million hours of unpaid care annually, and caregiver statistics. [Access New Mexico Fact Sheet](#)

ⁱⁱⁱ Alzheimer's Association. (2024). *Special Report: Race, Ethnicity and Alzheimer's in America*. Source for national prevalence rates by race/ethnicity: 19% for non-Hispanic Black older adults, 14% for Hispanic older adults, 10% for White older adults; and 54% cognitive impairment rate among American Indian and Alaska Native people over age 70. [Read the Special Report on Disparities](#)

^{iv} New Mexico Department of Health (NMDOH). (2023). *NM-IBIS Summary Health Indicator Report: Leading Causes of Death*. Confirms Alzheimer's disease as the 8th leading cause of death in New Mexico in 2023. [NMDOH Leading Causes of Death Report](#)

^v Centers for Disease Control and Prevention (CDC) / National Center for Health Statistics. (2025). *FastStats: Leading Causes of Death*. Provides the 2025 national ranking showing Alzheimer's as the 6th leading cause of death in the United States. [CDC FastStats – Alzheimer's Disease](#)

^{vi} Alzheimer's Association. *Alzheimer's Disease Facts and Figures*. General background on dementia symptoms, progression, affected populations, and current treatment landscape. [Alzheimer's Disease Facts and Figures](#)

^{vii} Centers for Disease Control and Prevention (CDC) and Alzheimer's Association. (2023). *Healthy Brain Initiative State and Local Road Map for Public Health, 2023–2027*. Framework for public health action on brain health, dementia risk reduction, caregiver support, and health equity. See also: Rao et al. (2025), PubMed Central PMC12736971. [CDC Healthy Brain Initiative](#)

^{viii} Wisconsin Department of Health Services. (2019). *Dementia Care Specialist Program*. Description of program goals, specialist roles, services, and outcomes. See also: Central Wisconsin ADRC, Dementia Support Services. [Wisconsin DHS – Dementia Care Specialist Program](#)

^{ix} Centers for Disease Control and Prevention (CDC). (2023). *Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act: Program Recipients*. Information on the BOLD grant program, 2023–2028 award cycle, recipient states, and public health outcomes. See also: Alzheimer's Impact Movement, BOLD Act reauthorization; Rao et al. (2025), PubMed Central PMC12736984. [CDC BOLD Program Recipients](#)

^x Centers for Medicare & Medicaid Services (CMS). (2024). *Guiding an Improved Dementia Experience (GUIDE) Model*. Model overview, payment methodology, service components, and program goals for comprehensive coordinated dementia care. [CMS GUIDE Model](#)