ANNUAL REPORT OF THE

MARYLAND COMMISSION ON AGING

2002

February 2003

Commission on Aging Appointments and Expiration Dates

	Appointment	Expiration
Mr. Williams D. Bechill	Reappt. July 1, 1999	June 30, 2003
Ms. Amy Castleberry	July 1, 2001	June 30, 2004
Ms. Judith G. Cato	Reappt. July 1, 1999	June 30, 2003
Mr. Charles H. Culbertson	July 1, 1998	June 30, 2002
Honorable Barbara Frush	July 1, 1995	
Mr. Lee Hammond	July 1, 2001	June 30, 2004
Mr. Gary C. Hong	July 1, 1998	June 30, 2002
Honorable Gloria Lawlah	July 1, 1999	
Ms. Louise Lynch	July 1, 1999	June 30, 2003
Dr. George A. Taler	July 1, 1998	June 30, 2002
Mr. D. Bruce Wile	July 1, 1999	June 30, 2003

Reappt. – Reappointed

Introduction

The Commission on Aging is made up of thirteen members, eleven public citizens and two State Legislators and is charged to advise the Governor and Secretary of Aging on problems of the aging and to review new programs and activities designed to assist older Marylanders. The Commission meets monthly and in 2002, also continued to work with its local counterparts in participating in "Town Hall Meetings" in a several local jurisdictions.

Priorities of the Commission remain focused on those issues identified in earlier years. Most issues involve recommendations for budgetary action. While the Commission recognizes the fiscal crisis, it believes sound state policy should continue to develop the infrastructure for community-based services. The demographic aging of the population will require enormous growth in order to meet the need for services. Priorities of the Commission on Aging for the upcoming year include:

1. ***Final funding phase-in of the expansion of the Long Term Care Ombudsman Program*** $410,000

   (This action was a major recommendation of the Task Force on Quality of Care in Nursing Facilities and was a commitment to fund a minimum staffing capacity over a three-year period. In FY 03, which was to have been the third and final year of phased-in funding, only 50% of the third year funds were approved. Subsequently, it is necessary to complete the phase-in in a fourth year.)

2. ***Fourth year phase in expansion of the Medicaid Home and Community Based Waiver for Older Adults.*** (Dept. of Aging)$800,000
   (Medicaid) $6,300,000
   (General Funds)$7,100,000

   (These funds add an additional 1,000 individuals to the existing 3,150 persons currently funded. The Waiver is scheduled to eventually serve 5,000 persons)

3. ***Innovations in Aging Services Initiative*** $ 200,000
   Support second year funding of the Innovations in Aging Services Grants Program.

4. ***Support for additional Transportation services to encourage needed transportation for persons aging in place.*** Transportation needs have been identified universally at every Town Meeting conducted, as a high priority. Many seniors and private sector advocates have identified the need for both additional funds and public policy changes in insurance law to encourage more volunteer transportation.

5. ***Congress should enact a prescription drug benefit under Medicare for all beneficiaries. It should be a voluntary benefit with meaningful coverage for all who need such coverage, with affordable premiums based upon ability to pay.***

6. ***Mental Health Parity- the mental health benefit under Medicare is arbitrary and unfair. The Commission recommends that Medicare be amended to provide full parity coverage of mental health with other covered services.***

7. ***Elder Abuse Prevention/Prosecution of Abuse and Exploitation of Vulnerable Adults- The Commission believes it is necessary that additional attention and resources be focused on this issue to prevent and combat Elder Abuse***.

This includes increasing staff to serve vulnerable adults through local Departments of Social Services Adult Services Units, an increase in funding for the In Home Adie Services (IHAS) program and strengthening state law to make more effective prosecution of abuse and exploitation of vulnerable adults.

8. ***Social Security – The Commission strongly opposes any move to privatize Social Security. No Social Security funds should be diverted away from the trust fund and invested into private stock market accounts.***

   As in prior annual reports, the Commission on aging views its recommendations for 2003 as a continuing follow-up to earlier recommendations and urges similar support in 2003.

Recommendations:

1. **The Commission urges the Governor to include in the budget, an additional $410,000 to fully phase in expansion of the Long Term Care Ombudsman program.**

A major recommendation of the 2000 Report by the *Task Force on Quality of Care in Nursing Facilities* was the need to upgrade staffing of the Long Term Care Ombudsman program. Not only consumer advocates and regulators but even the nursing home industry recognized the value of this program in improving the quality of the lives of nursing home residents and supported funding for the staff upgrade. Legislation was enacted to require at least a half-time Ombudsman in every county in the state, or ten hours of Ombudsman time for each nursing home, or a full-time Ombudsman for every 1,000 long term care beds in a county, whichever is larger. Funding to accomplish this was to be phased in over a three-year period beginning in FY 2001. An additional $410,000 is needed to finalize this law. Funding during initial phase in has not been distributed across all jurisdictions but was instead used to fully fund approximately five-sixths of the nursing home beds in the state. Final funding is needed to insure that all nursing home residents are afforded the valuable services of this enhanced Long Term Care Ombudsman program statewide.

2. **The commission urges expansion of funding in the Department of Aging and additional funds in the Medicaid budget to serve an additional 1,000 persons in the Home and Community Based Waiver for Older Adults.**

Building upon an earlier, limited Medicaid waiver for persons in small assisted living homes, the Home and Community Based Waiver for Older Adults was expanded effective January 1, 2001 to serve up to 1,135 persons in their own homes and in assisted living. While the Waiver experienced a number of start-up difficulties, enrollment increased considerably during the second year of the phase in. During FY 03, it is anticipated that the Waiver will reach its maximum in serving 3, 135 persons while demand continues to rise. It remains vital to continue to expand the waiver to serve additional persons and keep as many as possible in the community and out of institutions. The waiver not only improves the quality of life for those persons served, it also serves as an important economic development tool while preparing Maryland for the aging of our population which will lead to one in five residents being over sixty years of age within the next twenty years. The Medicaid Waiver, by definition, can cost no more than would nursing home care. In many jurisdictions, cost savings have been measured and shown to be substantial. Additionally, the infusion of

Medicaid funds into the local health services sector has been substantial, measuring in the millions of dollars in some counties with large waiver caseloads. *There is no public policy more important to older Marylanders than expanding the Medicaid waiver*.
*[As important as the Medicaid waiver is and will continue to be in financing the growth of a community based service infrastructure, there will continue to be a need for state funded programs with more flexible rules than federal Medicaid law allows. "State only" funded programs can be used to inexpensively help those not yet functionally frail enough for Medicaid but at risk of degenerating quickly without preventive services to stabilize them in their own homes or in assisted living. Many of these programs can provide limited but flexible benefits tailored to meet client needs but much less expensive than a full Medicaid waiver benefits package. *Senior Care* has had phenomenal success in serving at risk populations by virtue of its "gapfilling" service funding. The Congregate Housing Services program helps those seniors who have aged in place in senior apartments. It maintains them in independent living for a much longer period than would otherwise be the case. It is changing to meet the changing needs of seniors in Maryland. The Low Income Assisted Living Subsidy Program (formerly the Group Senior Assisted Housing Program) can help persons who will never qualify for Medicaid Waiver services by virtue of having incomes over the maximum allowed range but whose own incomes do not cover the cost of their Assisted Living. With statutory authority to now subsidize up to $650 per month, this program could serve many more residents were additional funds available.]

3. **The Commission recommends support for the Innovations in Aging Grants program to encourage new models or care in both community and institutional environments.**

The Innovations in aging grants program was created by legislation in the 2001 General Assembly Session. Funding approved during FY 03 allowed the program to support four grants to test innovative service delivery and technological advances. Building upon the four Innovations in Aging Services Program grants awarded for FY 03, this grants program to test best practices and innovations should be continued to improve the delivery of necessary aging services. Current grants include: assisting older Refugees through improved outreach; testing technological care for incontinence in dementia victims; training in disease self-management for victims of chronic diseases; and use of a benefits check up to assist those eligible for public services. It holds the promise of helping to identify and test new or replicate existing promising models of care for the elderly in community settings and institutions. Modeled on the Older Americans Act Title IV Demonstrations program, it serves as a vehicle to see how new models of delivery can improve quality of live and demonstrate cost effectiveness as well.

4. **The Commission recommends that additional funds be granted to the Statewide Specialized Transportation Assistance Program (SSTAP) to increase the availability of non-medical transportation for elderly and disabled citizens. The Commission also recommends that additional funds be made available to support demonstration grants testing the viability of Volunteer driver programs to meet transportation needs of seniors on a twenty-four hour basis. Maryland should test whether volunteer driver programs currently operating in Maine could be effectively duplicated in Maryland. Consideration should also be given to the need to amend auto insurance law to protect volunteer drivers from unfair consideration in private auto insurance for volunteer drivers.**

Transportation is consistently identified as one of the most common needs of seniors across Maryland. At every Town Meeting conducted over the last four years by the Maryland Commission on Aging and its local counterparts, transportation is identified as a major unmet need. Many seniors do not believe that more government funding will solve the problem. Local agencies who deliver transportation identify funds provided to local jurisdictions by the Statewide Specialized Transportation Assistance Program (SSTAP) as an effective funding mechanism. However, there remain problems that advocates believe could well be addressed testing volunteer models of transportation delivery. The "Independent Transportation Network" (ITN), operating in the Portland, Maine area has proven itself to be a cost effective adjunct to formal transportation networks. Using volunteer drivers with professional back-up, ITN has begun to move away from the need for heavy subsidization toward self-sufficiency. Maryland should provide funds to test whether the ITN model would work in helping meet the needs of seniors who desire to "age in place" and stay in their community after losing the ability to drive independently.

5. **The Commission urges the Governor to work with the Maryland Congressional Delegation toward enactment of a meaningful, universal prescription drug benefit in Medicare.**

Efforts must continue to establish a pharmacy benefit under Medicare. The use of pharmaceuticals to manage an ever-growing number of chronic conditions demands that Medicare integrate drug coverage into its existing package of services. If Medicare does become a payer for drugs, it may well lead to closer control of the cost of drugs and a slowing of the hyperinflation of drug costs in recent years.

6. **The Commission urges the Governor to work with Maryland's Congressional Delegation to establish parity in mental health coverage with other existing Medicare services.**

Mental health services seem to be a "step child" within Medicare's existing covered services. All other services covered under Part B of Medicare are covered 80%, while in-patient coverage for all but mental health operate under "spell of illness" instead of absolute lifetime maximums. Medicare should recognize that mental health is entitled to the same coverage policy as any other recognized illness. During the last congress, the Senate passed legislation, which would have required mental health coverage parity in private insurance plans. Medicare deserves no less.

7. **The Commission urges the Governor to include in the budget funds to lower the caseworker-to-client ratio in Adult services to 1:24 to more effectively serve persons in need of protective services and to investigate reported elder abuse, neglect and exploitation. Additional funds are also needed to expand the In Home Aide Service program (IHAS) to serve those needing protective services.**

With the increasing number of older persons, and a corresponding federal retreat in Social Services Block Grant funding, an historic source of funds for protective services funding for all populations, Maryland's Adult Services programs have been hard pressed meet the growing need for investigating and offering protective services to vulnerable adults, including the elderly. Recommendations have been developed, supported by the Commission on Aging, to increase funding in the Department of Human Resources'

Community Services Administration to lower the caseworker to client to 1:24. These are nationally recognized standards and should be put in place in Maryland.

8. **The Commission strongly opposes any move to privatize Social Security. No funds should be diverted away from the trust fund and invested into private stock market accounts.**

Due to the successes in medical research, the world's population is aging. While there were more than 40 workers for each beneficiary when social security was established, that ratio is fast declining and today there are fewer than four workers to each beneficiary. While it is recognized that some adjustments will be needed to avoid the under funding of future retirees, the Commission does not believe that privatizing even part of social security is the answer. For one thing the "pay as you go" system currently in place would experience enormous shortfalls if a partially privatized system were initiated, costing up to one and one half *trillion* dollars in new funds to meet payments to current beneficiaries. Also, the "security" in social Security would be severely threatened if a stock market correction such as that witnessed in the Fall of 2001 were to occur just as a person were retiring. It is estimated that many investors experienced a loss of up to 40% of the value of their stock market portfolio. The Commission believes that wise retirement planning should include the three-legged stool: that is, social security, pensions, and private savings as a more intelligent retirement savings vehicle.

- ***The Commission wishes to voice concern over the potential conversion of the Carefirst BC/BS company from non-profit to for-profit status. While the Commission has not formally adopted opposition to the conversion, it is concerned that the citizens of Maryland will not be best served by the potential conversion.***

Conclusion

The recommendations outlined above represent a continuing picture of the priority needs of the elderly requiring government action. Many of these recommendations are of longstanding interest, such as funding the development of a community-based long term care services infrastructure. Others, such as additional attention to protective services, while not new, are newly recognized as needing attention in the immediate or near future. Finally, the need to reform Medicare, by adding a prescription drug benefit and mental health parity are not new but longstanding yet unresolved issues. The Commission on Aging looks forward to working with Governor Ehrlich, the Department of Aging, and both the General Assembly and Congress to achieve the actions called for in this annual report.