

NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE: ALTSO UPDATE

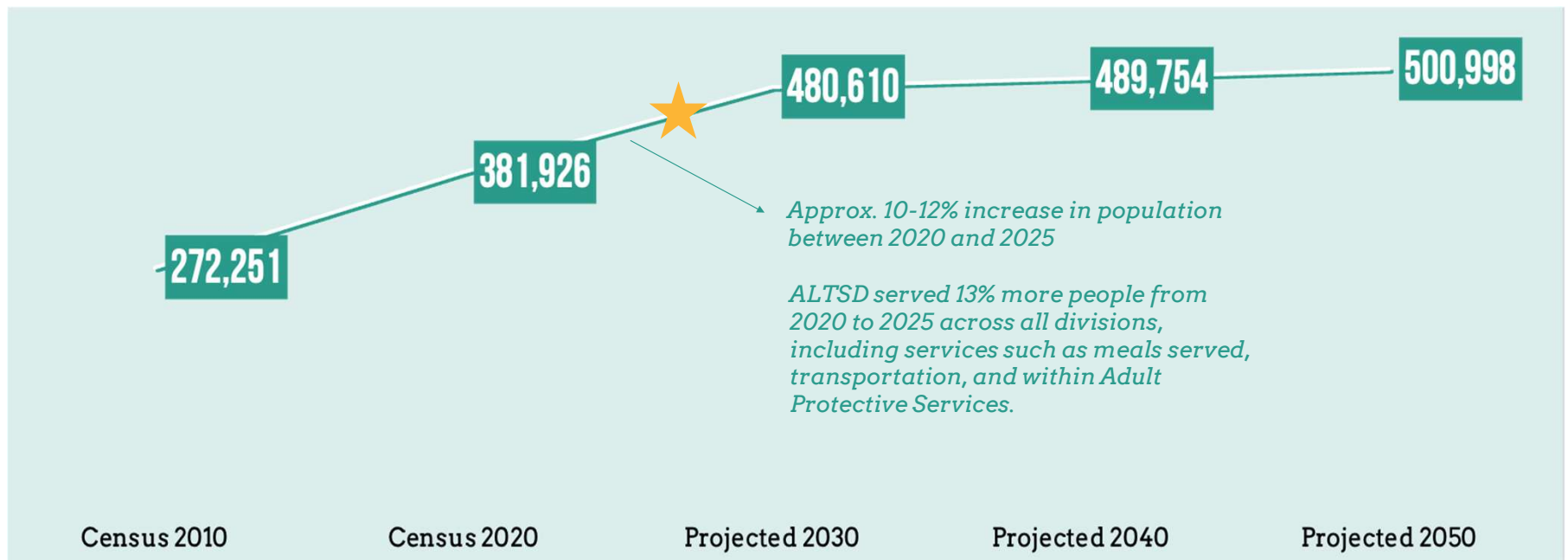
RIO RANCHO, NM | OCTOBER 19, 2026

Emily Kaltenbach
Cabinet Secretary

Angelina Flores-Montoya, PhD, RN
Deputy Cabinet Secretary



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 services²
- Approximately **340 million hours** of care³
- **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, determines their services, and becomes an employer.

3

Program Eligibility: 60+, requires assistance with at least two daily living needs, in-home assessment by ALTSD coordinator, lower-income and unable to pay for caregiving services.

4

Care Recipient and Caregiver Support: Financial support (goods and services), 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 PROGRAM GROWTH & STATEWIDE REACH



PROGRAM IMPROVEMENTS

Single-tier payment structure • Shift to social coordinators • Case and financial management systems • Care coordination and closed-loop referrals • Home modification and respite referrals

NEW MEXICARE ACROSS THE STATE

>1000
Care recipients served

3,223
Applications received since 2024

177%
Enrollment growth since June 2025

762
Currently enrolled

216
Applications in process

33
Counties being served

NEW MEXICARE

As of October 2026

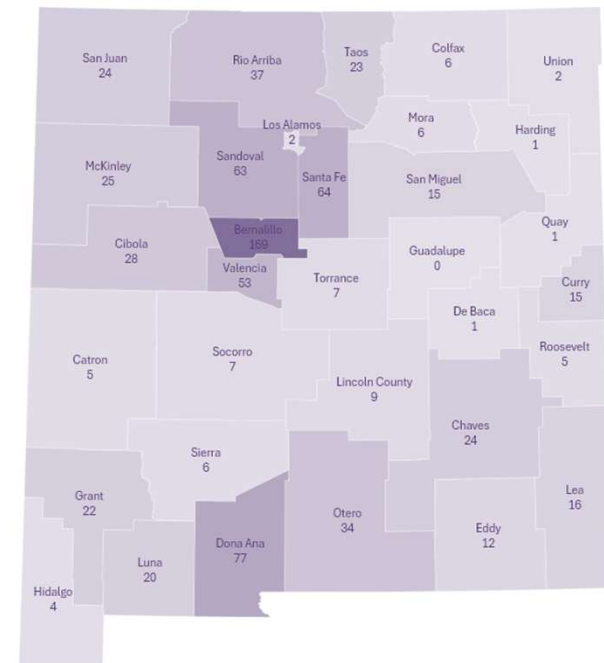
762 Care recipients
enrolled

\$12,080 Average annual budget
direct to caregiver

713,232 Estimated caregiver
hours annually

\$1,658 Annual goods and
services budget

\$12.50 Hourly
caregiver rate



"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."

"We are barely making ends meet with our Social Security checks. New MexiCare has allowed me to care for my wife following her stroke while also helping us manage the cost of over-the-counter medications and the copays that continue to add up."

—New MexiCare Caregivers

HOW CAREGIVERS AND CARE RECIPIENTS BENEFIT



THE CARE GIVER

How do caregivers benefit?

Reduced financial strain

Up to \$1,100/month; 85% report less strain

Stays in the workforce

More time working outside the home

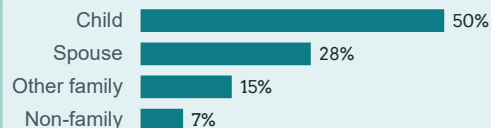
Less stress and burnout

Stress fell from 20% to 16% of caregivers

Training and support

Training, care coordination, respite referrals

Who the caregivers are...



59
average age
(range 25–85)

72%
female



THE CARE RECIPIENT

How do care recipients benefit?

Ages in place

95% avoided nursing facility placement

Stays in their own home

Home modifications, safety monitoring, rides to appointments

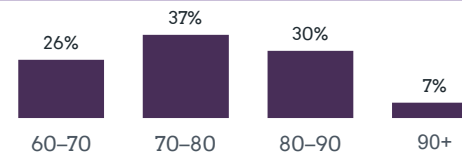
Remains independent

Daily help from a trusted family member

Healthier and connected

ER visits 13.5% vs 37.2%; more social

Who the care recipients are...



72%
single

43%
memory loss
or confusion

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.

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.

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.

Findings After Two Years of New MexiCare

- I. After 6 months, surveyed caregivers experienced:



85% reported reduced financial strain

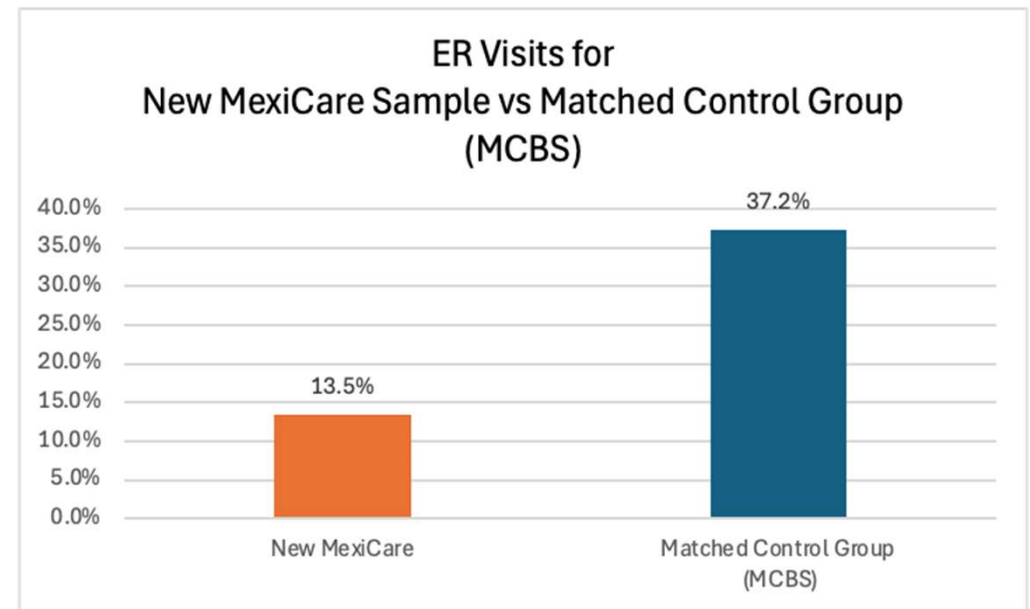


Emotional and physical stress reduced (20% -> 16%)



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

- II. After 1 year, New MexiCare participants experienced ~24 pp lower probability of any ER visit compared with a matched control group. This is statistically significant.



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

ALTSD is working towards a cost-benefit analysis.

NEW MEXICARE 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.

ALTSD RECOMMENDATIONS MOVING INTO FY28

Ensure ALTSD has the **capacity to respond** when New Mexicans need help most.

APS staffing and emergency placements
Ombudsman staffing
ADRC staffing

Invest in the local infrastructure that **keeps older adults connected** to their communities.

Aging Network, Emergency Preparedness, and Senior Employment program

Strengthen the services that help people **remain safely at home** and delay or avoid institutional care.

New MexiCare
Adult Day services

Align staffing and resources with the growth and complexity of ALTSD's responsibilities.

Outreach and education, administrative support. Permanent fund

Improve quality and create a performance-based **budgeting system** across the aging network.

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800-432-2080

aging.nm.gov

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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

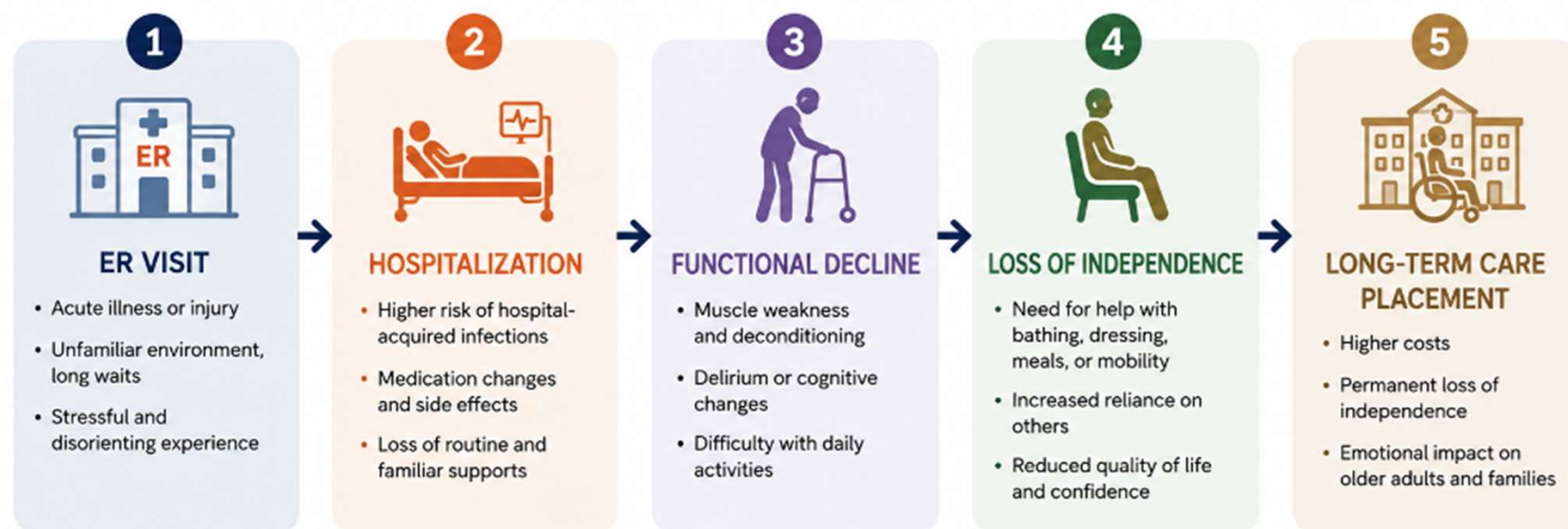
Through a combination of training, financial assistance, and connection to additional resources, New MexiCare can help reduce caregiver stress, thereby improving outcomes for both caregivers and the care recipients

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**.

- 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 outcome: 1+ ER visits during the prior year

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