# *AGING TRANSITION WORKGROUP (ATW) REPORT*

# ***EXECUTIVE SUMMARY***

*This Aging Transition Workgroup (ATW) draft report brings into focus the dramatic changes in store for our older citizens, for the state in which they live, and for the government that shares responsibility for their quality of life. Anticipating change is the first step in managing it. The next step is to identify and consider ways to address these changes.*

## INTRODUCTION/BACKGROUND

Governor O'Malley and Lieutenant Governor Brown believe that Maryland's older adults, their family members and caregivers must be empowered and given the opportunity and support to take responsibility for making Maryland and Maryland's next generation – stronger, smarter, better, healthier, secure and safe. To that end, the O'Malley/Brown administration's vision is to make "Maryland the most Aging-Friendly state in America."

As stated throughout the O'Malley/Brown Aging campaign literature, **Maryland must create and embrace a new vision and a strategic plan of action that will redefine the way we advocate for, support, design, fund, and deliver services to our older adults.** We must review, evaluate, and design aging policies, funding streams, and services that align people, programs, and resources with rapidly evolving trends and needs in Maryland's aging and diverse population. The new administration is keenly aware that Maryland's current over 60 population is about 915,000 (14% of states total population) and is projected to grow to about 1.4 million in 2020 and 1.7 million (110% increase) by 2030. These dramatic changes are due in part to the following demographic trends;

- The aging of the State's population related to longevity among Maryland's already large elderly population (14%) and the impending movement of the significantly large baby-boom generation into the elder cohort. According to a recent study by Harvard School of Public Health, Maryland residents can expect to live 78 years.
- The increasing diversity of the Maryland's population because of the State's strong immigration and migration patterns, growth in the number and types of minority subgroups, and increasing longevity among various ethnic and special needs populations.
- According to 2000 Census data, nearly 1.7 million older adults in Maryland are in the baby-boom generation, and this aging cohort comprised nearly 32% of the State's total population.

These evolving trends will have a dramatic impact on state government, on the characteristics, needs, opportunities, and aspirations of the state's older citizens and on all of our citizens. To

fully address these profound changes and to meet these challenges and opportunities "head-on", the O'Malley/Brown Transition Steering Committee directed the Aging Transition Workgroup (ATW) to conduct a thorough review of the Maryland Department of Aging (MDoA) and the Aging Network in Maryland.

In order to fully respond to the above referenced guidelines and responsibilities, the ATW made a commitment to inclusion and diversity in selecting and inviting a variety of aging advocates, providers, policy makers, state legislators, business and community officials, academic and medical/health care representatives, and senior-serving organization experts from both the public and private sector throughout Maryland. More than 30 individuals, representing 22 organizations and interest groups, served on the Workgroup and contributed to this report.

The Workgroup developed and agreed upon a wide range of important aging issues that would require review, analysis, and recommended actions. To refine and narrow our focus, and in the spirit of collaboration and efficiency, we established five thematic subcommittees and developed a subset of priorities and issues for analysis and recommendations to be considered by the O'Malley/Brown Transition Steering Committee and potentially by the new leadership at MDoA. As noted in the ATW subcommittee chart, we reviewed and made recommendations on more than 30 issues. These items are covered in more detail in section IV. Issues/Recommendations of this report.

## MDOA OVERVIEW/SCAN

**Statutory Base**

There are two statutes that serve as the primary basis for the Department's policies, operations and procedures. The first is the Federal Older Americans Act of 1965, as amended (Public Law 89-73). This act provides Federal funds and assistance in the development of new or approved programs to help older adults (60+) through grants to the states. Article 70B, Annotated Code of Maryland is the State enabling legislation that provides guidance and State funding for the Department.

**Funding/Organizational Structure**

The Department receives State general funds as approved by the General Assembly and federal funds through the Older Americans Act and other sources to carry out its mission and currently has 65 staff (56 regular positions and nine contractural FTEs) and is organized into 12 operational units (see attachment C MDoA Organization Chart).

**MDoA Transition Documents and Annual Report**

A detailed review of the Department's transition briefing book and the January-December 2006 Annual Report is presented in Section III "MDoA Overview/Scan" of this report.

## ISSUES/RECOMMENDATIONS

There was overwhelming consensus among the ATW that, *with the onslaught of the first baby-boomers turning 65 in 2011, it is imperative that we prepare for and respond to the wide range of aging issues and concerns that need to be considered and addressed by MDoA, and the State*

*as a whole, if we are going to meet the challenges and opportunities of Maryland's aging and diverse population in a timely and effective manner*. To that end, many of the issues and recommendations addressed in this report are designed to defer and/or avoid institutional care, provide greater access to more humane and affordable care in the community, empower older adults and their family members and caregivers to shape their own communities and future, and to some extent, reduce State Medicaid spending.

In response to the above goals and the O'Malley/Brown administration's strong support of older Marylanders, 14 of the 38 issues/recommendations in this report are directly related and cross-referenced (noted in italics with an asterisk*) to key points in the O'Malley/Brown "Maryland Coming of Age" campaign literature regarding Experience Corps Maryland, Medicare Part D - Prescription Drug Assistance, Preserving Independence: Tax Incentives, Long-Term Care Reform, Senior Group Home Assisted Living, and Congregate Housing Services.

These recommendations are offered in the spirit of collaboration and support. The ATW clearly understands the reality of pending structural budget deficits and we embrace and encourage compromise and innovative approaches designed to make incremental and substantive changes in the five thematic subgroups, 38 overall and 20 prioritized issues and recommendations offered in the following areas:

| Subgroup | Issues/ Recommendations |
|---|---|
| 1. Administrative, Budget and Legislative | 10 |
| 2. Vision, Strategic Planning and Initiatives | 9 |
| 3. Programs and Services | 6 |
| 4. Healthcare and Workforce | 7 |
| 5. Performance Measurements and Technology | 6 |

The ultimate objective of this report is to lay the foundation to revitalize and reshape MDoA and the entire aging services Network in Maryland. We are convinced that Maryland needs to design and implement an unprecedented government and community-wide collaboration and strategic long-term plan to respond to the dramatic changes in the numbers and diversity of the State's older adults. The detailed recommendations in Section IV may serve as a starting point for considering a wide range of changes designed to improve the overall quality of life for our older adults and for all of our citizens in Maryland. The State has a great deal to gain by investing in and revitalizing aging services. Maryland's older adults, their family members and caregivers need and deserve this commitment by the O'Malley/Brown administration.

Below is a brief prioritized list of the 20 top recommendations offered by the Aging Transition Workgroup. Detailed background and analysis for these prioritized recommendations as well as other recommendations may be found in Appendix A of this report. We also strongly encourage MDoA to work collaboratively with members of the Aging Transition Workgroup and the 19 Area Agencies on Aging (M4A) in the review, consideration, and development of these recommendations.

**TOP 20 RECOMMENDATIONS**

1. **FULLY FUND THE LEGISLATIVELY MANDATED 7,500 SLOTS IN THE MEDICAID WAIVER FOR OLDER ADULTS AND THE REQUISITE ADMINISTRATIVE COSTS, AND CONDUCT A COMPLETE REVIEW OF THE VIABILITY OF THE COMMUNITY CHOICE WAIVER.**

2. **ASSIST AND EMPOWER OLDER ADULTS TO MEET THEIR NEEDS AT HOME AND IN THEIR COMMUNITIES BY EXPANDING THE OLDER ADULT WAIVER FOR HOME AND COMMUNITY-BASED SERVICES (HCBS), THROUGH RESEARCH ON SUCCESSFUL HCBS IN OTHER STATES--CONTINUING CARE AT HOME, NATURALLY OCCURRING RETIREMENT COMMUNITIES, OTHER HOME-BASED SERVICES PROGRAMS, AS WELL AS CONTINUING CARE RETIREMENT COMMUNITIES.**

3. **RESTORE MEDICAID MEDICAL ELIGIBILITY FOR INDIVIDUALS WHO NEED <u>EITHER</u> 24-HOUR SUPERVISION <u>OR</u> 24-HOUR SKILLED NURSING CARE TO ENSURE THAT INDIVIDUALS WITH COGNITIVE IMPAIRMENTS RECEIVE NECESSARY LONG-TERM CARE SERVICES, INCLUDING HOME AND COMMUNITY-BASED SERVICES (HCBS).**

4. **EXPAND, TO AT LEAST 4 MORE MARYLAND ACCESS POINTS (MAP) LOCATIONS IN OTHER JURISDICTIONS ON A VOLUNTARY BASIS FOR THE NEW LOCAL/REGIONAL SITES.**

5. **DESIGN AND APPLY CRITICAL MEASUREMENTS THAT WILL SUPPORT THE NEED/DEMAND FOR EXPANDED FUNDING AND RESOURCES TO MEET THE GROWTH IN CRITICAL AGING SERVICES AND PROGRAMS SUCH AS ASSISTED LIVING SUBSIDY, SENIOR CARE, MEDICAID WAIVER FOR OLDER ADULTS, CONGREGATE HOUSING, INFORMATION & ASSISTANCE, GUARDIANSHIP, FAMILY CAREGIVERS ASSISTANCE, ETC.**

6. **PROMOTE AND EXPAND END-OF-LIFE, LEGAL SERVICES, MEDIATION, AND RELATED DECISION-MAKING SERVICES FOR OLDER ADULTS.**

7. **REVIEW, AGREE UPON, AND IMPLEMENT A NEW OLDER AMERICANS ACT FUNDING FORMULA WITH PRIORITY GIVEN TO ESTABLISHING A BASE LEVEL GRANT FOR NON-PROFIT AAA'S, CONSIDER NEW WEIGHTS IN THE FORMULA FOR 1) OVER 85 COHORTS, AND 2) PEOPLE WITH DISABILITIES. ALSO, CONSIDER A SIMILAR FUNDING FORMULA FOR STATE GENERAL FUND ALLOCATIONS.**

8. **ADD THE STATE GENERAL FUND APPROPRIATIONS FOR THE NEW MARYLAND CARES PROGRAM AND THE PUBLIC GUARDIANSHIP PROGRAM TO THE DEPARTMENT'S MAINTENANCE OF EFFORT (MOE) CALCULATION TO ENSURE THAT THE STATE IS NOT FINANCIALLY**

**PENALIZED FOR FAILURE TO MEET THE MOE REQUIREMENT.**

9. **FULLY FUND MDOA BUDGET, ELEVATE THE STATE'S AGING AGENDA AND MDOA TO ENSURE THE REQUISITE FUNDING, LEADERSHIP, RESEARCH, INFORMATION AND SUPPORT IS IN PLACE FOR MARYLAND'S INCREASINGLY AGING AND DIVERSE POPULATION, AND ELIMINATE EXTENSIVE WAITING LISTS FOR ESSENTIAL AND COST-EFFECTIVE SERVICES VITAL FOR AGING IN PLACE.**

10. **DIRECT MORE ATTENTION TO AND SUPPORT OF DEMENTIA, MENTAL ILLNESS, POLYPHARMACY AND SUBSTANCE ABUSE WITH OLDER ADULTS.**

11. **REVIEW THE CHARGES, REPORTS AND SUGGESTIONS OF COMMISSIONS AND WORKGROUPS RECENTLY OR CURRENTLY CONVENED TO STUDY ISSUES PERTAINING TO HEALTHCARE AND WORKFORCE AS THEY RELATE TO AGING NEEDS IN MARYLAND AND CONTINUE TO SUPPORT, OR REINSTATE THE WORK OF THE FOLLOWING GROUPS WITH ELEVATED PRIORITY:**
    - **MARYLAND COMMISSION ON AGING**
    - **NURSING HOME AND ASSISTED LIVING OVERSIGHT COMMITTEE ON QUALITY OF CARE**
    - **NURSING WORKFORCE COMMISSION**
    - **QUALITY OF CARE AT THE END OF LIFE**
    - **CAREGIVERS SUPPORT COORDINATION COUNCIL**
    - **INTERAGENCY COMMITTEE ON AGING SERVICES**

12. **DEVELOP AND EMPLOY VIGOROUS MEASUREMENTS TO ACCURATELY DETERMINE THE NUMBER AND PERCENTAGE OF OLDER ADULTS IN MARYLAND ENGAGED IN MEANINGFUL VOLUNTEER AND EMPLOYMENT OPPORTUNITIES AND USE THIS DATA FOR PROGRAM MANAGEMENT AND BUDGET CONSIDERATIONS.**

13. **INCREASE THE IMPORTANCE OF AND EXPAND EMPLOYMENT AND VOLUNTEER/COMMUNITY SERVICE OPPORTUNITIES FOR OLDER ADULTS IN DIFFERENT AREAS THROUGHOUT THE STATE.**

14. **INITIATE A COMPREHENSIVE STUDY OF TRANSPORTATION SERVICES FOR OLDER ADULTS WITH A VIEW TOWARD DEVELOPING A TRUE STATEWIDE SENIOR TRANSPORTATION SYSTEM WHICH WILL USE PUBLIC AND PRIVATE FUNDS AND, SYSTEMS AND BE AFFORDABLE AND ACCESSIBLE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES.**

15. **DEVELOP, IN PARTNERSHIP WITH OTHER ESSENTIAL DEPARTMENTS, A STATEWIDE EMERGENCY PREPAREDNESS AND RESPONSE STRATEGIC PLAN AND PROTOCOL FOR OLDER ADULTS IN MARYLAND.**

16. **PROMOTE AND SUPPORT LONG TERM CARE (LTC) INSURANCE THROUGH PUBLIC EDUCATION, TAX INCENTIVES, AND OTHER APPROACHES.**

17. **INITIATE AND SUPPORT PARTNERSHIPS WITH LTC INDUSTRY REPRESENTATIVES AND STAKEHOLDERS TO SUPPORT AND ADVANCE PROJECTS AND INITIATIVES THAT ENHANCE QUALITY OF CARE, SUPPORT WORKFORCE DEVELOPMENT AND PROMOTE INDIVIDUAL CHOICE, MAXIMUM FUNCTION AND SELF-DIRECTED CARE IN THE SPECTRUM OF LTC PROGRAMS.**

18. **ADEQUATELY FUND AND SUPPORT INITIATIVES TO STUDY AND STRATEGIZE THE DEVELOPMENT OF AN INFRASTRUCTURE AND ALLOCATION OF RESOURCES TO IMPLEMENT PERSON-CENTERED HOME AND COMMUNITY BASED SERVICES (HCBS) TO MEET INDIVIDUAL NEEDS, PREVENT PREMATURE INSTITUTIONALIZATION AND DELAY MORE EXPENSIVE LTC OPTIONS (I.E. NURSING HOME).**

19. **DEVELOP DIVERSITY PLANNING AND CULTURAL COMPETENCY STRATEGIES THROUGH PARTNERSHIPS WITH OFFICES OF MINORITY AFFAIRS AND INCLUSION OF MINORITY STAKEHOLDER REPRESENTATION IN ALL WORKGROUPS AND COMMITTEES DESIGNATED TO DEVELOP LTC PROGRAM ENHANCEMENTS AND GERIATRIC WORKFORCE COMPETENCY.**

20. **EXPAND, INCREMENTALLY, THE HIGHLY SUCCESSFUL INTERGENERATIONAL, ELEMENTARY SCHOOL BASED EXPERIENCE CORPS BALTIMORE PROGRAM STATEWIDE.**

# MARYLAND TRANSITION

## Aging Transition Workgroup (ATW)

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**Submitted by John P. Stewart on behalf of Chair, Paula Hollinger and the Aging Transition Workgroup**

# AGING TRANSITION WORKGROUP (ATW) REPORT

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## I. INTRODUCTION/BACKGROUND

Governor O'Malley and Lieutenant Governor Brown believe that Maryland's older adults, their family members and caregivers must be empowered and given the opportunity and support to take responsibility for making Maryland and Maryland's next generation – stronger, smarter, better, healthier, secure and safe. To that end, the O'Malley/Brown administration's vision is to make "Maryland the most Aging-Friendly state in America."

As stated throughout the O'Malley/Brown Aging campaign literature, Maryland must create and embrace a new vision and a strategic plan of action that will redefine the way we advocate for, support, design, fund, and deliver services to our older adults. We must review, evaluate, and design aging policies, funding streams, and services that align people, programs, and resources with rapidly evolving trends and needs in Maryland aging and diverse population. The new administration is keenly aware that Maryland's current over 60 population is about 915,000 (14% of states total population) and is projected to grow to about 1.4 million in 2020 and 1.7 million (110% increase) by 2030. These dramatic changes are due in part to the following demographic trends;

- The aging of the State's population related to longevity among Maryland's already large elderly population (14%) and the impending movement of the significantly large baby-boom generation into the elder cohort. According to a recent study by Harvard School of Public Health, Maryland residents can expect to live 78 years.
- The increasing diversity of the Maryland's population because of the State's strong immigration and migration patterns, growth in the number and types of minority subgroups, and increasing longevity among various ethnic and special needs populations.
- According to 2000 Census data, nearly 1.7 million older adults in Maryland are in the baby-boom generation, and this aging cohort comprised nearly 32% of the State's total population.

These evolving trends will have a dramatic impact on state government, on the characteristics, needs, opportunities, and aspirations of the state's older citizens and on all of our citizens. To fully address these profound changes and to meet these challenges and opportunities "head-on", the O'Malley/Brown Transition Steering Committee directed the Aging Transition Workgroup (ATW) to conduct a wide-range of evaluation activities and to develop and present a draft report regarding the above activities to include key issues and recommendations.

In order to fully respond to the above referenced guidelines and responsibilities, the ATW made a commitment to inclusion and diversity in selecting and inviting a variety of aging advocates, providers, policy makers, state legislators, business and community officials, academic and medical/health care representatives, and senior-serving organization experts from both the public and private sector throughout Maryland. More than 33 individuals, representing 22 organizations and interest groups, served on the Workgroup and contributed to this report (see attachment A for the ATW Membership List).

The Workgroup developed and agreed upon a wide range of important aging issues that would require review, analysis, and recommended actions. To refine and narrow our focus, and in the spirit of collaboration and efficiency, we established five thematic subcommittees and developed a subset of priorities and issues for analysis and recommendations to be considered by the O'Malley/Brown Transition Steering Committee and potentially by new leadership at MDoA. As noted in the ATW subcommittee chart (see attachment B), we reviewed and made recommendations on more than 38 issues and offer a prioritized list of 20 recommendations. These items are covered in more detail in section IV Issues/Recommendations of this report.

## II. MARYLAND DEPARTMENT OF AGING (MDOA) OVERVIEW/SCAN

History
The Maryland Department of Aging (MDoA) was established as a principal executive department (Chapter 573 sets of 1998) in 1998 and its primary mission is to provide leadership, advocacy and access to information and services for Maryland's older adults, their family members and caregivers. The department has gone through a number of organizational and structural changes over the past 30 years.

Statutory Base
There are two statutes that serve as the primary basis for the Department's policies, operations and procedures. The first is the Federal Older Americans Act of 1965, as amended (Public Law 89-73). This act provides Federal funds and assistance in the development of new or approved programs to help older adults (60+) through grants to the states. Article 70B, Annotated Code of Maryland is the State enabling legislation that provides guidance and State funding for the Department. The major duties and responsibilities assigned to the Department under these statutes are as follows:

- Administer programs mandated by the federal government.
- Evaluate the service needs of Maryland's senior citizens and determine whether or not programs meet these needs.
- Establish priorities for meeting the needs of Maryland's senior citizens.
- Serve as an advocate for seniors at all levels of government.
- Review and formulate policy recommendations to the Governor for programs that have an impact on senior citizens.

Funding/Organizational Structure
The Department receives State general funds as approved by the General Assembly and federal funds through the Older Americans Act and other sources to carry out its mission.

The Aging Network, the partnership between MDoA and the 19 local Area Agencies on Aging (AAAs), provides programs and services for older adults, their family members and caregivers statewide. AAAs are local government or non-profit organizations designated by the Department under federal statutory authority to provide for a range of services to meet the needs of the elderly. Each AAA is required to submit a plan for the delivery of services. Approval from the Department is based on AAAs having met State and Federal statutory and regulatory requirements. State and Federal funds are allocated to AAAs based on formulas developed by the Department in cooperation with the AAAs.

AAAs receive additional funds through county support and individual contributions. AAAs provide services to seniors either directly or through contracts with other public or private organizations. While the goal of the Department is to serve all seniors, the increase in the numbers of seniors and limited public funds necessitate that services be directed first to those seniors in greatest social and economic need and those who may be at risk of institutionalization.

The Department currently has 65 staff (56 regular positions and nine contractual FTEs) and is organized into 12 operational units (see attachment C MDoA Organization Chart).

MDoA Transition Documents and Annual Report
A review of the Department's transition briefing book and the January-December 2006 Annual Report indicated the following Significant Issues:

- Medicare Prescription Drug Program - The Department carried out a massive public education awareness and information/assistance campaign during the second half of last year and first half of 2006 to address the implementation of Medicare Part D. As a result, legislation was passed to enact HB 1467, the "Maryland Cares" law. This law infused $2 million into the Senior Health Insurance Program (SHIP) to help pay for advertising costs as well as to increase staff levels to be able to reach all Medicare beneficiaries in need of assistance.
- Funding Formula for AAAs – In 2003, the General Assembly changed the Departments proposed formula for distributing Older American Acts funds to the AAAs. The legislature required the Department to maintain its existing formula instead of a revised proposal. To protect rural jurisdictions from losing federal funds due to shifts in population, the legislature provided "hold harmless" funding totaling $443,000. The Joint Budget Chairmen are seeking a permanent solution to the funding formula issue and the Department has supplied detailed information to them.
- Family Caregiver Assistance Program – The 2006 General Assembly established the Family Caregiver Assistance Program (FCAP) to provide respite services to caregivers caring for family members 18 and older in need of long-term care. FCAP would allow more caregivers to receive help to continue at home care for loved ones. There was no funding to implement this program although the Department of Aging has requested funding for this program for FY 2008.
- Strategic Plan – MDoA contracted with the University of Maryland Institute for Governmental Service and Research to assist with development of a strategic plan for the Department. Beginning in July 2006, focus groups were held across the State with seniors, frail elderly, AAA Directors, the Commission on Aging and department staff. An MDoA Steering Committee, comprised of senior staff, identified themes, priorities, goals and strategies and developed action plans to guide the work of the department over the next several years. Along with a new mission and vision for the department, the organizational values identified by the plan will direct programs and services to achieve measurable results, accountability and efficiency for improved outcomes for the citizens of Maryland.
- Continuing Care Regulation – A for-profit CCRC has challenged the Department's interpretation of the regulation dealing with actuarial studies. An administrative hearing is scheduled at the Office of Administrative Hearings in February 2007. The Department is very concerned about the financial status of a one small CCRC that could file bankruptcy at any time. A second larger CCRC has been struggling for years to increase occupancy and is being closely monitored by the Department. Several other CCRCs are also being closely watched. The Department is questioning the need to update the existing statutory structure to address the increasing complex corporate and financial structures involving both Maryland and non-Maryland communities.

Recommended Actions

The Department's Performance Analysis and Managing for Results in 1) maintaining seniors in the community, 2) ensuring seniors are treated with dignity, and 3) providing employment and training for seniors are purely quantitative (number of clients served verses number on waiting lists and percentage increases/decreases) and fail to provide qualitative, performance outcome measures. Clearly, this needs to change and the ATW has made a number of recommendations in this report to lay the ground work for more substantive and meaningful outcome measures. There is also information on the Governor's Proposed Budget and the Impact of Budget Increases. To study these issues in more detail and to view D26A07 in its entirety, go to http://mlis.state.md.us, scroll to "State Budget", Analysis row, 2006 column OR cut and paste the following in your browser window: http://mlis.state.md.us/2006rs/budget_docs/All/Operating/D26A07_-_Department_of_Aging.pdf.

MDoA Staff Review

The chair and co-chair of the ATW met with MDoA Secretary, Deputy Secretary, and senior management staff on two different occasions. At these meetings we reviewed one-page profiles of each senior staff and discussed issues and concerns in their respective areas of management. It was clear from our review that some changes in staffing in terms of skillset and diversity should be considered by the new administration.

Also, our discussions with MDoA staff indicated that data collection systems pose a major challenge for the Department as it relates to performance measures and data collection. The Department has made significant progress in automating its operations, and collecting more data via electronic systems. However, they do not yet have a Statewide electronic data collection system that provides timely service data. In addition, they collect a large amount of data from the Area Agencies on Aging from different program reports that may be duplicative or obsolete. These reports need to be consolidated into one reporting system, and the administrative burden on the Area Agencies on Aging reduced. They intend to address these data system challenges by acquiring a web-based data management system. The need for improved and expanded technology and data systems at MDoA and the Area Agencies on Aging are highlighted in the "Performance Measures" Issues and Recommendations section of this report.

## III. ISSUES/RECOMMENDATIONS

There was overwhelming consensus among the ATW that there is a wide range of aging issues and concerns that need to be considered and addressed by MDoA, and the State as a whole, if we are going to meet the challenges and opportunities of Maryland's aging and diverse population in a timely and effective manner. To that end, many of the issues and recommendations addressed in this section are designed to defer and/or avoid institutional care, provide greater access to more humane and affordable care in the community, empower older adults and their family members and caregivers to shape their own communities and future, and to some extent, reduce State Medicaid spending.

In response to the above goals and the O'Malley/Brown administration's strong commitment to, older Marylanders, 14 of the 34 issues/recommendations in this section are directly related and cross-referenced (noted in italics with an asterisk*) to key points in the O'Malley/Brown "Maryland Coming of Age" campaign literature in the following areas:

- Experience Corps Maryland
- Medicare Part D: Prescription Drug Assistance
- Preserving Independence: Tax Incentives
- Long-Term Care Reform
- Senior Group Home Assisted Living
- Congregate Housing Services

The following recommendations are offered in the spirit of collaboration and support. The ATW clearly understands the reality of future structural budget deficits and we embrace and encourage compromise and innovative approaches designed to make incremental and substantive changes and to save funds in the five thematic subgroups and 20 prioritized issues and recommendations offered in the following areas:

| Subgroup | 20 Top Issues/ Recommendations |
|---|---|
| 1. Administrative, Budget and Legislative | 6 |
| 2. Vision, Strategic Planning and Initiatives | 5 |
| 3. Programs and Services | 4 |
| 4. Healthcare and Workforce | 3 |
| 5. Performance Measurements and Technology | 2 |

Detailed background and analysis for each of the above referenced prioritized recommendations is presented below. Additional recommendations and details may be found in Appendix 1 of this report. **The ATW strongly encourages MDoA to work collaboratively with members of the ATW and the 19 Area Agencies on Aging (M4A) in the review, consideration, and further design of these commendations.**

**PRIORITY 1a**

***Issue: 1C. Medicaid Waiver for Older Adults****

Following legislation enacted in 1999 (Chapter 126 of the Acts of 1999), Maryland pursued and was granted a home and community-based waiver for older adults to allow for payment care and services by Medicaid in settings other than a nursing facility. An initial cap of 7,500 slots was mandated for the Older Adults Waiver Program care for individuals who were otherwise eligible

for nursing home placement through Medicaid. Fewer than half of the initial slots contemplated in 1999 have been funded.

Background and Analysis:

- It is estimated that in FY 2006, **the Waiver saved the State $86,943,150 per year for the 3,150 people served by the Medicaid Waiver.**
- While Medicaid pays an average of $58,000 a year for nursing home care for one resident, the Medicaid Waiver costs an average of $30,399 for community care for the same person – a savings of $27,601 per person.
- In FY 2006, only 3,150 were funded for the Waiver. There are currently more than 7,500 seniors on the waiting list for the Medicaid Waiver.
- The Older Adults Waiver provides community-based service alternatives for persons over 50 who qualify for a Medicaid nursing home bed rather than in a more costly and less familiar nursing facility.
- According to Maryland Medicaid Health and Centers for Medicare and Medicaid Services (CMS) data, institutional care for Maryland's Medicaid Long-Term Care (LTC) account for 83% of total Medicaid LTC expenditures. Thus, only 17.4% of total Medicaid LTC costs are in Community Based Services (CBS); while the United States CBS is 27% (Maryland is nearly 13% below the national average).
- Clearly the State needs to expand CBS in order to offer choice to the vast majority of older adults who desire to stay in their home/community, and to control and reduce the unsustainable cost of Medicaid institutional LTC services.

Recommended Actions:
Fully fund the legislatively mandated 7,500 slots in the Medicaid Waiver for Older Adults and the requisite administrative costs.

**PRIORITY 1b**

**Issue: 1J. CommunityChoice Waiver**

Withdraw the DHMH pending Federal Waiver request from CMS to allow Medicaid long-term care managed care in two pilot sites in Maryland (CommunityChoice).

Background and Analysis:

- In 2005, SB 819 was passed by the legislature creating a requirement that the state apply to CMS for a federal waiver to allow Medicaid long-term care managed care in two pilot sites in Maryland.
- The bill was vetoed and the veto was overridden in the 1st Special Session of the 2006 Maryland General Assembly.
- Included in the provisions of SB 819 were specific minimum criterion for quality of care, access to care, and consumer protections. It should be noted that the DHMH supported the vast majority of these amendments when offered by the advocates.
- The DHMH applied for the required waiver from CMS, and its status is still pending.
- The pilot sites are slated to sunset June 30, 2008 absent any further legislative action. A bill to extend the sunset, SB 10, has been introduced in this session.
- Numerous concerns about managed care have been raised throughout the process.

Recommended Actions:

Eliminate the requirement that the state pursue its proposed Medicaid Long-Term Care Managed Care proposal known as CommunityChoice, while keeping the Access to care, quality of care, and consumer protections in the existing law and making them applicable to any pending or future voluntary Medicaid Long-Term Care Managed Care proposal.

**PRIORITY 2a**

**Issue: 4A. Movement Towards Community Based, Holistic, Person Centered Care**

There is rapidly growing demand (and long waitlists) for home and community based services to allow Marylanders to age in place with choice situations and solutions that optimize their ability to remain at their highest functional level. Yet, Maryland has no determined infrastructure or adequate resources to support this trend.

Background and Analysis:

- Surveys overwhelmingly support the desires of individuals to remain in their own home as they grow old, with a menu of supports to sustain maximum functioning in their familiar and preferred environment. Wait lists are long for those who are eligible for public in-home services and those who pay privately find it costly and continue to rely most heavily on informal caregivers with an associated burden to that population.
- The State has entertained and applied for waivers and pilot programs to develop a system of home and community based care and MDoA needs to partner with other agencies and provide leadership as these initiatives play out.

Recommended Actions:

- Support all initiatives to study and strategize the development of an infrastructure and allocation of resources to implement person-centered home and community based care to meet individual needs, prevent premature institutionalization and delay more expensive long term care options (i.e. nursing home).
- Support pilot replication of evidence based wrap-around services to holistically meet the complex and changing needs of home-located elders who are at risk for institutional placement.
- Support eligibility criteria that include individuals who require 24-hour supervision as well as those that require assistance with activities of daily living.

**PRIORITY 2b**

***Issue: 4B. Enhancement Of Offerings, Quality And Transitions To LTC Programs****

While different levels of care currently exist, there is no single port of entry to option standardized information, the transitions between care levels are not clearly demarcated or facilitated, and there are deep concerns about quality across all levels and settings where long term care is provided.

Background and Analysis:

- Maryland has more than 1,000 assisted living facilities that range in size and level of care offered. The residents of assisted living are increasingly frail with a high incidence of dementia and psychiatric disorders that have suboptimal rates of recognition and treatment.
- There are 240+ nursing homes in Maryland that serve the most frail and medically needy of Marylanders at an average annual cost of $58,000. It is documented that the largest portion

of Maryland's Medicaid budget is spent on the long term care needs of Maryland's elderly, and cost saving community based care must become a priority.

- There is no delineated infrastructure for home and community based services to offer those who are able to transition to lesser levels of care.
- Proper oversight of resident safety and quality of care in Maryland LTC settings is another priority concern that has dominated aging advocate, OHCQ and other stakeholder focus in recent years with evidence of inadequate resources to meet oversight responsibilities. The addition of community based services poses greater challenges and questions regarding regulatory and resourcing issues. Vigilance is crucial as LTC programs are developed and re-defined.

Recommended Actions:

- Encourage and support partnerships with LTC industry representatives and stakeholders to design and advance progressive projects and initiatives that promote choice, quality and innovation in the spectrum of LTC programs (i.e. Campaign for Excellence in Nursing Homes, NORC's, PACE, Culture Change).
- Support, facilitate and market statewide implementation of Maryland Access Points (MAPs)/Aging and Disability Resource Center.
- Designate staff for care management for assistance in transition and placement for elders who are without caregivers or a support system and are not beneficiaries of the Older Adult Waiver.
- Support enhanced resourcing of OHCQ and MDoA programs that impact regulation enforcement and quality oversight in select housing and LTC settings.

**PRIORITY 3**

**Issue: 1A. Medicaid Level of Care for Cognitive Impairments**

Individuals with cognitive impairments, such as Alzheimer's disease, traumatic brain injury, and mental illness who are otherwise financially eligible for Medicaid are denied access to Medicaid long-term care (LTC) services, including home and community-based services, due to DHMH's stringent level of care standard for medical eligibility that far exceeds that of the federal government and 34 other states. The federal standard and that of most other states requires that the individual need 24-hour supervision or 24-hour skilled nursing care. Maryland's current policy only allows medical eligibility for individuals who need 24-hour skilled nursing care.

Background and Analysis:

- DHMH implemented through departmental policy in 1995, a level of care standard for Medicaid medical eligibility that is much more stringent than the standard used by the federal government and 34 other states. The effect of this change in determining level of care was to restrict eligibility for LTC largely to individuals with somatic care needs, rather than those with either cognitive or somatic needs.
- Individuals with Alzheimer's disease, other dementias, traumatic brain injury, and mental illness, who largely need 24-hour supervision for their safety and health and that of others around them, rather than 24-hour skilled nursing care, are often denied access to any Medicaid LTC services if they do not have a qualifying co-occurring somatic condition.

- Currently, access to Medicaid home and community-based services in Maryland is likewise restricted to only those individuals who require 24-hour skilled nursing care, as the state applies the same level of care standard to determine eligibility for nursing facility services and HCBS.
- AARP Legal Foundation and the Legal Aid Bureau of Maryland have filed suit in Circuit Court arguing that Maryland's standard is illegally strict and harms Maryland residents.
- Under the recently passed federal Deficit Reduction Act (DRA), states now have the option, without seeking a federal waiver, to implement a second level of care standard for HCBS that is less restrictive than the standard used to determine the need for 24-hour skilled nursing care.
- This allows Maryland the opportunity to pursue an incremental approach to restoring Medicaid eligibility to individuals with cognitive impairments who need 24-hour supervision. Coupled with this approach would be the goal of ultimately restoring full medical eligibility for people with cognitive impairments in all LTC settings.

<u>Recommended Action:</u>

- Restore Medicaid Medical Eligibility for individuals who need <u>either</u> 24-hour supervision <u>or</u> 24-hour skilled nursing care to ensure that individuals with cognitive impairments receive necessary long-term care services, including home and community-based services (HCBS).

**<u>PRIORITY 4</u>**

**Issue:** ***2E. Maryland Access Point Project (Known at the Federal level as Aging and Disability Resource Centers (ADRC's)****

ADRC programs are intended to provide individualized "one-stop shop" information and referral services as well as entry into long term care systems, programs and related benefits. ADRCs will be locally based and will provide support to individuals of advanced age and persons with disabilities, their family caregivers, and those planning for health and long term support needs. ADRCs are a resource for both public and private-pay individuals by helping Individuals and families plan for future LTC needs, coordinate private LTC insurance with other benefits, access publicly funded LTC services, find service providers, and link to important related programs such as Social Security, housing, employment, and transportation services. ADRCs also serve as a resource for health and long term support professionals and others who provide services to the elderly and to people with disabilities.

<u>Background and Analysis:</u>

*Maryland Access Point (MAP)*

- MAP is part of a systems change initiative sponsored by the federal Administration on Aging and the Centers for Medicare and Medicaid Services to develop a national network of state single points-of-entry, streamline consumers' access to long-term care information, eligibility, and services, and divert people from inappropriate institutional long-term care
- In 2003, the Department of Aging was awarded a three-year grant to develop the Maryland program in collaboration with the Departments of Disabilities, Health and

Mental Hygiene, and Human Resources and two pilot sites were implemented in Howard and Worcester Counties

- Well over 100 diverse consumers and stakeholders statewide have helped to design MAP through participation in the state and pilot Advisory Boards; working sub-committees; and focus groups *Maryland Access Point serves a growing number of consumers in the pilot sites*
- Howard County launched its pilot in October 2004 and has since served over 4,500 new people with disabilities and older adults and Worcester County launched its pilot in August 2005 and has since served over 500 new people with disabilities and older adults
- Maryland Access Point began to survey consumers in March 2005 to assess their satisfaction with the project. To date, 1,670 surveys were mailed and 24 percent were returned. Positive responses to questions about the quality of the contact with Maryland Access Point ranged from 87 percent to 99 percent and respondents felt that they received timely service and useful information from the project *MAP is to become the primary point of entry for long-term support information and services*

<u>Recommended Actions:</u>

- Expand the Centers to at least 4 other jurisdictions as there is money in the FY 2007 budget. Criteria have been developed to accomplish this. It would be voluntary on the part of the local/regional entities.

**<u>PRIORITY 5a</u>**

***Issue: 1F. Congregate Housing****

There is a need to expand the availability and type of congregate housing throughout the state.

<u>Background and Analysis:</u>

- The Maryland Department of Aging provides subsidies to support the cost of care by providing meals, housekeeping and personal services in conjunction with housing for low-income seniors who might otherwise be in nursing homes without the Congregate Housing Placement.
- The average subsidy that the state provides participants in the Congregate Housing Program ($440 per person per month) is much less than the cost of subsidized assisted living or nursing.
- In 2007 there are currently twenty-nine facilities that provide Congregate Housing Service Programs. 850 people per year in Maryland are enrolled in the programs.
- Currently the program operates only in subsidized housing, such as the Federally Subsidized Senior Housing buildings.

<u>Recommended Actions:</u>

- Expand the size of the program and the possible locations, including neighborhoods of single family houses with high numbers of seniors as well as senior high-rises.
- Increase the flexibility of the program to allow the participant options for receiving meals.

**PRIORITY 5b**

**Issue: 3C. Congregate Housing Program**

The Congregate Housing Program provides housing services between independent living and assisted living. It combines shelter with meals, housekeeping and personal services. The cost of services (except housing) is subsidized by MDOA through this program.

Background and Analysis:

- Congregate Housing began to assist residents of senior housing to age in place by adding meals, personal care and housekeeping. The average age of a participant is 85. Since the condition of an elderly person often deteriorates quickly once he or she enters more institutionalized care, and since the cost of assisted living or nursing home is much higher, Congregate Housing services provide a valuable service to Maryland elders.
- There are currently 29 facilities (all subsidized senior high rise apartments) providing the service. 850 participants per year are enrolled. The cost to MDOA is $440/month for the supplementary services.
- There are five eligibility criteria. A participant must be 62 years or older, be physically or mentally impaired, need assistance with one or more activities of daily living, need one or more of the services offered, and be able to function in the facility if the services are provided.
- If the participant needs a subsidy, there are financial eligibility criteria: the monthly income limit is $2287 for one, $2991 for a couple and the asset limit is $27,375 for one and $35,587 for a couple.

Recommended Actions:

- Expand program, not only in numbers, but also in terms of the types of housing available with this service. MDOA should consider single family homes in neighborhoods with high numbers of seniors (like NORCs), and other apartment or condominium facilities.
- Increased flexibility in the meals provided, with more participant choice in meal selection. Some participants would like the option of getting their meals from Meals on Wheels or other providers.

**PRIORITY 5c**

**Issue: 1H. Family Caregiver Grant Assistance Program**

Funding for the MDoA Family Caregiver Grant Assistance Program was not included in the FY '07 base budget as the program did not exist at that time.

Background and Analysis:

- In the 2006 legislative session, the Maryland General Assembly passed HB 315 which created the Family Caregiver Assistance Grant Program within the MDoA, designed to provide qualified family caregivers a grant of up to $500 per year to recognize and support their many caregiving costs.
- Sponsors of the original bill envisioned a Family Caregiver income tax subtraction modification.
- Funding for the income tax subtraction modification was originally included in the FY '07 Operating Budget, but was struck by the General Assembly when the budget passed before the bill, which was subsequently amended to become the grant assistance program rather than an income tax subtraction modification.

Recommended Actions:

- Continue to provide $2 million in State General funds, as was done for FY07, to the new Family Caregiver Grant Assistance Program in the FY '08 budget.

**PRIORITY 5d**

**Issue: 1I. Ombudsman Long Term Care Program**

Current levels of funding for the Ombudsman Long-Term Care Program are insufficient to support overwhelming fiscal strain and requisite staff training and recruitment.

Background and Analysis:

- Services provided under the Ombudsman Long Term Care Program are mandated by the federal Older Americans Act and are therefore an entitlement to older adults.
- Maryland law *requires* that the program budget afford a minimal ratio of one ombudsman per one thousand (1:1000) long term care beds (Annotated Code of Maryland, Article 70B, Section 3).
- Ombudsmen have responsibility for providing direct, individual advocacy services, systemic advocacy services, training and education, in addition to facilitating the investigation of the violation of rights, abuse and neglect complaints for residents of 238 nursing homes and 1,329 assisted living facilities across the state.
- The long term care facility population has seen tremendous growth in recent years, with the influx of younger adults with severe disabilities due to gunshot wounds, car accidents, AIDS, drug abuse and morbid obesity.
- The Older Americans Act does not provide funding for this population of younger residents in the State of Maryland's LTC facilities.
- Long term care facility staffs are not trained to recognize and address the unique needs of these younger residents, who suffer from antisocial behaviors and a host of personal issues which result in a high volume of referrals that create a great burden on Ombudsman staff.

Recommended Actions:

- Fully fund the Ombudsman Program to ensure that it meets its mandate.

**PRIORITY 5e**

**Issue: 3F. Guardianship Program**

- Guardianship is a legally prescribed relationship whereby one person, the guardian, is given the right and duty by the Circuit Court to make decisions for another, the ward, who is found to be significantly impaired. Wards of the Court are adjudicated as incapacitated based on their inability to make or communicate responsible decisions. When the Circuit Court is unable to identify an appropriate individual to serve as the guardian of person for disabled adults, 65 years of age and over, local Area Agencies on Aging receive the appointment to act in that capacity.

Background and Analysis:

- Many, if not most, guardianship programs throughout the state have witnessed a transition in caseloads. Over recent years, court appointments have involved individuals of extremely advanced years. This trend is reflective of the nation's overall population. As noted in the New York Times (September 28, 2006), individuals who are 85 years of age and older

comprise the fastest growing segment of the American population. The article further noted that half of that age group suffers from dementia and is frequently incapable of informed consent.

- The reality for Maryland is that guardianship programs will continue to experience a growth in serving the very advanced elderly who have significant needs. Most of these disabled adults not only suffer from progressive and irreversible medical problems but also have life-limiting conditions.
- Guardianship case management services become complicated and time-consuming regarding these medically, and frequently emotionally, compromised individuals. Guardianship staff members are required to remain cognizant of the scope of the law regarding withholding/withdrawing life-sustaining treatments and medical procedures that present a substantial risk to life.
- The state has a fundamental responsibility and obligation to ensure that local Area Agencies on Aging, as the public guardian of person, have the resources to provide optimum case management services to wards. Increased revenue must be explored by MDoA in order to address the issue of case management for state guardianship programs. The areas that need be explored:
  - Maryland Estates & Trusts Code Annotated 13-708. In July 1991, the legislature authorized that a guardian of person may request that the guardian of property "expend the estate in payment of care and maintenance services provided directly to the disabled person by the guardian of the person" at a rate established (and overseen) by the court. For approximately ten years, Baltimore County bas established such a billing procedure for reimbursement for case management from wards who have sufficient funds. (NOTE: Baltimore County bills at $76.00 per hour with bills generated on a six- month billing cycle.) MDoA should mandate that all jurisdictions throughout the state implement such a practice. In addition, a mechanism needs to be established (and adhered to) by each county to ensure that the reimbursement funds granted by the Court are strictly utilized to provide basic services to guardianship program wards.
  - Medicaid Home and Community Based Services Waiver for Older Adults. Medicaid Waiver enables individuals with a nursing home level of care to remain in a community setting even though their advanced age or disability would warrant placement in a long-term care facility. Interestingly, in accordance with the law, guardianship staffs must seek to maintain each ward in the least restrictive setting possible, which requires that the ward reside in as independent a manner as possible consistent with her/his welfare. Guardianship case management services must be looked at as a "covered service" for wards that meet the Medicaid Waiver's eligibility criteria.
  - Probate/Escheat Law. The law allows for property to revert to the state (Board of Education) when an individual has no legal heirs. Consideration should be given to enacting legislation that would enable guardianship programs (local and/or state) to become heir if an individual was a Ward of the Court for an extended period of time (five years or more) immediately prior to death.

<u>Recommended Actions:</u>

- Conduct a thorough review of potential sources of revenue for guardianship programs throughout the state and establish a focus group to aggressively explore this issue and when necessary to help develop guidelines for loca1 jurisdictions.

**PRIORITY 6a**

**Issue: 3A. Family Planning and Decision-Making for Aging and for End of Life: Legal Services, Mediation, and Related Decision-Making Services for Seniors**

- Maryland's senior citizens face a range of legal problems and conflicts for which they need competent legal counsel and representation and other dispute resolution assistance. In many instances, those most in need of assistance are unable to afford such services, do not know where to receive assistance, or do not even recognize their problems as being legal, which means that outreach to them is essential.
- The Older American's Act (OAA) has long recognized the critical importance of legal services for seniors by requiring state departments of aging to include staffing for a legal services coordinator, and area agencies on aging (AAAs) to allocate some funding for legal services.
- While Maryland's senior population has substantially expanded over the past fifteen years, MDoA staffing for legal services has fallen deeply. MDoA has recently begun promoting a new senior mediation program with outside funding which should be maintained and supported by the department.

Background and Analysis:

- Persons who are aged 60+ need legal advice, counsel, and representation in many types of cases that are shared by younger age groups, such as housing issues, family disputes, consumer complaints, debt collection, public benefits, employment problems, and other civil legal issues. Certain legal needs increase with age, and are crucial for end of life planning and decision making. These can include the need for assistance with wills, powers of attorney, advanced medical directives, estate planning, asset transfers, assisted living and nursing home contracts, protection from elder abuse and neglect, health care and insurance disputes, and Medicaid and Medicare issues.
- The senior mediation program is a collaborative program of MDoA, the Maryland Association of Area Agencies on Aging, Community Mediation Maryland, The Center for Social Gerontology (Ann Arbor), and other programs. Viewed as a national model and under the management of MDoA's legal services coordinator, the senior mediation program has shown substantial promise, receiving a further MACRO grant of $40,000 for FY 2007. This program, however, will need MDoA matching funding of at least $10,000 beginning in FY 2008 for continuation.

Recommended Actions:

- Increase emphasis on legal services and mediation and outreach activities to help seniors understand the need, use, and availability of legal services and mediation-related services. Develop policies to encourage AAAs to give greater attention to the development and provision of such programs.
  - Increase support for the legal services coordinator.
  - Review its legal services program and policies regarding minimal allocations of OAA Title III-B funding for legal services.
  - Apply for a third-year MACRO grant for the senior mediation program for FY 2008, and plan on budgeting a minimum of $10,000 in matching funds for this program for FY 2008 (as required by MACRO policies).

- ❖ Seek enactment of a Physicians Orders on Life Sustaining Treatment (POLST) law. It is a detailed order, consistent with the advanced directives, that enables the patient to carry out his or her wishes under a variety of circumstances.

**PRIORITY 6b**

***Issue: 4F. End of Life Planning (including advanced directives and LTC financial planning)****

Lack of planning for end of life care can result in unwanted situations that are costly to the Medicaid program and adversely impact the older individual on multiple levels. Marylanders must assume responsibility for end of life financial and personal care decisions.

Background and Analysis:

- Medicaid accounts for approximately twenty percent of Maryland's total state budget or $4.5 billion. The largest portion of that money is spent of the long term care needs of the state's elderly. With the impending retirement of the state's 1.4 million baby boomers, Medicaid Long Term Care costs will only continue to grow.
- The December 2006 report of the federal Medicaid Commission cautioned that the anticipated costs for long term care services in this country threaten the future sustainability of the Medicaid program. Public policy needs to continue to promote individual responsibility for long term care planning needs.
- The federal Government Accountability Office (GAO) notes that private insurance accounts for 9% of the overall funding of long term care services. The average age of today's purchaser of LTC insurance is 57 years of age. Often misunderstood as an insurance product directed toward an elderly or senior population, LTC insurance has become an important financial planning tool for pre-retirement baby boomers. The state of Maryland can undertake a series of actions that encourage LTC financial planning and will place Maryland in a leadership position among the states.
- End of life care is complicated and may result in unwanted interventions when an individual has not prepared advanced directives detailing multiple desires for care interventions, personal representation and life sustaining measures.
- The State Advisory Council on Quality Care at the End of Life has prepared strategies that are easily implemented by the State and individual citizens to prepare for end of life decisions.

Recommended Actions:

- Select and advance recommendations of the State Advisory Council on Quality of Care at the End of Life to further educate and influence public and professional execution of and adherence to the Advanced Directive and relevant end of life documents.
- LTC Insurance Individual Tax Incentive - Expand the existing, one-time $500 Maryland tax credit to permit an annual tax incentive as either a tax credit or a tax deduction for purchasers of LTC insurance.
- LTC Insurance Employer Tax Incentive - Create an employer tax credit or deduction for companies that offer and pay all or part of the premiums for LTC insurance for their Maryland resident employees.
- LTC Partnership Program – As now permitted under the Deficit reduction Act of 2005, file the necessary Medicaid State Plan Amendment to permit Maryland residents to take advantage of the asset protection afforded under expanded public-private partnership program

- Own Your Future - Seek funding to develop an ongoing public awareness campaign to build upon the initial 2006 Own Your Future program which was funded under a 2006 Deficiency appropriation to the Department of Aging.
- LTC Insurance Combination Products - Provide a streamlined approval process through the Maryland insurance Administration for linked-benefit LTC insurance products that combine a long term care coverage with annuities or life insurance policies as now encouraged under the Federal Pension Protection Act of 2006.

**PRIORITY 7**

**Issue: 1D. Older Americans Act (OAA) Funding Formula & State General Fund Allocations**

- Every ten years, State Units on Aging are required to update their funding formulas for allocating Older Americans Act funds to the Area Agencies on Aging, using data from the latest Census. Inevitably, these changes in funding result in some Area Agencies losing federal funds and others gaining. The result, if the State fails to manage the transition smoothly, can be disruptions in services and animosity between jurisdictions.
- The Maryland Department of Aging was not able to navigate the most recent funding formula transition effectively, and for the first time in MDoA history, the General Assembly intervened in the formula issue. The formula still has not been finalized.

Background and Analysis:

- Older Americans Act (OOA) Funding Formula:
  - In some states, the State Unit on Aging has added a new demographic factor: rather than just looking at the proportion of the 60+ population in each Area Agency's Planning and Service Area (PSA), the State has taken into account the "old old" population, which is more likely to need Older Americans Act services. As a result, factors reflecting the population which is 75+ or 85+ have been added to the funding formula.
  - Data is available to show how funding allocations would change if MDoA applied a 75+ or 85+ factor to its FY 2007 Older Americans Allocations. If MDoA decides to add a 75+ or 85+ factor, it should keep in mind that life expectancy for minority populations tends to be lower than for white populations. As a result, over the long term, an 85+ factor may tend to benefit jurisdictions with smaller minority populations. It is also likely that low income populations have a lower life expectancy; as a result an 85+ factor, over time, may shift funds to Area Agencies with a higher standard of living.
- State General Fund Allocations:
  - A more significant issue, which has been largely overlooked in the funding formula discussion, has been large disparities in the distribution of State General funds. Again, data is available to show the current allocation of State General funds, and how the funds would be distributed if the current Older Americans Act funding formula were applied to the allocation of State General funds.
  - The unequal distribution in State General funds has come about over a long period of time, but the pattern is fairly clear. For the most part, jurisdictions with large senior populations are receiving less State funding than would be expected. This disparity has resulted for two reasons:
    - In some cases small jurisdictions have been more willing to take on new State programs and have done a good job of expanding these programs. This has been especially true of Area Agencies like Howard County and MAC.

- Some of these programs, such as Senior Care, are complex and require a certain level of minimum funding to operate at all. Minimum funding requirements for small AAAs result in less funding available for large AAAs.

Recommended Actions:

- ➢ Review and revise the OAA Funding Formula and consider new weights/factors such as age (75+/85+) and number/percentage of older adults with disabilities.
- ➢ Ensure that MDoA and Maryland's Area Agencies on Aging, not the General Assembly, design and agree upon a new OAA Funding Formula.
- ➢ Consider the creation of a State General Funding Formula, like the OAA Formula for allocation of State General funds.

**PRIORITY 8**

**Issue: 1G. Maintenance of Effort (MOE)**

As noted in MDoA Operating Budget Data Report (D26A07), over the past couple of years, MDoA has spent very close to the federally required amount in the Maintenance of Effort (MOE) areas. In fact, in FY05, MDoA spent under the required amount and the same is expected for FY06. If a penalty were imposed, the State would lose a percentage of the federal Older Americans Funds equal to the percentage by which the department underspent the requirement.

Background and Analysis:

- ➢ The Department of Legislative Services, in the same analysis of the FY 2007 budget, also comments on the fact that MDoA is required to maintain State General funds for certain programs at a certain level to continue receiving Title III Older Americans Act funds at the current level of federal funding. Should a reduction in federal funds become a possibility due to the State's failure to maintain its funding at the required level, MDoA should be able to address this by adding additional categories of State funding to its MOE calculation.

Recommended Actions:

- ➢ Add the appropriations for the new Maryland Cares program and the Public Guardianship program to its MOE calculation. Both of these programs are compatible with Title III guidelines and should ensure that the Department meets the MOE requirements going forward.
- ➢ Take other steps to ensure compliance with MOE requirements.

**PRIORITY 9**

**Issue: 1B. MDoA Operating Budget**

As our older adult population has risen sharply in Maryland, funding for the Department and its programs has fallen over the years. Attention must be paid to fully fund the Department's budget and to provide the requisite resources to meet the needs of aging Marylanders.

Background and Analysis:

- ➢ Maryland is undergoing a demographic revolution. In 2004, for the first time, the number of Marylanders over the age of 60 (859,236) exceeded the number of children enrolled in Maryland Public Schools (850,780).
- ➢ In recent years, Maryland's senior population has steadily increased from 844,072 in 2002 to

943,152 in 2006 while State funding for aging programs has gone down from $22,137,583 in 2002 to $20,611,440 in 2006.

- Almost every major senior services program has large and growing waiting lists.
- Programs such as Senior Care and Congregate Housing are critical programs that preserve independence, dignity and choice for older Marylanders at a fraction of the cost of traditional nursing home care.
- Senior Care provides resources for older adults with disabilities and their families, preventing costly institutionalization. In Fiscal Year 2005, Senior Care served 3,545 seniors at an average monthly cost of just over $200 per month. But the list of seniors waiting for Senior Care services grew from 1,690 in July of 2004 to 2,460 in June 2006.
- Each year, 120 local Senior Information and Assistance offices across Maryland field over 500,000 inquiries, requests for information and appeals for help accessing services. Over the past year Senior I & A offices have been meeting the challenge of helping seniors enroll in Medicare Part D. Despite its importance, Senior I & A has been chronically under funded. The budget for Senior I & A has declined by almost $1 million over the past 15 years, while the senior population in Maryland continues to grow.

Recommended Actions:

- Fully fund the MDoA budget to properly meet the needs of the rapidly aging and diverse population in Maryland
- Eliminate waiting lists for the various department programs that are vital for aging in place, and close the Department’s current and chronic underfunding gap.

**PRIORITY 10**

**Issue: 4C. Attention To Dementia, Mental Illness, Polypharmacy And Substance Use Problems**

- Late life brain based disorders such as dementia, delirium (usually related to polypharmacy), mental illness and substance use problems are on the rise and necessitate services, providers and care settings competent in the assessment and treatment of these problems as they manifest in the geriatric population.
- Professional and public education around these issues is critical as older individuals suffering from these disorders have diminished capacity and are at high risk.

Background and Analysis:

- Older adults are unlikely to self-identify or self-refer for mental health or substance misuse problems. They typically present in primary care settings with somatic complaints yet are not assessed or treated by their doctors. An estimated 20% of community dwelling older adults, 45% of assisted living residents and 65% of nursing home residents have a diagnosable mental health problem yet less than 16% of older adults receive appropriate treatment.
- A 2005 report from the Substance Abuse and Mental Health Services Administration claimed that drug admissions among those ages 55 and older increased by 106 percent for men and 119 percent for women between 1995 and 2002.
- These problems are expected to grow exponentially. Tragically, older adults have the highest suicide rate of any population with both mental illness and substance abuse problems as contributors to the mortality.
- The incidence of dementia and delirium (usually a result of medication effects) is increasingly pervasive, further complicating other health co-morbidities and confounding

service providers who have not had training regarding associated cognitive and behavioral disturbances.

- A recent Maryland study concluded a prevalence rate of nearly 68% for residents of assisted living programs with dementia. National studies warn that dementia will pose a catastrophic burden to our health and human service care systems as the incidence of dementia is quickly rising.
- There is an overarching need for workforce competencies in meeting the specialty needs of seniors with consideration for their developmental issues, spectrum of somatic conditions, limits of independence, use of multiple medications and specialty treatment needs among other issues.
- Maryland must provide education to the public and professionals to meet any goal of person centered care that respects the holistic needs of seniors and matches services and supports to the individual's maximum potential for quality of life and functionality.

Recommended Actions:

- Conduct public education campaigns to destigmatize and increase awareness of late life mental health and substance use problems.
- Increase outreach to health and human service professionals with education on polypharmacy, dementia, mental illness, substance abuse and end of life care issues.
- Support enhanced offerings of education, assessment and treatment on late life brain disorders and medication management in places where seniors congregate.

**PRIORITY 11**

**Issue: 4D. Workforce Development**

- Maryland does not have a sufficient and competent health and human service workforce to meet the specialty needs and growing numbers of older people with multiple and complex needs for health and support services.
- There is dire need for geriatric trained physicians and specialists of every kind to treat older patients. Geriatric prepared nurses, social workers, therapists and paraprofessionals are likewise critical to competent late life care.

Background and Analysis:

- Maryland is desperately challenged to attract and retain competent workers to meet current LTC demands. With over 1,000 assisted living facilities in Maryland, 240 nursing homes and the State's commitment to enhanced community based care and "aging in place" initiatives, we are looking at an enormous need for a spectrum of health and human service workers who are prepared to support an unprecedented number of older Marylanders.
- Geriatric specialty services are rarely available yet this is the specialty profession that is most competent in meeting the complex layers of chronic illness, functional limitations, medication needs and cognitive complications that characterize older utilizers of health and human service programs.
- There are literally thousands of older Marylanders on waiting lists for in-home services. Without these services, many vulnerable and frail elderly are prematurely institutionalized.

Recommended Actions:

- Support geriatric education and training for all healthcare professionals, paraprofessionals, health profession students and direct care workers.

- Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent and specialized in geriatrics.
- Adapt senior volunteer and work program models, i.e. Experience Corps, to develop senior workforce solutions to growing geriatric health and human services needs.
- Develop a campaign to direct individuals towards employment in geriatric care or proficiency in geriatrics as it applies to the individual's current vocation.
- Advocate for workplace enhancement and employee support in LTC settings where geriatric care workforce turnover is highest.

## PRIORITY 12

**Issue: 5A. Older Adults in Maryland are Engaged in Meaningful Employment and Volunteer Activities**

Background and Analysis

Older Adults in Maryland

- Maryland, like the United States as a whole, is growing older. In 2000, more than 800,000 Marylanders (15 percent of the state's population) were over 60. By 2030, it is estimated that 1.7 million people (23 percent of Maryland's population) will be in that age group. People are living longer, and they are also healthier and more active than previously.
- More retirees have college degrees, which is a good predictor of better income and health in retirement, and an untapped resource for our workforce, voluntary and otherwise.
- There are many older adults who must work for financial reasons and new models of employment are needed to accommodate these employees.
- Older adults have the time and the interest to involve themselves in their community but like with employment situations new models are needed for those over 60.

Current Employment and Volunteer Opportunities

- There are multiple ways to match older adults with volunteer and work situations currently available through projects such as:
  - Experience Corps of Maryland, which is focused on matching older adults to work on the educational needs of Maryland's next generation.
  - American Association of Retired Persons (AARP)
  - Retired and Senior Volunteer Program International: University of Maryland Center on Aging.

Optimal Use of the Employment and Volunteer Programs Available

- Marketing and outreach to seniors about the availability of these programs needed to optimize their use and increase the number of volunteers is needed.
- Staff working in volunteer programs should be exposed to education about aging relevant issues to help them correctly match the older individual to an appropriate work situation in which he or she will be successful.

Recommended Actions:

- Review of the following outcomes:
  - Percentage of older adults engaged in volunteer and work activities in Maryland.

- ❖ Evidence of increased numbers (from use in the prior year) of older adults utilizing the volunteer/work programs currently available in Maryland.
- ❖ Evaluation of resources allocated to marketing and recruitment of older adults into the available volunteer and work related programs in Maryland.
- ❖ Evidence of education about aging for staff working in these programs particularly with regard to cognitive status and mood disorders, techniques for teaching new skills to older adults, and recognition of financial, physical, or mental abuse.

**PRIORITY 13**

***Issue: 2J. Older Workers as an Engine for Economic Growth****

Background and Analysis:

- ➢ By 2012 nearly 20 percent of the workforce will be over the age of 55, up from 14 percent in 2002. As the baby boom generation nears retirement age, and the generations coming after are considerably smaller, analysts are predicting labor shortages in many industries. Healthcare and government are among those that will be hit the hardest.
- ➢ Replacing experienced workers can cost at least 50% of an individual's annual salary in turnover-related expenses, and the cost is even higher in jobs requiring specialized skills.
- ➢ The benefits of maintaining a stable workforce and avoiding turnover costs can exceed the incremental compensation and benefit cost for older workers.
- ➢ According to "The Business Case for Workers 50+" prepared by consulting firm Towers Perrin for AARP, 69% of age 45-74 individuals, who are either working or looking for work, say they plan to work in some capacity during so-called retirement. 68% of age 50-70 not-yet-retired workers plan to work in some capacity into their retirement years—or not retire at all.

Recommended Action:

- ➢ Direct MDoA to lead the effort to make the economic benefit of the older worker a key component of Maryland's economic development plan. Promotion and development of an older workforce should be a top priority for the MDoA.
- ➢ Advocate to other state agencies, as well as the private sector, making older workers a key component of workforce development.
- ➢ Direct MDoA to participate in intergovernmental commissions, like the Governor's Workforce Investment Board, a priority for advocating on behalf of older workers.

**PRIORITY 14**

**Issue: 3B. Transportation Services**

- ➢ Transportation Services are essential to maintaining an older person in the community, and to preventing isolation and the health and mental issues which can result. There are differences among jurisdictions in Maryland and disparity among urban, rural, suburban areas of the State.
- ➢ There is debate about whether there should be specialized transportation for older adults and individuals of all ages who have disabilities, or whether there should be broader public transportation services serving numerous populations. There has also been a concern about the safety of older drivers.
- ➢ A high priority for the State should be a comprehensive study resulting in a transportation plan for Maryland which would recognize existing forms, including older volunteers and pilot programs like Senior Ride, but which would also reduce gaps. The goal would be

to develop a true state wide transportation plan which would also allow for leisure pursuit transportation access.

Background and Analysis:

- Over many years, Maryland has made attempts to provide transportation services for older citizens. Through Title III of the Older Americans Act, through the S-STAP and other state programs, volunteers and the creativity of the Area Agencies on Aging, people get to senior centers, nutrition sites, medical appointments and shopping.
- There have been various programs to work with older drivers themselves. The best known is undoubtedly AARP's driver re-education course. The Maryland MVA also has had a program of physical evaluation on a volunteer basis, which, rightly or wrongly, has been seen as a method to get older drivers off the road.

Recommended Actions:

- Conduct a comprehensive study of all transportation services which affect, or could affect, an older population should be undertaken with a view to developing a statewide transportation plan. The plan would, depending on the results of the study, serve non-drivers including older people and individuals with disabilities.
- Include an evaluation of programs and methods to maintain driving capacity where appropriate.
- Examine incentives which could encourage private organizations and volunteers to increase transportation services in under served areas and should look at programs like Senior Ride.
- Include M4A (with a representation of rural, suburban and urban AAAs), MDOT, MDOD, RSVP, MD Office of Volunteers, AARP, MSCAN, United Seniors of Maryland, Senior Ride, and other advocacy groups.
- Designate a position within the Department of Transportation to focus solely on transportation for older adults and people with disabilities.

**PRIORITY 15**

**Issue: 3D. Emergency Preparedness and Response: Information, Assistance and Counseling**

- The basis for all aging programs and services is an effective source for information and a way to provide assistance to people to receive adequate results. The OAA program is one of the major services provided directly or indirectly by the Aging Network in collaboration with other information and counseling services provided outside of AAAs.
- With adequate information and assistance, most older people and their families are able to take care of themselves. Some people may need, at least on occasion, more intense information and counseling. Without such help, more intensive services may be needed later on.

Background and Analysis:

- Although there are assumptions about seniors' use of modern technology, the number of older people involved at least in email and also in the internet is growing regularly. In addition, the families of older Marylanders need a way to connect to information locally and for long distance care.
- The Elder Care Locator has been a major resource for families needing local information from a distance. For this purpose, counseling has been added to the I&A topic because of the need for expanded services on occasion. Areas included here are SHIP counseling

especially on Medicare Part D, mediation and legal alternatives in dispute resolution and elder abuse, family planning for the end of life, caregiver assistance, etc.

- Occasionally, there are special information needs like Emergency Preparedness. Technology can be improved to allow simultaneous multiple receiver communications, for example in emergency situations, including a larger web based MDOA information system.
- Another special and growing need is information to prepare for end-of-life issues. The Department needs to inform and be able to either counsel or refer customers to specialists about how to deal with circumstances affecting seniors as they approach the end of their lives.
- Both the aged and their families often confront these last years with uncertainty, dread or anguish, and without the knowledge to plan for or cope with this future, their peace of mind is impaired or prevented. Information and counseling resources need to be increased to provide special outreach on these issues.

Recommended Actions:

- Funding must be related to demographics; there should be no waiting lists for these services.
- Extend the $2 Million extra to local SHIP programs beyond December 2007, or until the MMA is modified to accommodate these changes.
- Implement a website with an in-depth information roster which includes non-aging specific resources, such as Hospice care and end of life alternatives, legal and mediation options be interactive and up to date.
- Look at innovations by AAAs for possible adaptation for state use.
- Increase attention and support in emergency situations. Emergency preparedness requires communication networks, web-site notices, including a "crawl", blast fax, blast email, automated telephone communication to multiple receivers simultaneously, all available for instant responses.
- List certain issues on the Department's website under a separate descriptive heading, such as, "Planning for End-of-Life Issues" and the following links:
  - Legal Issues – advanced health care directives and appointment of a general power of attorney
  - Legal Assistance - (link to Maryland Bar Association, Legal Aid, etc.)
  - Estate Planning - (management and disposition of assets, with link to Maryland Bar Association)
  - Hospice Care – (link to Directory and Maryland Hospice Organization)
  - Funeral Home Services and Pre-Planning – (link to State Board Of Morticians)
  - Cemetery Arrangements and Pre-Planning – (link to Maryland Office of Cemetery Oversight)

**PRIORITY 16**

***Issue: 2B. Long Term Care Insurance Tax Incentives****

Currently a taxpayer may claim a one-time tax credit of up to $500 for the premium paid on a long term care (LTC) insurance policy for himself, his spouse, parents, step-parents children, and step-children purchased after July 1, 2000. This is intended to provide an incentive for taxpayers to purchase LTC insurance so that they will not have to spend down their assets and have to go on Medicaid if later in life they require LTC.

Background and Analysis:

- Medicaid accounts for approximately 20% of Maryland's total state budget, or $4.5 billion. The largest portion of that money is spent of the long term care needs of the State's elderly. With the impending retirement of the states baby boomers, Medicaid long term care costs will only continue to grow.
- The average age of today's purchaser of LTC insurance is 57 years of age. Often misunderstood as an insurance product directed toward an elderly or senior population, LTC insurance has become an important financial planning tool for pre-retirement baby boomers. The one-time only tax credit provides an incentive for people to purchase LTC insurance; however it does not provide any incentive for people to maintain their LTC coverage. An annual tax credit for LTC insurance premiums would provide that incentive and help demonstrate to citizens the importance of having and maintaining LTC insurance.

Recommended Action:

- Enact legislation to add an annual tax credit of $100 for payment of LTC insurance premiums by individual taxpayers, effective for calendar year 2007. This would be in addition to the current tax credit of $500. There should be no additional conditions for the tax credit beyond those in current law.
- Request funding for the additional tax credit in the FY 2007-2008 Supplemental Budget.
- Expand the existing employer tax credit for companies who offer LTC insurance to their Maryland resident employees as an employee benefit.

**PRIORITY 17a**

***Issue: 2C. Long Term Care Insurance Partnership Program****

The Long Term Care Insurance Partnership program was initiated in the late 1980's supported by grants from the Robert Wood Johnson Foundation and coordinated by the Center for Aging at the University of Maryland. The public-private Partnership program was intended to learn how private insurance policies could be used as an incentive for people to plan ahead for their long term care financing needs and to reduce the burden on states' Medicaid programs. Through Federal legislation enacted in 2006, the State of Maryland is now eligible to participate in the program, which is intended to save Medicaid dollars currently used to pay for LTC expenses.

Background and Analysis:

- By purchasing a "Partnership" policy, the policyholder can access the Medicaid program for their long term care needs but not need to entirely spend down all assets in order to qualify. For every dollar paid out by the private insurance policy, the Medicaid applicant would be able to retain on a dollar-for-dollar basis, one dollar of his or her own assets.
- In 1993, shortly after the program was launched in only four states (CA, CT, IN and NY) and before Maryland was able to join the program, Congress enacted legislation that prohibited further expansion of the program. The program continued in those four states and resulted in supporting the initial objectives of encouraging people to plan for their long term needs through use of private insurance and in Medicaid savings to the four states. Studies proved that people who might not have purchased LTC insurance did so because of the Partnership program.
- The Deficit Reduction Act of 2005, which became law in February of 2006 removed the restriction on additional states opting into the program. States can now join the program through the filing of a Medicaid State Plan Amendment (SPA).

Recommended Action:

- Direct the Department of Health and Mental Hygiene (DHMH) to work closely with the Insurance Administration (MIA) to lay the groundwork for that SPA filing. While there has been some initial work done by the MIA, other states agencies critical to the process, such as the DHMH and the Governor's office have not been as actively engaged. There has also been some discussion that legislative action might be necessary to amend Maryland's LTC statute and that administrative action might also be needed to amend state insurance regulation.
- Pursue participation in the LTC Partnership program.
- Encourage oversight and coordination from the new Administration and the Legislature, DHMH and the MIA to assure that the process moves forward toward the filing of the SPA.
- Submit an application for one of the $60,000 Robert Wood Johnson Foundation grants for the LTC Partnership Programs.

**PRIORITY 17b**

***Issue: 2D. Expansion of the Long-Term Care Awareness Campaign, referred to at the Federal level as "Own Your Future". (OYF)****

Background and Analysis:

- Maryland was selected by the federal government to participate in the second phase of a long term care awareness campaign called *"Own Your Own Future"*. It was designed to increase awareness of the importance of planning ahead for future long- term care needs. Many individuals underestimate the risks and costs of long-term care until it is too late and then end up having their LTC needs paid for through Medicaid. Maryland, like most other states, is concerned that the demands for long-term care will exceed its public resources, as Medicaid is the primary payer of long term care.
- Maryland believes that encouraging personal financing and other planning activities may reduce the burden on public sector programs such as Medicaid. It will also empower consumers by giving them the information they require to make choices regarding long-term care services. Under this campaign, financed in part by an appropriation to the Department of Aging, a letter was mailed in May 2006 to Maryland households with a resident between the ages of 50 and 70 inviting them to request a planning kit that has been provided by the federal government. Approximately 600,000 letters were sent and, to date, more than 30,000 people have requested the planning kits.
- As a follow-up to the letter, MDoA conducted, in September, a staff (public and private sector) full day seminar and, in October, the first half-day seminar in Baltimore for the general public on long-term care planning. The seminars featured a number of experts on long-term care insurance, reverse mortgages, home modifications, financial planning, housing options, and advance directives.

Recommended Action:

- Continue and expand upon the 2006 campaign.
- Recognize that the target audience for LTC planning should be the pre-retirement baby-boom population, in addition to those currently on the verge of needing LTC services.
- Offer the half-day seminar for consumers across the state.

- Produce a video based on the seminars for use by the local AAA's to conduct brown bag lunch discussion groups for employees age 45+.
- Conduct an annual seminar for the trainers (SHIP, I&A, I&R, and human resources staff, both public and private), on the latest long-term care information.
- Secure sponsorship of these seminars and other LTC education and awareness activities from the private sector. The LTC insurance industry and financial planners have expressed an interest in sponsoring them.
- Ensure that the new Maryland Access Points (MAPs) web site has a section on this issue.

**PRIORITY 18a**

***Issue: 2F. Home and Community Based Services (HCBS) ****

- The existing Home and Community Based Service (HCBS) Older Adults waiver program should be fully funded so that all of those who desire to be served in that setting will be.
- MDoA and the Maryland Department of Health and Mental Hygiene should give consideration to other HBCS and related programs based on experiences in other states.

Background and Analysis

- There was considerable and intense debate about the nature, duration, scope, and protections to be provided under SB 819, yet all agreed that it was worthwhile to provide additional services to seniors in the community, thereby delaying institutionalization, with resultant cost savings in the Medicaid program or to serve still more seniors in the community.
- There was also, an agreed upon understanding that growth in the Medicaid program does require some experiments to slow the growth of this program now, and in the future, and that requesting a waiver from the federal government to utilize a different approach was a useful experiment.
- The O'Malley-Brown Administration has an opportunity to do innovative programs that will provide great things for seniors by utilizing the experience in other states to realize the agreed upon goals of providing more services and greater choice for seniors in the community and generate cost savings as well.

Recommended Action:

- Fully fund and expand the existing HCBS Older Adults waiver program.
- Review HCBS programs working in other states to discern their possible applicability and desirability in Maryland.

**PRIORITY 18b**

***Issue: 2G. Continuing Care at Home (CCAH)****

Continuing care at Home allows participants to receive continuing care services at home instead of at a Continuing Care Retirement Community (CCRC). Many elderly people would prefer to stay in their homes as long as possible and thus Continuing Care at Home is an attractive program. The services offered can include emergency response systems, a home evaluation and referral for home maintenance and/or modification, coordination of personal and homemaker services, in-home nursing care, and, as a last resort, assisted living or nursing care.

Background and Analysis:

- The entrance fee for Continuing Care at Home services can be between $20,000 to $25,000 and a monthly service fee of $200 to $300 per month. The monthly fee increases a little each year and the applicant's ability to pay in the future is examined.
- Legislation for Continuing Care at Home was enacted in 1996. Continuing Care at Home is regulated by the State Department of Aging as a form of CCRC. However, there are currently no providers of Continuing Care at Home in Maryland. Subscribers to the program are 60 or older and the contract for services may be fore life or for a period of more than one year. Typically, a subscriber must be in reasonably good health and able to live independently in his or her own home when they join. A physical examination by a nurse or physician approved by the applicant's personal physician is required as part of joining the program.

Recommended Actions:

- Revise current statutes and MDoA should consider revising the regulations pertaining to Continuing Care at Home program in order to encourage more CCAH providers to come to Maryland. The program, particularly the Type A CCRC-like option, is an attractive one to seniors because it allows them to get the services they need without having to enter an assisted living or nursing home or potentially seek Medicaid Long Term Care benefits.
- Conduct a study to determine what changes need to be made to Maryland law to make this program an attractive alternative for older adults and providers.

**PRIORITY 18c**

***Issue: 2H. Continuing Care Retirement Communities (CCRCs)****

Continuing Care Retirement Communities (CCRCs) provide the elderly a continuum of care that ranges from independent living to nursing home care. A CCRC is defined in Maryland Annotated Code Article 70B(a) as "furnishing shelter and either medical and nursing services or other health related services to an individual 60 years of age or older not related by blood or marriage to the provider for the life of the individual or for a period in excess of one year under a written agreement that requires a transfer of assets or an entrance fee notwithstanding periodic charges."

Background and Analysis:

- There are three types of CCRCs and they are described by the types of contracts that they offer.
  - Type A CCRCs provide extensive contracts that includes long term care at the base monthly fee.
  - Type B CCRCs provide modified Contracts with some short period of long term care.
  - Type C provide fee-for-for service contracts.
- Type A contracts are essentially self-insurance communities for long term care and include shelter, residential services and amenities, and long term nursing care. The extensive contract offers the most comprehensive services and has the highest initial and monthly fees. Type A contracts assure long term care needs are met without recourse to Medicaid.

Recommended Actions:

- Include Type A CCRCs in all information provided to older adults regarding planning for long term care.
- Conduct a study to determine the measures that need to be taken to encourage the expansion and creation of CCRCs in our State.
- Ensure that the CCRC Continuing Care Regulation dispute with a for-profit CCRC, listed under Significant Events/Situations in the MDoA Transition Briefing Book is promptly and thoroughly reviewed and resolved.

**PRIORITY 18d**

***Issue/Topic: 2I. Naturally Occurring Retirement Communities (NORCs)****

- Throughout the state there are areas where people have aged in place naturally and as a result these areas have been termed Naturally Occurring Retirement Communities (NORCs). In two of these communities, one in Baltimore County and the other in suburban Washington, DC, these Naturally Occurring Retirement Communities have been combined with services.
- Typically, a neighborhood community that has people of all ages but a particularly high concentration of seniors receives a NORC services program. There is no requirement like a HUD senior building of specific age or income.

Background and Analysis:

- NORCs are a recognition that some neighborhoods age in place. It is both desirable and cost effective to provide a gamut of services ranging from medical, socialization, transportation, family and educational services on site. There are three defining features of NORC funded services. The first hallmark of these communities is that all of the services are provided on site. Secondly, the service providers within the communities strive to prevent emergency situations ahead of time by getting the elderly the services they require before the situation becomes acute. Third, the services provided in a NORC are tailored to the community's needs and interests.
- Services are not excluded to a specific income bracket, but rather are based on the range of incomes and needs that occur naturally within the community. The goal in NORCs is not to duplicate, but to supplement the services that exist in the community currently. For example, some communities will require more homecare services while others will require more transportation services and still others may desperately require both.
- Generally, the Baltimore NORC program affects 1000 individuals monthly. The NORC program is less costly to the state than the cost of paying for an assisted living or nursing home. The NORC services program generally has very high levels of satisfaction and consideration should be given (pursuant to study) whether funding should be provided to additional NORCs throughout the state.

Recommended Actions:

- Conduct a study to identify all the existing NORCs in Maryland to consider the retention and expansion of the program.
- Evaluate whether means testing is appropriate for the possible retention and expansion of the program.

**PRIORITY 19**

**Issue: 4E. Development of Diversity Competencies**

- An increasing number of older Marylanders are appearing in human service settings (i.e. homeless shelters, jails) that are ill equipped to meet the functional, somatic, medication, psychosocial and life transition needs of the vulnerable elderly population. Cross training regarding geriatric concerns is necessary in such non-traditional settings to ensure proper care and treatment for vulnerable elderly.
- Older Marylanders are an increasingly diverse population and diversity issues must be addressed in care settings typically used by seniors (assisted living, nursing homes, hospitals) in accordance with the demographics of numerous aging minority populations in Maryland (i.e. Latino, Korean, Russian) who have distinct needs and preferences for health and human services.

Background and Analysis:

- Given Maryland census data revealing rapidly growing minority populations within the older adult demographic, it is important to consider diversity needs in the development of the geriatric workforce and the enhancement of LTC programs.
- There is current and overarching need for workforce and informal caregiver competencies in meeting the specialty needs of seniors with consideration for their developmental issues, cognitive abilities, spectrum of somatic conditions, limits of independence, use of multiple medications and specialty treatment needs among other issues such as race, ethnicity and faith.
- The delivery of person centered care includes consideration for the diversity and related preferences that supports and older individual's maximum potential for quality of life and function.

Recommended Actions:

- Partner with offices of minority affairs and include minority stakeholder representation in all workgroups and committees designated to develop LTC program enhancements and geriatric workforce competency.
- Provide diversity training to staff at Senior Information and Assistance offices.

**PRIORITY 20**

***Issue: 2A. Expand Experience Corps Baltimore Statewide****

As MDoA moves to larger challenges regarding intergenerational programs (children and older adults) designed to create a critical mass for older adults to volunteer in elementary schools (K-3) to assist principals and teachers in their daily activities, the State could expand the extremely successful Experience Corps Baltimore program incrementally in selected areas throughout Maryland.

Background and Analysis:

- Experience Corps is an innovative, high-impact volunteer program that utilizes the time, skills and experience of older adults to benefit not only their own health and well-being, but also the quality of elementary education. Experience Corps trains older adults and places them in elementary schools (kindergarten through grade three), to assist principals and teachers in their day-to-day activities.

- Each volunteer commits a minimum of 15 hours per week for the entire academic year. A team of 15-20 older adults is placed in each school – yielding a significant and transformational number of volunteer hours (at least 225 hours per week per school). The particular service performed by the older adult varies from school to school and classroom to classroom, but might include literacy support, behavioral support, violence prevention programs, health promotion, enrichment activities, and community and parental outreach.
- Beginning with three schools in 1998, Experience Corps is now in fifteen of the city's public elementary schools. It is administered by the Greater Homewood Community Corporation, in conjunction with the Johns Hopkins Center on Aging and Health. (The Center is responsible for the program's research and evaluation component, tracking the impact of the program on the children, schools and older adult volunteers.)
- Preliminary results are highly encouraging. Serving as both grandparent figures and guides, the senior volunteers are able to tap into their vast stores of experience and wisdom in serving as mentors to their young charges. And the result appears to be a "win-win" for everyone. In fact, the data show improved performance on the part of the students (e.g., higher reading and math scores) as well as improved health status for the volunteers (increased physical activity, decreased falls, and the prevention of decreased mobility).
    - Children in the Experience Corps schools have significantly higher scores on standardized reading tests. Similar results are evident with respect to math.
    - Following implementation of the program, Experience Corps schools demonstrated a 30% - 50% decrease in office referrals for behavioral problems and a 25% - 50% decline in suspensions.
    - Early evidence suggests that Experience Corps leads to improved job satisfaction for teachers and may, consequently, lead to improved teacher retention.
    - Evidence also suggests improvement in strength and physical function, mental function and memory, as well as an overall sense of well-being in the older adults participating in the Experience Corps program.

<u>Recommended Actions:</u>

- Consider Legislation to authorize new money like the Community Legacy program, the Maryland State Experience Corps program should be administered by a lead agency, and the three logical agencies are the Governor's Commission on Volunteerism, the State Department of Education and the MDoA.
- Involve the local offices on aging to give these offices a new role and visibility – one where they are encouraging productive involvement of older people for societal and the community while demonstrating the value and talents of our older adults.
- Develop a program that would be phased in over 3-5 years. It could have a matching component after the first year so that local agencies and school systems could partially support. To keep the program focused, it should probably be targeted to Title I eligible schools, but with a mix of urban, suburban and rural locations.
- Allocate funds for administration, technical assistance and evaluation. New programs will clearly need help in design and implementation. Johns Hopkins University's Center for Aging would be one possible choice for technical assistance.

## IV. APPENDIX

### 1. Additional Recommendations

**ISSUES/RECOMMENDATIONS**
**Subcommittee Report**

**1. Administrative, Budget and Legislative Subcommittee**
**Issue: E. Review/Update MDoA Article 70B**

The enabling legislation for the Maryland Department of Aging, has expanded over the years. The Department's responsibilities have increased, and the number of programs administered by the Department has grown. This is an appropriate time to reevaluate Article 70B, to see if it can be better organized to improve clarity and interpretation. It is also a good time to see what changes are needed in the law, to align the Department with changes in the field of aging in Maryland and across the country.

Background and Analysis:

- ➢ The need for changes to Article 70B may be divided into the following four areas:
  - ❖ The Article could be better organized. Authority for some programs and responsibilities is split among different provisions of the law.
  - ❖ The Article does not reflect the full scope of the Department's responsibilities. The Department has received budget authority for certain programs for years, but these are not reflected in the law.
  - ❖ The role of the local Area Agencies on Aging is not fully reflected in the law. Most of the Department's programs are administered through the Area Agencies on Aging, but this administrative practice is not consistently shown in the language authorizing some programs
  - ❖ An update to Article 70B is needed to reflect the changing dynamics of aging and service delivery in 2007. Some parts of the law are obsolete and may need to be deleted; in other cases the Department may need new authority to respond to new challenges and trends.

Recommended Actions:

- ➢ Review and revise Article 70B in four major sections to allow for the following organizational scheme:
  - ❖ Area Agency on Aging Programs The first section should include all programs and responsibilities which the Department of Aging delegates responsibilities to local Area Agencies on Aging. In some cases, the law does not specify that these programs are administered by Area Agencies on Aging; in practice, however, most programs implemented at the local level are channeled through AAAs and the law should be amended to reflect this.
    Under this section would come the following subsections:
    §4(d), the Assisted Living Subsidy program guidelines
    §4E(c), services such as Senior I& A and Senior Care, provided at the local level under the direction of local IACs, but, in reality administered by AAAs
    §5, the Ombudsman program
    §33-35 Senior Center Operating Funds
  - ❖ Programs Administered Directly by MDoA This section would include the following:
    § 4 (b), and §4I Congregate Housing
    §25 Senior Housing Manager Training
    § 36 Innovations in Aging Program

- The Senior Center Citizen Activities Center Capital Program This section would include §26-§32.
- Continuing Care Retirement Communities This section would include §7-§23

## ISSUES/RECOMMENDATIONS
## Subcommittee Report

**3. Programs and Services Subcommittee**

**Issue: E. Advocacy for Adequate Funding**

Programs and services for the elderly are imperative to keep older people out of restrictive environments   Existing services are valuable but in almost every instance the funding has not kept pace with the population increases especially among the oldest old (75+ and 85+).

Background and Analysis:

- In all discussions of programs and services for older people and for caregivers, there needs to be adequate funding. It especially appears that often "administrative" funds are considered unessential and are not included. In aging services, "administrative funds" are service funds.

Recommended Actions:

- Ensure that funding keeps pace with the rapid growth of the older population.
- Increase advocacy for funding of essential services to our older adults, their family members and caregivers throughout Maryland.
- Ensure that all existing and potential funding sources in the public and private sector are pursued and leveraged.

**ISSUES/RECOMMENDATIONS**
**Subcommittee Report**

**5. Performance Measures**

**Issue: B. Maryland Is Optimally Managing Medicare Part D Coverage Issues For Older Residents**

<u>Background and Analysis:</u>

Medicare Part D Resources in Maryland

- The federal government's new prescription drug program, under Medicare Part D, first went into effect on January 1, 2006.
- Maryland went to extensive effort through the support of multiple agencies and the efforts of volunteers in educating our older residents about Med Part D and helping them sign up and understand these benefits.
- Resources to help older adults with understanding Med Part D and enrolling included The Maryland Department of Aging and the 19 Area Agencies on Aging (AAAs) which offered information and assistance with Medicare and other insurance through the Senior Health Insurance Assistance Program (SHIP).
- With an ongoing influx of new seniors each year in Maryland, there are concerns about the time and resources needed to maintain these services and the risk that the number of calls can not be handled.
- Partnering with local schools of pharmacy for education on this topic and other health care providers, local senior centers, and reaching out to the community to assure this education and information is readily available is critical.

<u>Recommended Actions:</u>

- Design, implement and support appropriate technology and systems to facilitate the collection of an review of the following outcomes:
  - Evidence that Agency offices respond to all calls/queries for help with Medicare Part D in a timely fashion.
  - Evidence that there is an increased percentage of Maryland older adults enrolled in Medicare Part D.

**ISSUES/RECOMMENDATIONS**
**Subcommittee Report**

## 5. Performance Measures
### Issue: C. Older Adults are Treated with Dignity and Protected Against Abuse

Background and Analysis:

- Approximately 2 million American older adults are abused, neglected, or exploited each year. This abuse can be verbal, physical, or financial and may cut across all levels of care and socioeconomic status levels. The 2 million estimated is only believed to be a fraction of the cases of abuse that are likely to occur. Moreover, it is anticipated with the rise in percentage of older adults and the lack of sufficient numbers of caregivers for what is likely to be an older and sicker population, the risk of elder abuse is anticipated to climb.
- The neglect, abuse and exploitation of our elderly citizens is a serious matter. The Department of Human Resources is committed to protecting and serving all Marylanders by implementing programs that shield some of our most vulnerable citizens.
- In response to the evidence of and risk of elder abuse, the Ombudsman Program was initiated. This program was authorized by the Older Americans Act and Maryland law. In Maryland, Federal, State and local governments fund program operations in 19 regional offices covering all of Maryland's 23 counties and Baltimore City. Ombudsman Program Coordinators act as advocates for residents. The Ombudsman Program is structured to empower the residents of long term care facilities and advocate for these individuals on health, safety, welfare and rights issues.

Recommended Actions:

- Conduct annual reviews of the following outcomes:
  - Number of investigated and closed cases by the Ombudsman versus the number of complaints/requests for services made and the number of unclosed cases.
  - Evidence of biannual oversight of the Ombudsman Programs.
  - Evidence of educational opportunities for formal and informal caregivers to identify and report evidence of abuse.

**ISSUES/RECOMMENDATIONS**
**Subcommittee Report**

**5. Performance Measures**
**Issue: D. Maintaining Seniors in the Community**

Background and Analysis

- As noted in the *Analysis of the FY 2007 Maryland Executive Budget*, prepared by the Department of Legislative Services for the Department of Aging's 2006 budget hearing, "Community-based services are considered to be a cost-effective investment for the State because many of the people that receive community-based services would require nursing home services if the community-based services were not available, and nursing homes cost almost twice as much as community-based services."
- Also noted in the same analysis, cost of providing services is increasing and the number of seniors in need of community-based services is increasing and will continue to do so, funding for these programs has either decreased or remained level.
- We must demonstrate that there are sufficient resources to support the demand for programs that support aging in place and prevent more costly residential placements. These programs include: the Medicaid Waiver for Older Adults, the Assisted Living Subsidy Program, the Senior Care Program, and the Family Caregiver Assistance Grant Program.
- Fewer seniors have access to the necessary community-based services that are less expensive for the state. Investing in these programs lessens the impact on the need for Medicaid to pay for more costly nursing home care. In fact, Maryland's Medicaid LTC institutional expenditure account for 87% of total cost with only 13% for Community Based Services (CBS) while the total United States CBS is about 27%.

Recommended Actions

- Continue and expand measuring its MFR (Managing For Results) titled, "Maintaining Seniors in the Community" and apply more outcome based quantitative metrics.
- Add the Family Caregiver Assistance Grant Program as an additional measure
- Add an overlay of the amount budgeted for each program described above.

## ISSUES/RECOMMENDATIONS
## Subcommittee Report

**5. Performance Measures**

**Issue: E. Sufficiency of MDoA Budget**

Need for adequate funding in the State General funds for MDoA to provide for the rapidly growing demand of services and programs.

Background and Analysis

- The number of older adults in Maryland is growing rapidly with the aging of the Baby-Boom generation. At the same time, funding for the MDoA has decreased. As noted in the *Analysis of the FY 2007 Maryland Executive Budget*, prepared by the Department of Legislative Services for the Department of Aging's 2006 budget hearing, "The number of seniors served by the State's community-based services remains constant, while the percent of eligible seniors actually receiving the services has fallen by more than 50% in the past couple of years. Waiting lists for all four of the community-based services are a substantial portion, if not larger, than the number of people being served by the programs."
- Also noted in the same analysis is that the State is precariously close to not meeting the federally required Maintenance of Effort (MOE), risking a loss of federal funds equal to the percentage by which the State misses the federal requirement.

Recommended Actions

- Create an MFR that measures the relationship between aging demographics and the percent of the State Operating Budget allocated to MDoA.
- Utilize this business, return on investment model to promote funding strategies and allocations for MDoA.

## V. ATTACHMENTS

A. Aging Transition Workgroup (ATW) Membership List

B. Aging Transition Workgroup (ATW) Subcommittee and Thematic Subgroup Listing

C. Maryland Department of Aging (MDoA) Organization Chart

**Attachment A. Aging Transition Workgroup (ATW) Membership List**

# Aging Transition Workgroup
## MEMBERSHIP LIST

Darrin E. Brown
AARP Maryland Associate State Director

Kim Burton
Mental Health Association

Frank Chase
Maryland NARFE

Nguyen Minh Chau

Charlie Culbertson

Joe DeMattos
AARP Maryland State Director

Michele Douglas
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Senator Paula Hollinger

E. Fran Johnson
Martin's West Caterers

Frank Johnson
Baltimore City Commission on Aging and Retirement Education

Senator Delores Kelley

Nadeem Khan

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Robert J. Rhudy

Amjad Riar, MD

Steve Sklar

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Mariel Group, LLC

Virgina Thomas
UMBC Center for Health Program

Sue F. Ward

Clare Whitbeck
United Seniors of Maryland

Beth Wiseman
BCASCO

Mark Woodard
Advocates for Children and Youth

**Attachment B. Aging Transition Workgroup (ATW) Subcommittee and Thematic Subgroup Listing**

## Aging Transition Workgroup (ATW) Subcommittees

| 1- Administrative, Budget And Legislative | 2 - Vision,Strategic Planning & Initiatives | 3 - Programs And Services | 4 - Healthcare And Workforce | 5 - Performance Measurements & Technology |
|---|---|---|---|---|
| A. Medicaid Level of Care for Cognitive Impairments | A. Expand Experience Corps Baltimore Statewide | A. End Of Life Issues/Counseling, Legal Assistance & Family Planning | A. Movement Towards Community Based, Holistic, Person Centered Care | A. Older Adults in Maryland are Engaged in Meaningful Employment and Volunteer Activities |
| B. Elevate Aging Agenda & MDoA, And Increase MDoA Budget | B. Tax And LTC Insurance Credits | B. Transportation Services | B. Enhancement of Offerings, Quality and Transitions to LTC Programs | B. Maryland Is Optimally Managing Medicare Part D Coverage Issues For Older Residents |
| C. Fully Fund Older Adult Community Medicaid Waiver And Withdraw CCO Waiver | C. LTC Insurance Partnership Program | C. Assisted Living And Congregate Housing | C: Attention to Dementia, Mental Illness, Polypharmacy and Substance Use Problems | C. Evidence that Older Adults are Treated with Dignity and Protected Against Abuse |
| D. Establish New Older Americans Act (OAA) Funding Formula And Remove It From The Legislative Process | D. Own Your Future | D. Information, Assistance and Counseling | D. Workforce Development | D. Maintaining Seniors in the Community |
| E. Review And Update MDoA Article 70B | E. MD Access Point Project | E. Advocacy for Adequate Funding | E. Development of Diversity Competencies | E. Sufficiency of MDoA Budget |
| F. Congregate Housing | F. Home and Community Based Services (HCBS) | F. Guardianship | F. End of Life Planning | |
| G. Maintenance of Effort (MOE) | G. Continuing Care at Home (CCAH) | | | |
| H. Family Caregivers Grant Assistance Program | H. Continuing Care Retirement Communities (CCRCs) | | | |
| I. Ombudsman Program | I. Nationally Occurring Retirement C's (NORC's) | | | |
| J. CommunityChoice Waiver | J. Older Workers as an Engine for Economic Growth | | | |

## ATW Subcommittee Members

| 1- Administrative, Budget And Legislative | 2 - Vision,Strategic Planning & Initiatives | 3 - Programs And Services | 4 - Healthcare And Workforce | 5 - Performance Measurements & Technology |
|---|---|---|---|---|
| **Michele Douglas, Chair**<br>Sue Ward<br>John Stewart | **Robert Rhudy, Chair**<br>Sam Morgante<br>Mark Woodard<br>Virginia Thomas<br>John Stewart | **Sue Ward, Chair**<br>Tessa Hill-Aston<br>Amjad Bear<br>Charlie Culbertson<br>Beth Wiseman<br>Steve Sklar<br>Robert Rhudy<br>Michele Douglas | **Kim Burton, Chair**<br>Sam Morgante<br>Mark Woodard<br>Tessa Hill-Aston<br>Charlie Culbertson<br>Beth Wiseman<br>Barbara Resnick<br>Michele Douglas | **Barbara Resnick, Chair**<br>Kim Burton<br>Michele Douglas<br>John Stewart |

**Attachment C.  Maryland Department of Aging Organizational Chart**