NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

LEGISLATIVE FINANCE COMMITTEE: NEW MEXICARE EVALUATION

FARMINGTON, NM | AUGUST 26, 2026

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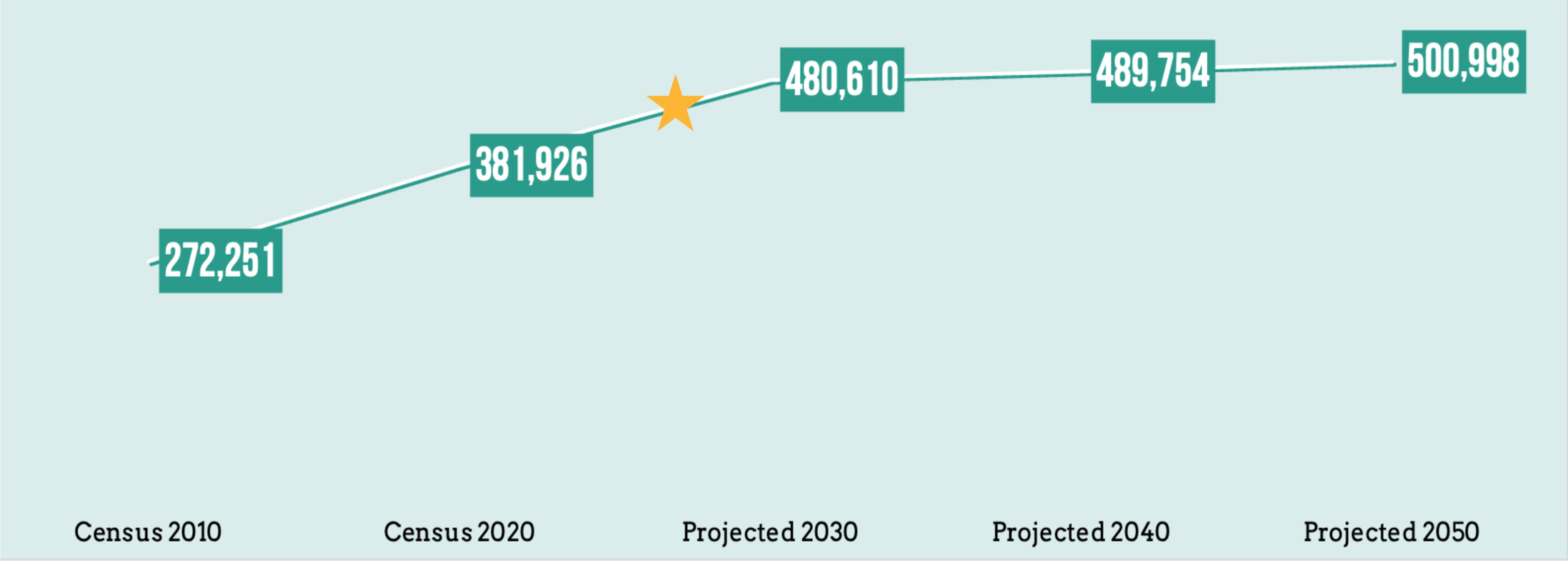
NEW MEXICO AGING SERVICES

NEW MEXICO 65+ POPULATION PROJECTIONS



Source: Produced by Geospatial and Population Studies (UNM-GPS). Vintage: Spring 2024

WHY NEW MEXICARE?

Caregiving is physically and emotionally challenging and can be a financial burden for families. The health and economic impacts are significant in New Mexico with greater pressures exerted on the healthcare systems, the economy, and social services.

In New Mexico:

- **390,000** caregivers in 2026 (18% of state population)[1]
- $**6.2 billion** estimated economic value for annual caregiver services[2]
- Approximately **340 million hours** of care[3]
- **37%** of population are 65+ living with a disability
- **20%** aged 65 or older in 2025, will be **27%** by 2030
- **14%** of senior households live at or below poverty level

Source: 1-3 Houser, Ari, Selena Caldera, Brendan Flinn, and Rita Choula. *Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches $1 Trillion*. Washington, DC: AARP Public Policy Institute, March 26, 2026. https://doi.org/10.26419/ppi.00402.001

NEW MEXICARE

Program Goal:
Participants needing care can remain safely in the home environment for the longest time possible

OUR UNIQUE MODEL

1. **Friend and Family Caregivers:** Caregivers support activities of daily living, cooking, transportation, bathing, etc.
2. **Self-Directed Care Pilot Program:** Care recipient chooses their caregiver and is established as an employer.
3. **Program Eligibility:** Age, requires assistance with at least two daily living needs, in-home assessment by ALTSD coordinator, low-income and unable to pay for caregiving services.
4. **Care Recipient and Caregiver Support:** Financial support, connection to resources, caregiver training, case management.
5. **Financial payment to caregivers:** Average $1,200 directly to caregivers for direct care hours ($12.50 hourly rate)

PROPOSED PROGRAM OUTCOMES

1. Reduce nursing facility placement
2. Reduce avoidable emergency room visits
3. Reduce financial strain for caregivers
4. Increase caregiver confidence

NEW MEXICARE TIMELINE

2023

Launched with General Fund in 6 counties: Harding, Catron, Sierra, Lincoln, San Miguel, and De Baca

2024

Program expanded to 31 counties

NM Legislature appropriated $3M/year for FY25-FY27 from GRO Fund

2025

Program extended statewide

Continual program improvements

- Change to single tier payment structure
- Staff skillset shift to social coordinators (more client needs focused)
- Case management and financial management systems launched and updated

2026

Care coordination and closed loop referral system

Implemented home modifications and respite referrals

$6.2M special appropriation received for FY27

NEW MEXICARE ACROSS THE STATE

762
Currently enrolled

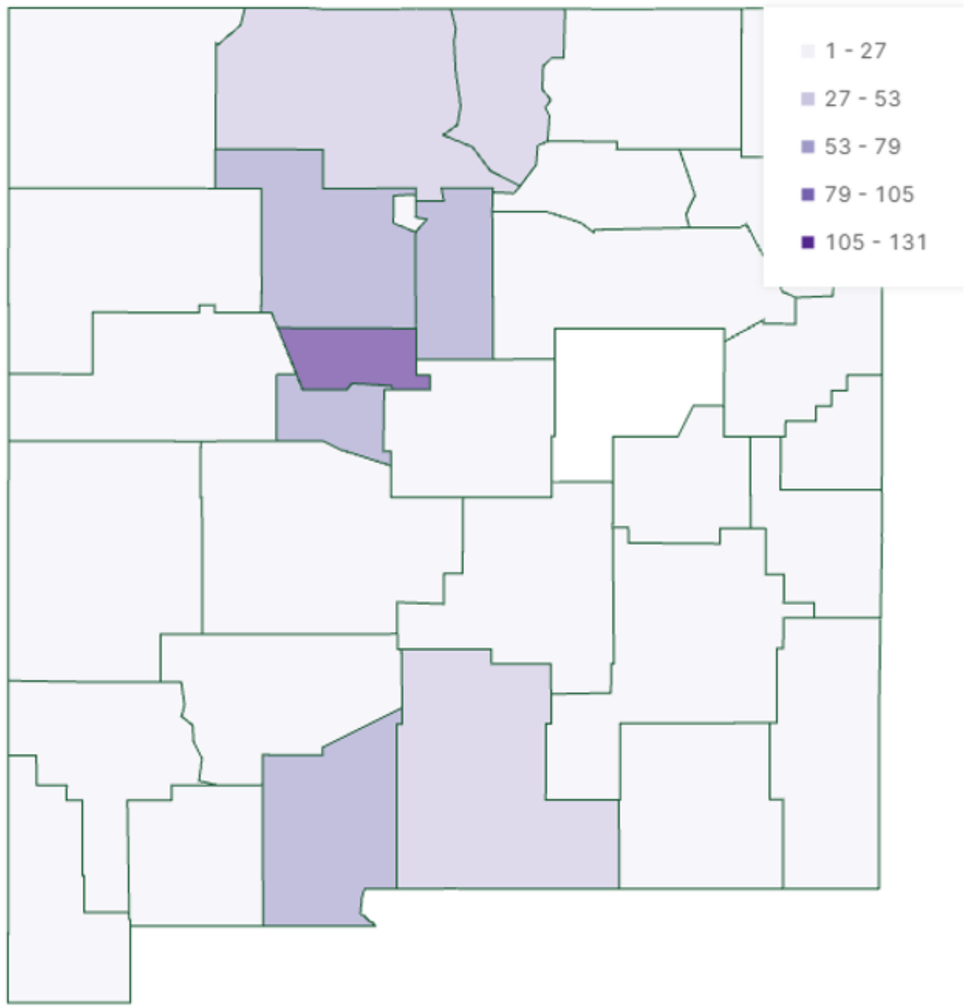
145
Applications in process

33
Counties being served

>1000
Care recipients served

3,223
Applications received since 2024

177%
Enrollment growth since June 2025



NEW MEXICARE

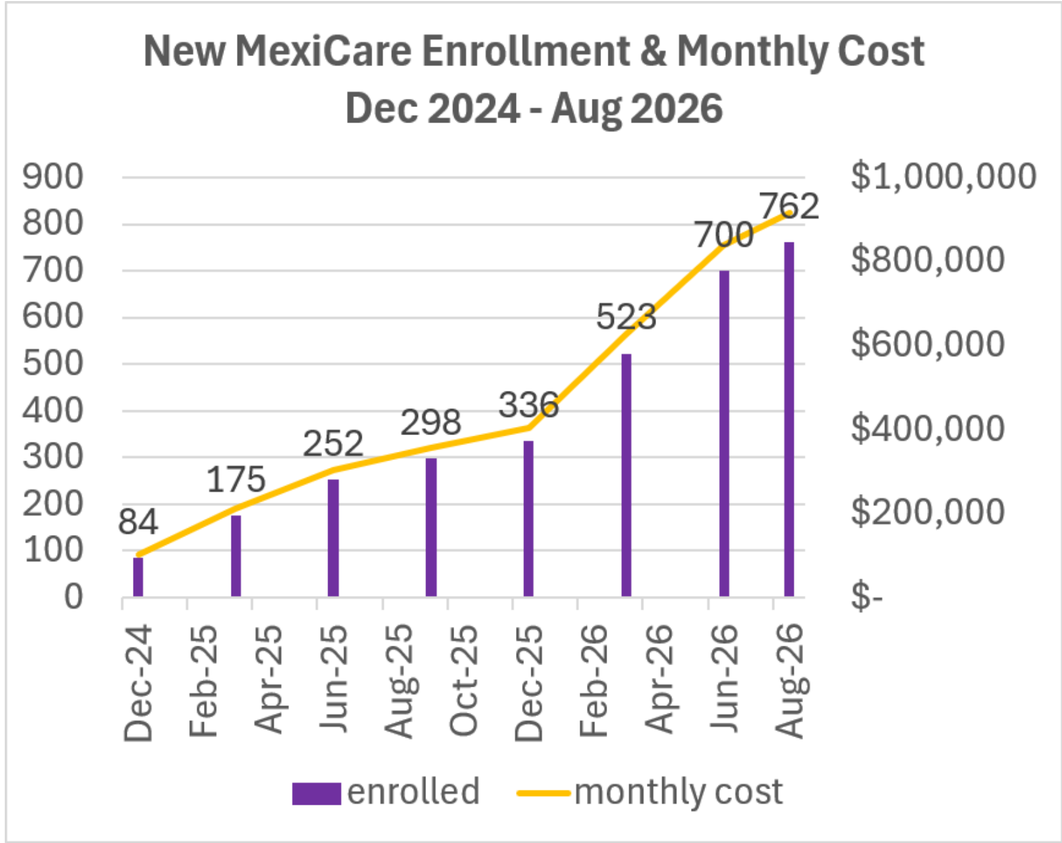
As of August 2026

762 Care recipients enrolled

713,232 Estimated caregiver hours annually

$12.50 Hourly caregiver rate

$12,080 Average annual budget direct to caregiver



"New MexiCare has helped so much because I can use the money I earn to help my mom pay her bills and not struggle to handle two houses of bills and groceries."

New MexiCare Caregiver

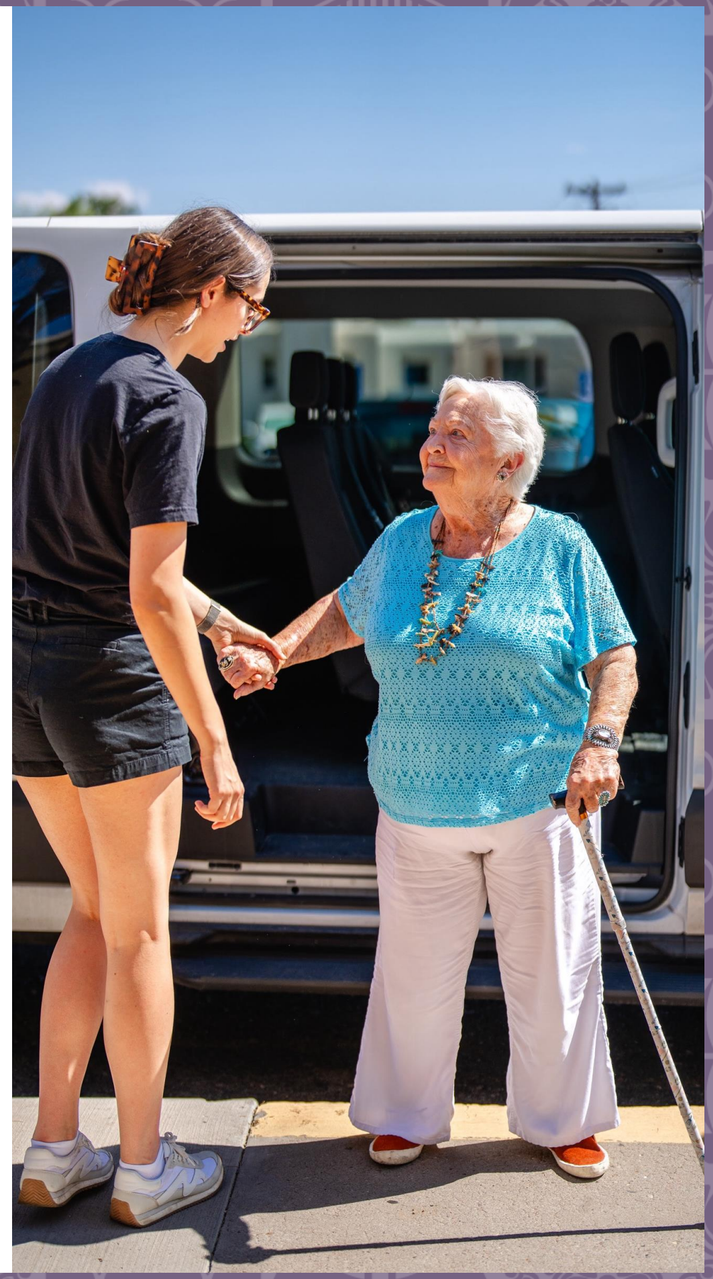
NEW MEXICARE DEMOGRAPHICS

CAREGIVER DEMOGRAPHICS

- Average age = **59**, ranging from 25 to 85
- **Mostly female (72%)**
- Mostly family members:
  - Child (50%)
  - Spouse (28%)
  - Other family member (15%)
- Ethno-racial composition is roughly equivalent to state demographics:
  - 55% Hispanic
  - 35% Caucasian
  - 10% Native American

CARE RECIPIENT DEMOGRAPHICS

- Care Recipient Age:
  - Age 60-70 (26%)
  - **Age 70-80 (37%)**
  - Age 80-90 (30%)
  - Age 90+ (7%)
- Marital status:
  - Single (72%)
- Cognitive status:
  - Memory loss or confusion (43%)
- ADL score:
  - **Very dependent (67%)**
  - More independent (33%)
- Food insecure: Yes (10%)



NEW MEXICARE PARTICIPANT STORIES

GF (CAREGIVER)

reports her husband's level of need of care has increased with his dementia. Being on New MexiCare has allowed her to care for her husband.

EF (CAREGIVER)

takes care of her 102-year old grandmother. She reports New MexiCare has been a godsend because care recipient is unsteady on her feet and can't do many things for herself anymore. She is very grateful she is able to help care for her grandmother this past year.

CAREGIVER

takes care of both aging parents and can use respite services that allows her to continue working as a nurse.

CD CONSULTING

Our mission is to provide evidence-based research, in-depth analysis and rigorous evaluation to inform policy decisions and drive positive change

CD Consulting works with state agencies, municipalities, non-profit organizations and foundations across New Mexico.

Catherine Dry

Michael Weinberg, Ph.D

Theory of Change

Through a combination of training, financial assistance, and connection to additional resources, New MexiCare can help reduce caregiver stress, thereby improving outcomes for both caregivers and the care recipients.

Evaluation Methodology

New MexiCare participants were compared to similar group of Medicare beneficiaries who completed the 2023 Medicare Community Based Survey using **propensity score matching (PSM).**

- 119 New MexiCare participants in treatment group - participated in program for 1 year
- Treatment and control groups were matched on:

  Age, gender, income, marital status, health status (# of Activities of Daily Living, neurocognitive disorder and memory loss) and geography (urban vs rural)

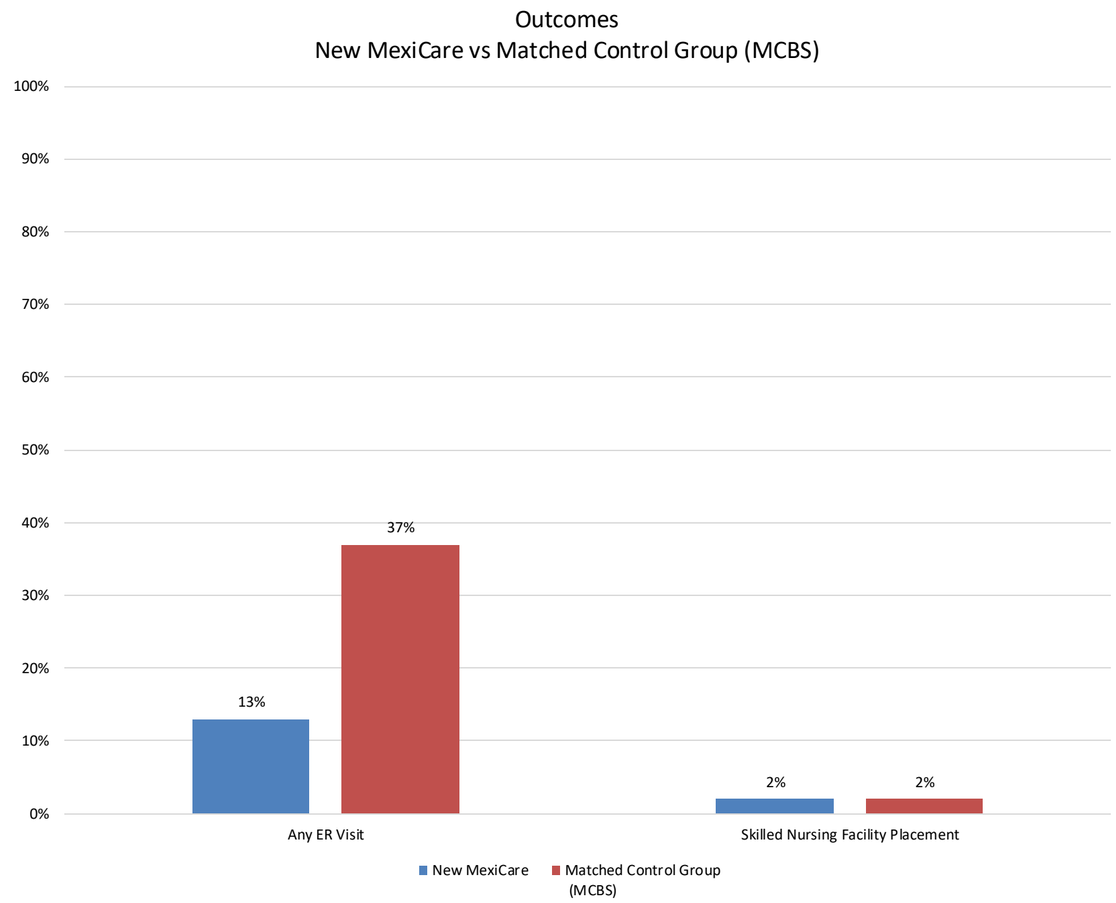
- Analyzed outcomes:
  - 1+ ER visits during the prior year
  - Skilled nursing facility (SNF) placements during the prior year. SNF offers short-term rehab and medical recovery after a hospital stay, illness, injury or surgery

⭐ *Assisted living or long-term care* offers custodial care for individuals who cannot live independently at home. This is likely a better outcome to measure for New MexiCare but data is currently not available.

Promising Findings For the Matched Sample

Compared with a matched control group from the MCBS data set, New MexiCare participants experienced:

- **~24 percentage point lower probability** of any ER visit. *This is statistically significant.*
- Nearly no occurrence in control or treatment group of skilled nursing facility placement. *Not statistically significant*
- *Remember* - No data yet available on other kinds of long-term care services and supports.



The Cascade of Negative Outcomes After an ER Visit

Preventing unnecessary ER visits and supporting older adults at home can interrupt this cascade – protecting independence and quality of life

Survey Findings Reinforce Statistical Analysis

After 6 months, caregivers reported stability or improvement across 13 indicators of well-being and financial security, especially:

85% reported reduced financial strain

Emotional and physical stress reduced (20% -> 16%)

Missing up to one work day/week dropped (18% -> 8%)

"I've become more patient and understanding… I'm more able to perform the tasks necessary in a less stressful manner." New MexiCare Caregiver

The Value of Avoiding Higher-Cost Care and Reducing Caregiver Burden

AVOIDING LONG-TERM CARE

≈ $10,000

for just *one month*

Even a short delay in long-term care placement could generate substantial savings, nearly paying for an entire year of New MexiCare — while allowing an older adult to remain at home longer.

COST Of NEW MEXICARE

≈ $12,000

for *one year of program participation*

Other Potential Savings and Benefits

ER savings	$3712 estimated cost/visit
Ambulance transport	Avoided emergency transportation costs
Caregiver work	Fewer missed work hours and less lost productivity
Caregiver stress	Potential reductions in stress and caregiver burden
Health system capacity	Less demand on crowded ERs and emergency services

Looking Ahead for the Evaluation

- Increase sample size to improve generalizability of findings
- Expand PSM analysis: additional covariates and analysis of number of ER visits
  - Are there characteristics/covariates of participants that make outcomes more/less likely?
- Qualitative review of impact of care coordination, training, and respite referral and funding
- Determine appropriate size of total program enrollment for program sustainability by considering attrition, funding, and eligibility criteria

ESTIMATED NEED FOR NEW MEXICARE

New Mexicans aged >65 years old

~254,761

...who earn between $20,000 and $40,000 annually

~53,803

...who need help with >than 3 ADLs

~13,450

By December, New MexiCare will likely be serving
~7% of the eligible population

U.S. Census Bureau, U.S. Department of Commerce. "Age of Householder by Household Income in the Past 12 Months (in 2023Inflation-Adjusted Dollars)." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B19037, 2023,
Mudrazija, S., & Johnson, R. W. (2020). Economic impacts of programs to support caregivers. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

NEXT STEPS AND RECOMMENDATIONS

1. Year 3 evaluation and continuous program improvements
2. Enroll 1,000 care recipients by December 2026
3. Invest in New MexiCare infrastructure (staff development, quality, closed loop referrals)
4. Promote use of respite service and home modifications
5. Enhance caregiver training and supports
6. Replace GRO and special appropriation with $9.325M in recurring general funds - $9.325 would cap enrollment at 1,000 participants and require a waiting list.

NEW MEXICARE PARTICIPANT STORIES

LB (CARE RECIPIENT)

has vision and mobility issues, and they live in a very remote area. Having the New MexiCare program has helped him have the care he needs, now that his wife has been able to stay home and take care of him.

GD (CARE RECIPIENT)

has small cell lung and brain cancer. She gets treatments in Arizona and her husband reports that New MexiCare has helped them get to their out-of-state doctor appointments by helping pay for gas and the hotel when she is getting her treatments.

BT (CAREGIVER)

helping their mother navigate programs and services during her journey with Parkinson's disease and dementia. They discovered New MexiCare and saw firsthand the difference its services can make in the lives of families. That experience gave them an understanding of the challenges caregivers face while trying to find information, coordinate care, and make difficult decisions.

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