Maryland Department of Aging

2009-2012 State Plan on Aging

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

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Secretary

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MARYLAND
DEPARTMENT OF AGING
Choice, Independence and Dignity

VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Maryland for the period October 1, 2008 through September 30, 2012, by the Maryland Department of Aging under provisions of the Older Americans Act of 1965, as amended. The State agency identified above has been given the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act, and is primarily responsible for the coordination of all State activities related to the Act, and serves as the effective and visible advocate for the elderly in the State of Maryland.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan, upon approval by the Assistant Secretary of Aging.

The State Plan on Aging for Federal Fiscal Years 2009 through 2012 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

August 11, 2008
(Date)

Gloria Lawlah, Secretary
Maryland Department of Aging

I hereby approve this State Plan on Aging and submit it to the United States Assistant Secretary on Aging for approval.

August 11, 2008
(Date)

Martin O'Malley, Governor
State of Maryland

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A MESSAGE FROM THE SECRETARY

Dear Fellow Marylanders:

On behalf of Governor Martin O'Malley, I am pleased to present the Maryland State Plan on Aging, 2009-2012.

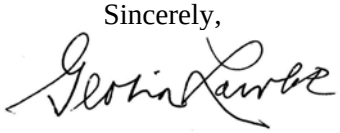
As you know, we face a major demographic challenge in the years ahead. In the year 2000, the number of seniors in Maryland was just over 800,000. Today, there are about 900,000 and in five years there will be over one million seniors in Maryland. By 2030, the number is projected to increase to about 1.7 million seniors. Just as we plan for schools and roads, we must plan for the impact that the retirement of Maryland's baby boomers will bring. Fortunately, not all 1.7 million seniors will be looking to the State for assistance. Many will be healthy, independent, and financially secure. However, as the population increases, so will the actual number of persons who will require some assistance. That assistance may take the form of subsidies to help pay for community-based long-term care in order to avoid less desirable and more costly nursing home care, protection for people who reside in nursing homes, and the provision of programs and services that will keep people healthy and engaged in community life. These themes are visible throughout the Maryland State Plan on Aging, 2009-2012.

As Secretary, I have been privileged to meet thousands of seniors who have confirmed what I long suspected to be true: seniors want to remain in their homes and remain active and connected to their communities. This requires continuing effort to develop long-term planning initiatives and community-based alternatives to institutional-based care. Not only is this what seniors want and need, it can save the State and federal governments tens of millions of dollars in long-term institutional care. The bottom line is that many of our programs and services that help Maryland's seniors stay healthy and remain in their homes and communities are good for seniors and good for Maryland taxpayers.

The mission of the Maryland Department of Aging (MDoA) is to enable older citizens to age with choice, independence and dignity. MDoA works in partnership with the 19 Area Agencies on Aging to provide leadership and advocacy to Maryland's seniors and their families through information, education, and services. Responding to that mission, the Maryland State Plan on Aging, 2009-2012 lays the foundation for MDoA, the aging network and many of Maryland's executive departments to work collaboratively to design and implement a plan that will improve the overall quality of life for our older adults and for all citizens in Maryland.

I hope that you will find this Plan informative, and that you will join with Governor O'Malley and the Maryland Department of Aging team in working to create a State where our seniors can realize their dream of aging in place among family and friends, with easy access to information, continued opportunities for social engagement, quality healthcare, and, when needed, appropriate long-term support.

Sincerely,



Gloria Lawlah
Secretary

EXECUTIVE SUMMARY

Under the requirements of the Older Americans Act of 1965, as amended, every four years the Maryland Department of Aging (MDoA) is required to submit a *State Plan on Aging* to the U.S. Department of Health and Human Services, Administration on Aging. The State Plan on Aging, 2009-2012 details the efforts of MDoA and the local Area Agencies on Aging (AAA) to meet the needs of seniors. The State Plan gives MDoA the opportunity to review and evaluate its past performance and to look to the future to find creative ways to continue to meet the changing needs of seniors.

In developing services and programs under the State Plan, MDoA takes into account the needs of seniors as expressed through hearings, evaluation tools and waiting lists, as well as State and federal mandates. The needs of seniors are also represented through the Area Agencies on Aging in the development of Area Plans and in formal and informal discussions held with members of the aging network. Views of advisory councils, commissions on aging and senior groups are reflected in the development of the State Plan on Aging.

Maryland's 2009-2012 State Plan also reflects the State's efforts to implement a number of innovative activities and programs that have emerged from the Older Americans Act and the Choices for Independence amendments.

Maryland was among the first states to be awarded a federal grant to pilot Aging and Disability Resource Centers (ADRC) to integrate long-term support resources for consumers into a single coordinated system. Maryland's version of the ADRC model, known as the Maryland Access Point (MAP) program, has created a forum through which MDoA and its partners, the Department of Disabilities, the Department of Human Resources, the Department of Health and Mental Hygiene, the local MAP sites, consumers, and other stakeholders, have created a "one stop" information and service program for older adults and young adults with disabilities. Four counties (Anne Arundel, Howard, Washington, and Worcester) have MAP programs. Recently, additional MAP start-up grants were awarded to Prince George's County and Baltimore City. Additionally, the MAP Website is expected to be launched by 2009, creating the State's first Web-based, searchable database of information for seniors, persons with disabilities, and their caregivers.

MAP is the centerpiece of a broader delivery system reform effort that includes the Money Follows the Person and Nursing Home Diversion Modernization initiatives. The Nursing Home Diversion Modernization initiative began in 2007, when Maryland was chosen as one of 12 states to receive a grant, designed specifically to divert seniors from institutional care. This project will create a protocol to identify and target older adults who are at risk of long-term nursing home placement and Medicaid spenddown, and offer those individuals a self-directed spending benefit to purchase services that will assist them to remain in the community. These initiatives demonstrate the growing collaboration among different state and local agencies and point the way toward rebalancing Maryland's long-term care system toward community-based services and toward putting the consumer and their caregiver in the driver's seat.

Maryland was also one of the first states to recognize the need to promote long-term care awareness. As a 2006 participant in the Centers for Medicare and Medicaid Services "Own Your Own Future" initiative, over 670,000 Marylanders between 50 and 70 years of age received letters urging them to plan for their long-term future. MDoA also conducted training and public seminars on specific ways to prepare for future long-term care needs, featuring experts on long-term care insurance, reverse mortgages, advance directives, and home modifications.

In September 2006, MDoA received a three-year Evidence-Based Prevention Program grant from the Administration on Aging. Under this initiative, MDoA is implementing the Chronic Disease Self-Management Program (CDSMP), which is known in Maryland as Living Well-Take Charge of Your Health. The CDSMP was developed at Stanford University and is an accountability program that empowers people with chronic disease to take control of their own health. Six AAA/community provider partnerships are participating, covering eight counties. Each local partnership includes a community service provider (including two community colleges, a hospital, a commission on aging, and two in-home service providers), the area agency on aging, local health department and a variety of additional partners including churches, insurance companies, low income housing providers, and health care providers. Maryland is also developing the capacity to expand the program beyond the current participants and the three years of the grant.

Despite these accomplishments, there is much to be done. Maryland, like many other states, is facing challenging demographics. In some Maryland counties, adults over 60 outnumber schoolchildren. Flexibility and innovation are essential if we are to maintain the programs and services needed by our seniors.

To ensure that older Marylanders have choice, independence and dignity, MDoA's goals reflected in this plan follow the set of principles put forth in the Older Americans Act and the strategic direction and the following goals identified in the Administration on Aging's Strategic Action Plan 2007-2012:

Goal 1	Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options
Goal 2	Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
Goal 3	Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
Goal 4	Ensure the rights of older people and prevent their abuse, neglect and exploitation

The Maryland State Plan on Aging 2009-2012 presents the goals, objectives and strategies to improve the lives of older Marylanders, their families, and caregivers. This Plan builds on Maryland’s capacity to provide comprehensive services for older adults and to use allocated resources in the most effective ways to meet the goals, objectives, and strategies that have been set forth.

While this Plan does not address all of the programs and activities of MDoA, it positions the State to meet the needs of a growing older population by providing a roadmap for how those needs will be met over the next four years and specific performance measures against which MDoA’s performance may be gauged.

Organization

Mission and Values

The Maryland Department of Aging envisions Maryland as a state where all seniors are able to age with dignity, opportunity, choice and independence. To accomplish that vision, we have adopted the following mission:

The Maryland Department of Aging (MDoA), partnering with the Area Agencies on Aging and other organizations, provides leadership, advocacy and access to information and services for Maryland seniors, their families and caregivers.

Structure of the Aging Network

History

- In 1959, MDoA originated as the ***State Coordinating Commission on the Problems of the Aging*** (Chapter 1, Acts of 1959).
- It was renamed the ***Commission on the Aging*** in 1971 (Chapter 595, Acts of 1971).
- The ***Governor's Coordinating Office on Problems of the Aging*** was established by the Governor in 1974.
- In 1975, the ***Commission on the Aging*** and the ***Governor's Coordinating Office on Problems of the Aging*** merged to form the ***Office on Aging***, a cabinet-level independent agency (Chapter 261, Acts of 1975).
- In July 1998, the Office was restructured as the ***Department of Aging***, a principal executive department (Chapter 573, Acts of 1998).

Statutory Base

Two statutes serve as the primary base for MDoA operations: Human Services Article, Title 10, Annotated Code of Maryland and the federal Older Americans Act of 1965, as amended. The major duties assigned to MDoA under these statutes are:

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

In addition, four statutory committees serve in an advisory capacity to MDoA:

Commission on Aging – This Committee is charged with reviewing and making recommendations to the Secretary of MDoA with respect to ongoing statewide programs and activities. The Commission membership includes a State Senator and State Delegate appointed by their respective chamber leadership, and eleven citizens, including the Chairman, appointed by the Governor. At least seven members must be age 55 or older and membership should reflect geographic representation. Terms are for four years and rotate on a revolving four year cycle, with approximately four new appointments/reappointments annually. Members may serve two consecutive terms.

Financial Review Committee – This Committee is mandated by statute (Human Services Article, Title 10, Subtitle VII, 10-463-464) to review any applications or potential financial issues referred by MDoA concerning Continuing Care Retirement Communities. The Committee recommends specific actions to MDoA. The seven member Committee is appointed by the Secretary of Aging, chooses its own Chairman, and is made up of two Certified Public Accountants (CPAs), two consumer representatives, two members knowledgeable in the field of Continuing Care and one member from the financial community. Terms of office are three years and members may serve consecutive terms.

Interagency Committee on Aging Services –This Committee is charged with planning and coordinating the delivery of services to Maryland's elderly population and is comprised of the Secretaries of the Maryland Departments of Aging; Disabilities; Health and Mental Hygiene; Housing and Community Development; Human Resources; Labor, Licensing, and Regulation; and Transportation; a representative of the Area Agencies on Aging; and, a consumer member.

Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities –This Committee evaluates progress in improving the quality of nursing home and assisted-living facility care statewide. From the Department of Health and Mental Hygiene (DHMH), the Deputy Secretary of Health Care Financing reports annually to the Committee on the status of the Medicaid Nursing Home Reimbursement System. Annually, the Office of Health Care Quality at DHMH also reports to the Committee on implementation of the recommendations of the Task Force on Quality of Care in Nursing Facilities, and the status of quality of care in nursing homes. In the process of reviewing these reports, the Committee develops further proposals on how to improve nursing home care. Specific charges to the Committee include the mandate to evaluate the need for hospice care, mental health services and need for specialized services for persons suffering from dementia. The Committee is chaired by the Secretary of Aging and is composed of twenty-three members from across the spectrum of long-term care and consumer/advocacy communities.

Responsibilities/Role

MDoA receives State general funds as approved by the General Assembly and federal funds through the Older Americans Act, Medicaid, and other sources to carry out its mission.

The partnership between MDoA and the 19 local Area Agencies on Aging (AAAs) provides programs and services for seniors statewide. AAAs are local government or non-profit organizations designated by MDoA under federal statutory authority to provide for a range of services to meet the needs of older Marylanders. Each AAA is required to submit a plan for the delivery of services. Approval from MDoA 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 MDoA in cooperation with the AAAs.

AAAs receive additional funds through county and municipal support and other public/private contributions. AAAs provide services to seniors either directly or through contracts with other public or private organizations. While programs such as information and assistance and nutrition are available to 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.

An organization chart of MDoA is provided in Appendix A. Maryland's AAAs, their Planning and Service Area designations and locations can be found in Appendices B and C.

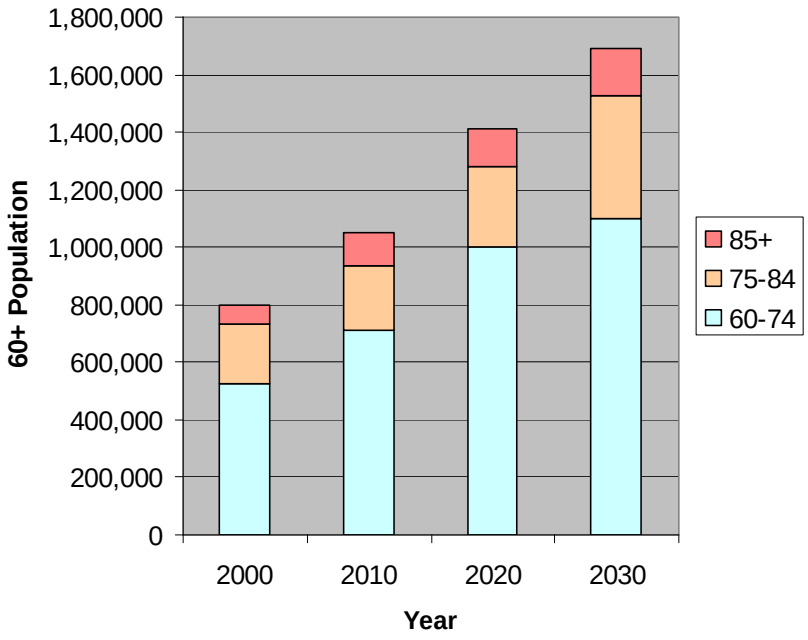
Demographics

The aging of Maryland will place an unprecedented demand on health, social services, the workforce, and housing accommodations. In the year 2000, the number of seniors in Maryland was just over 800,000. Today, there are 913,000 and in five years there will be over one million seniors in Maryland. By 2030, the number is projected to increase to about 1.7 million seniors. Fortunately, not all 1.7 million seniors will be looking to the State for assistance. Many will be healthy, independent, and financially secure. However, as the population increases, so too will the actual number of persons who will require some assistance. Assistance may take the form of: subsidies to help pay for community-based long-term care so that individuals can avoid less desirable and more costly nursing home care; mobility options for persons who cannot drive; protection of people who are wards of the State; protection and care of people who reside in nursing homes; and, programs to keep people healthy, employed, and engaged in community life. Several demographic trends shape MDoA's goals and priorities for service to seniors:

- **Maryland ranks 20th in the nation for individuals over the age of 65 according to estimates by the U.S. Census Bureau.**

- **Individuals over the age of 85 are the fastest growing segment of the population.** This cohort will grow in number, statewide, from 66,902 in 2000 to 165,293 by the year 2030.

Elderly Population in Maryland by Age Group, Age 60+, 2000-2030



	2000	2010	2020	2030
60-74	523,014	713,873	998,658	1,099,935
75-84	211,120	223,743	279,967	425,993
85+	66,902	112,392	133,180	165,293
Total	**801,036**	**1,050,008**	**1,411,805**	**1,691,221**

- **The number of older Marylanders is increasing.** Of the nearly 5.3 million people in Maryland in 2000, 15% (801,036) were over the age of 60. The percentage is expected to increase to 25.1% of Maryland's projected population of 6.7 million by the year 2030.

- **The geographic distribution of Maryland's senior population will shift as the overall population distribution changes over the next 30 years.** In 2000, 67.4% of Maryland's seniors resided in Baltimore City and in Anne Arundel, Baltimore, Montgomery and Prince George's counties. In 2030, these will remain the jurisdictions with the largest number of individuals over 60; however, the fastest growing older populations will be in Southern Maryland, where Calvert, Charles and St. Mary's counties are each projected to increase their 60+ populations by over 230%. In addition, Howard, Frederick, Carroll, Cecil and Queen Anne's Counties' over 60 populations are projected to increase by more than 150%.

- In the United States, minorities (including African Americans, Hispanics, Asian or Pacific Islanders, and American Indians or Alaskan Natives) represent 20% of persons 60 and over. **In Maryland, 28% of persons 60 and older are minorities. The greatest number of the State's minority seniors lives in Prince George's County or Baltimore City according to estimates by the U.S. Census Bureau.** In 2006, 32.3% of 60+ minority individuals lived in Baltimore City.

- **Low-income older individuals are concentrated in the Baltimore Metropolitan Area**. A smaller number of poorer individuals aged 60 and over reside in Western Maryland and on the Eastern Shore. In 2000, 63,978 older Marylanders lived in poverty as defined by the federal poverty guidelines.

- **Between 2005 and 2015, Maryland's workforce ages 55 and older is expected to grow by 48 percent.** Statewide, 14.6 percent of workers were 55 and older according to a 2004 report from the U.S. Census Bureau. By 2020, one in four Maryland workers will be 55 or older.

These demographic issues span all of MDoA's programs and efforts, and their potential impact on services is incorporated into all planning discussions. Because of these trends, coupled with an increasing demand for services and funding challenges within the State, MDoA is developing ways to use existing resources more efficiently and to assure that our outreach efforts are aggressive enough to reach our minority, low-income, and other underserved populations. Strategies, objectives, and performance measures for addressing the needs of both our current and future populations are described in this Plan.

Appendices F, G and H show population charts for Maryland jurisdictions for minority individuals age 60+, 60+ population in rural areas and seniors age 65 and over with disabilities.

Sources: U. S. Census, 2000; MD Department of Planning Population Projections, Revised August, 2007.

Critical Issues & Trends

Civic Engagement

Maryland has a strong tradition in leading the nation on civic engagement through the implementation of State and federal legislation and pioneering ways to create more effective pathways for seniors to serve. In 2007, the General Assembly passed the Maryland Baby Boomer Initiative Act, which established a Baby Boomer Initiative Council whose objectives include developing recommendations to address the needs of the baby boomer population and opportunities to capitalize on their potential for social capital. Maryland is also the home of the largest Experience Corps site, with 285 volunteers serving over 3,000 Baltimore City elementary school children since 1998. Governor Martin O'Malley has been one of the State's leading advocates of Experience Corps. Governor O'Malley has tasked MDoA and the Governor's Office on Service and Volunteerism (GOSV) with collaborating on an expansion of Experience Corps so that other school systems in the State can benefit from the talents and resources of Maryland senior volunteers. In addition, Maryland has been chosen to participate in a year-long National Governors Association Policy Academy on Civic Engagement. MDoA is the lead agency for this Policy Academy.

Emergency Preparedness

Maryland has a strong emergency planning and preparedness structure that flows from the Federal Emergency Management Agency (FEMA) to the Maryland Emergency Management Agency (MEMA) to twenty-four local county Emergency Management Agencies. MDoA is intricately involved in the structure as are a number of the local AAAs. MDoA participates in "incident exercises" through the MEMA command center and encourages AAAs to participate in those exercises through their local Emergency Management Agencies. Emergency preparedness includes plans for natural disasters, aggressive actions, pandemic flu, and other events that affect significant numbers of people and require a coordinated response for assistance, evacuation, and sheltering in place.

MEMA operations have identified the location and size of all nursing homes and assisted living facilities in the State. The Maryland Department of Health and Mental Hygiene, together with police and fire rescue units at the State and county level, is responsible for ensuring that institutions have developed appropriate evacuation plans in the event of an emergency. The challenge for MDoA is to be able to identify those vulnerable older adults living in the community in order to provide the assistance needed in the event of an emergency. While MDoA participates in the State level emergency planning, preparedness, and exercises, it is not a front line responder like the AAAs. MDoA encourages and supports the full involvement of all the local AAAs with their local Emergency Management Agencies in an effort to:

- Assure that the needs of older adults are addressed in planning;
- Identify the location of vulnerable older adults in the community;
- Provide outreach and education to assist older adults to be prepared for emergencies; and,
- Provide front line assistance in an emergency and during recovery.

Evidence-Based Prevention

In the United States, 80% of older adults have at least one chronic condition and 50% have at least two. In addition, there is a greater prevalence of chronic disease among minority populations. Evidence-based health initiatives are programs adapted from tested models that help older individuals adopt habits that can significantly enhance their health and well-being. In an effort to reduce rates of disability, improve mental and cognitive function, and lower health care costs, MDoA is leading an effort to promote healthy behaviors in older adults. Research has shown that older adults who increase physical activity, adopt

healthy eating habits, and take steps to minimize the risk of falling, can live longer and healthier lives. Funded by a three-year, $750,000 grant from the U.S. Administration on Aging, MDoA, in partnership with six AAAs, service providers, and local health departments are working to implement the Chronic Disease Self Management Program developed at Stanford University. The program, known in Maryland as "Living Well – Take Charge of Your Health," features a series of six-week classes around the State that is training people to manage chronic diseases. To date, 392 individuals have participated in classes to assist them in managing their chronic conditions.

Food and Energy Costs

A nearly 20 percent increase in fuel and food prices over the past year is disproportionately affecting the elderly, as older persons typically spend a high percent of their income on these items. Many senior citizens say their tight budgets do not give them much flexibility to deal with soaring costs. Those on fixed incomes may soon have to choose between food and utilities. Service providers are also feeling the pinch. Nationally, nearly 60 percent of the estimated 5,000 programs that belong to the Meals on Wheels Association of America have lost volunteers who can no longer afford gas. Many programs report that routes have been eliminated or consolidated and a number are relying more heavily on frozen meals rather than hot meals in order to reduce the number of visits. Transportation programs are also feeling the stress of the unprecedented rise in fuel costs.

Housing

Surveys consistently confirm that the goal of more than 90% of persons age 65 and over is to remain in their homes for as long as possible. Housing plays an increasingly important role in the continuum of care as Maryland works to shift the focus of long-term care towards home and community-based settings. The need for affordable housing is significant, as evidenced by the 2004 report of the Governors Housing Policy Commission that projected a need for 25,000 units of affordable housing for seniors in Maryland. Much of the State's existing affordable housing inventory and housing voucher programs have lengthy waiting lists. The U. S. Department of Housing and Urban Development estimates that nationally 1.4 million very low-income elderly people pay more than 50% of their income for housing or live in substandard housing. For the 77% of Maryland seniors who own their own homes, routine repair and maintenance, rising property taxes, and the lack of accessible design features represent the greatest threats to their ability to remain in their home. The lack of affordable, accessible housing is also a major barrier to the State's efforts to transition persons in institutions to community care. Housing solutions must also address services needed to assure quality of life and support continued community residency. The integration of accessible and affordable housing with supporting services can play a critical role in diverting persons from institutional care, facilitating efforts to transition persons back to community care, and decreasing future acute and long-term care expenditures.

Information Services

One of the primary roles of MDoA and the AAAs is to provide information to the elderly, their families and caregivers on how to access services, resources, and information about aging issues. MDoA's key program in this area is the Senior Information and Assistance (Senior I&A) program. Senior I&A provides a central point in all twenty-four local jurisdictions in Maryland that seniors can access by phone or in person to obtain information, or as needed, hands-on assistance obtaining services and benefits. The program promotes awareness of services for the elderly through outreach and public education, and provides information about health care, Medicare/Medicaid/private health insurance, in-home services, transportation, housing, legal services, senior centers, retirement communities, prescription drugs and more. There are approximately 120 Senior I&A sites in Maryland. With the creation of the Aging and Disability Resource Centers, known in Maryland as Maryland Access Point (MAP), the Senior I&A system has been streamlined to provide a single point of entry to access long-term support resources.

MAP will also provide individuals with a web-based tool for locating and selecting resource providers in their local area for services.

For FY 2007, over 560,000 inquiries were received in Maryland for information and assistance, with the majority of those requesting some form of financial assistance. The top five most requested services were (1) financial resources, (2) help for paying utility bills, (3) affordable housing, (4) health care/dental care assistance, and (5) transportation.

Long-Term Care

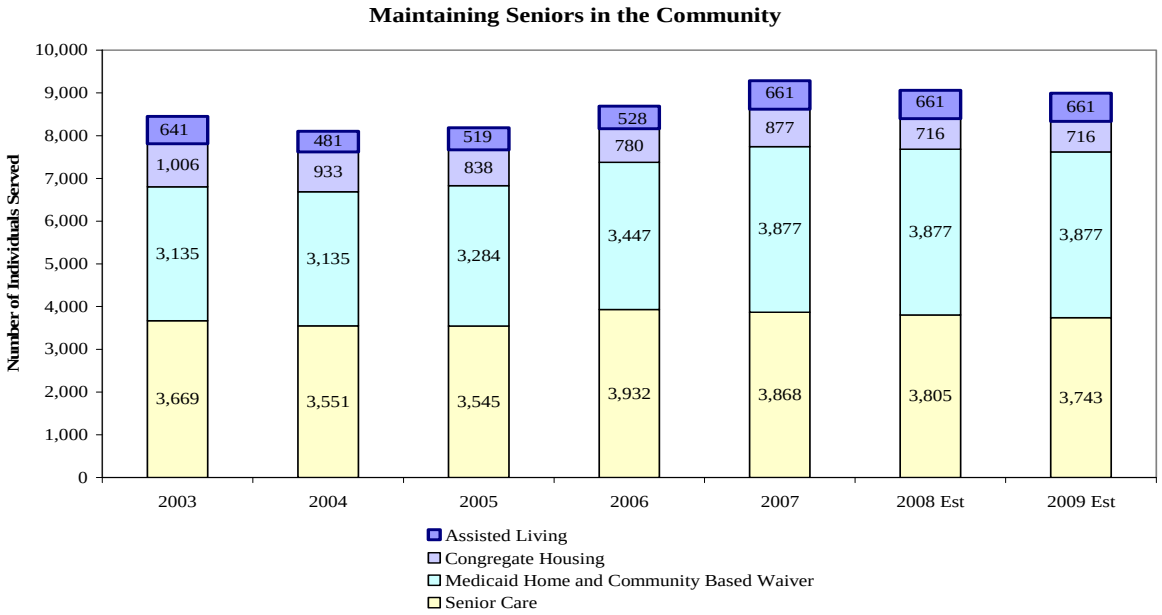
There is no greater fear among seniors than the fear that they may have to spend the rest of their life in a nursing home if they are unable to care for themselves. There is also no greater desire than the desire to age in place. Maryland spends almost 83 percent of its Medicaid long-term care dollars in institutional settings and only 17 percent in community settings. Nationally, states spend an average of 27.1 percent of long-term care dollars on home and community-based care.[1]

MDoA has a long history of providing community-based long-term care programs for frail and chronically ill older adults. MDoA administers the Medicaid Waiver for Older Adults and a number of State-funded home and community-based long-term care programs, including Senior Care, the Congregate Housing Services Program, and assisted living subsidies. Unfortunately, the need is greater than current resources can support, frequently leaving nursing home placement as the only available option. The challenge is to expand resources for community-based programs and use current resources more efficiently to divert frail older adults from institutional care.

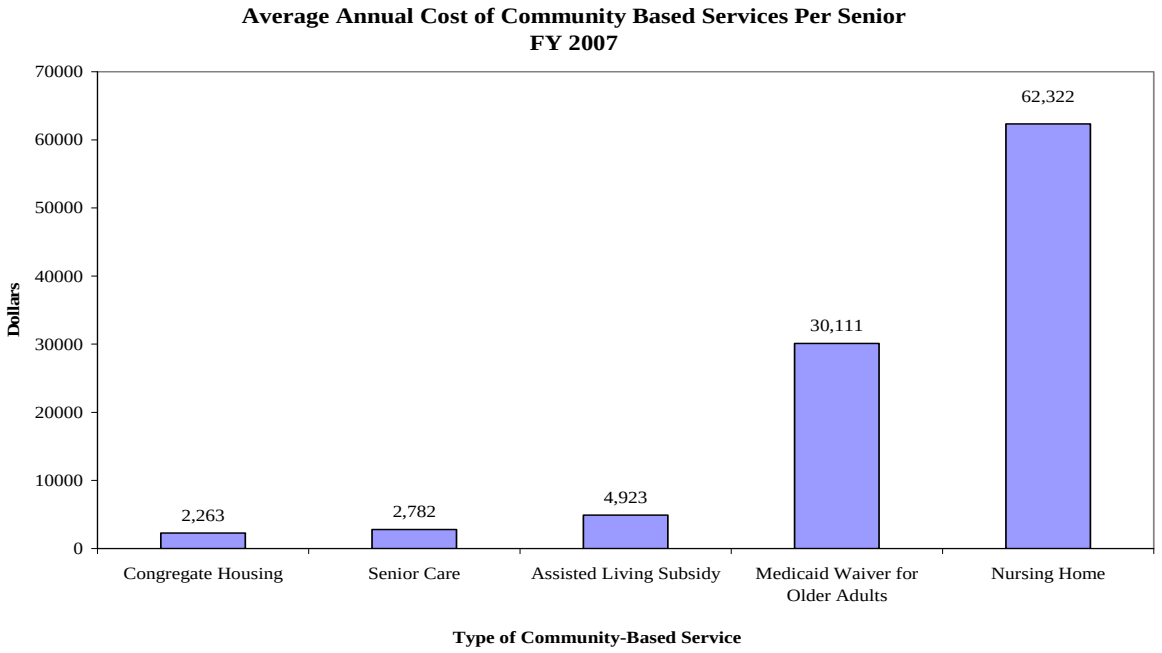
MDoA, in partnership with the Maryland Department of Health and Mental Hygiene (the State's Medicaid Agency) and the Maryland Department of Disabilities**,** is committed to shifting the focus of Medicaid and State long-term care dollars toward community-based settings. MDoA and the AAAs are central partners in all of Maryland's efforts to transition and divert both Medicaid and non-Medicaid individuals from long-term care institutions. The ADRC/MAP model is the centerpiece of a broader delivery system reform effort that includes Money Follows the Person and Nursing Home Diversion Modernization initiatives. These initiatives demonstrate the growing collaboration among different state and local agencies and point the way toward rebalancing Maryland's long-term care system toward community-based services and toward putting the consumer and their caregiver in the driver's seat.

The chart on the next page illustrates the total number of seniors receiving community-based support services through MDoA programs. Most of the growth occurred in the Medicaid Home and Community-Based Services Waiver and Senior Care populations. From fiscal 2007 to 2009, a decrease in the number of seniors served is anticipated in the Senior Care and Congregate Housing programs. The decrease in Congregate Housing is attributed to conversion of some standard congregate housing sites to individualized congregate models that have a higher subsidy and per capita cost, which decreases the number of participants that may be served. The decrease in number of individuals served through the Senior Care program can be attributed to an increased need for case management and to an increase in services needed to maintain seniors already using the program.

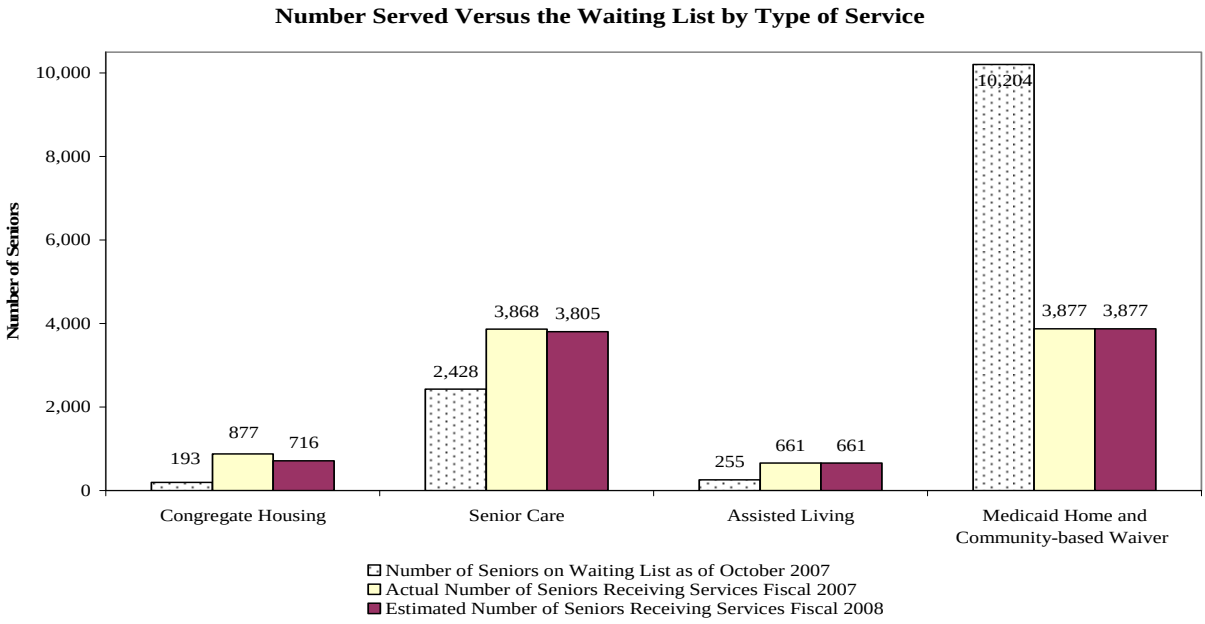
[1] Maryland Health Care Commission. Long-Term Services and Supports in Maryland, Planning for 2010, 2020 and 2030.



Community-based services are considered to be a cost-effective investment for Maryland because many of the people who receive community-based services would require nursing home services if the community-based services were not available. As shown in the chart below, the cost for nursing home care is more than double the cost of the Medicaid Home and Community-Based Waiver for Older Adults.



The following chart illustrates the number of individuals being served by Congregate Housing, Senior Care, Assisted Living and Medicaid Home and Community-Based Waiver programs compared with the number on the waiting lists.



Medicare Modernization Act

The Medicare Modernization Act brought about the most significant addition to the Medicare Program since its inception. The addition of the Medicare Part D Prescription Drug Program brought about major changes as to how Maryland's Medicare population addressed their prescription drug needs, including numerous changes to State programs that provided prescription drug coverage. The addition of the federal Low Income Subsidy Program, as well as changes to Maryland's Senior Prescription Drug Assistance Program, and the over 50 options available to Medicare beneficiaries has created challenges to Medicare beneficiaries and to the aging network. Reaching the most vulnerable populations, including low-income, limited-English proficient, isolated, mentally or physically disabled, and frail individuals, is essential to ensure that these Marylanders are counseled and enrolled in appropriate programs.

Mental Health

While most older adults cope well with changes that occur as they age, approximately 20% of older adults living in the community, 42% residing in assisted living environments and nearly 70% of nursing home residents suffer from mental disorders that are frequently undiagnosed and untreated. Medications, illness, disability, and isolation are among the many possible causes of late life mental health problems. Additionally, individuals with mental health disorders are living longer, presenting challenges in traditional long-term care settings as well as psychiatric and residential rehabilitation programs. Older adults with mental illness consume more health care, medication, and outpatient services and experience longer hospital stays. Of particular concern is the high rate of suicide among the older adult population, which is double the national average, with white males over the age of 80 committing suicide at a rate of more than six times the national average. Substance abuse is also rising among older adults and is expected to increase further as the baby boom population ages.

There are many barriers to the delivery of quality and appropriate mental health services for older Marylanders, including inadequate outreach, screening, assessment and treatment services, unequal insurance coverage for mental health services, and continuing stigmas about mental health that hinder referrals to qualified health professionals. The majority of older people who are treated for mental health

and substance abuse problems are treated by their primary care physician, and data reveals that geriatric mental health and substance abuse problems are under-identified and under-treated. A number of initiatives in Maryland are in progress to "transform" systems, bridge gaps, streamline processes and develop an infrastructure to better support older adults and their mental health needs.

Protection of Vulnerable Adults

A growing number of older adults with Alzheimer's disease or other cognitive impairments are vulnerable to abuse or neglect due to their increasing difficulty managing finances and making important life decisions. Without the support of caring family members, they may inadvertently ruin their credit, lose their homes, suffer from self-neglect, or become a victim of consumer fraud. In Maryland, the Public Guardianship Program serves adults 65 years and older who have been deemed by a court of law to lack the capacity to make or communicate responsible decisions concerning their daily living needs. The law requires that the MDoA Secretary or a Director of an AAA be appointed by the court as a guardian of that person when there is no other person or organization willing and appropriate to be named. The goal of the program is to provide protection and advocacy on behalf of the disabled older adult.

Many seniors in institutional settings are also vulnerable. Both federal and State agencies have noted growing problems in the quality of care for the 28,000+ Maryland nursing home residents and 18,000+ assisted living residents. A series of GAO reports concluded that there were serious deficiencies in public oversight of nursing homes, including homes in Maryland. Substandard conditions in assisted living facilities have also been well documented. The State Ombudsman Program advocates for residents of long-term care facilities (nursing homes and assisted living facilities) to ensure that the rights, health, safety, well-being, and dignity of residents are protected in accordance with State and federal law. Paid and volunteer ombudsmen work in every jurisdiction to advocate on behalf of individuals and groups of residents, and provide information to residents and their families about the long-term care system. They provide an on-going presence in long-term care facilities, monitoring care and conditions, resolving complaints, and providing a voice for those who are unable to speak for themselves.

Transportation

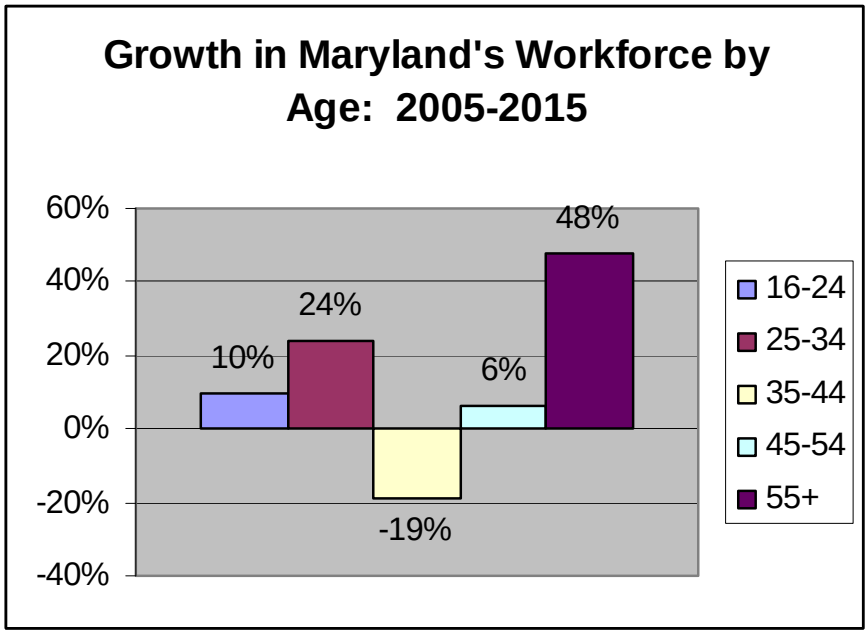
The ability to get around is critical to quality of life. Easy-to-use, affordable mobility options are essential to accessing health care and other services, as well as maintaining independence. Unfortunately, because of where they live and the lack of transportation options, many elderly are at risk of becoming isolated and immobile. Many seniors rely on their car as their primary mode of transportation. In Maryland, as in the rest of the United States, an increase in car use is accompanied by a decline in the use of public transit. Planning means considering both an increase in older drivers and an increase in older non-drivers. The National Household Travel survey showed that in the year 2000, the number of non-drivers in Maryland aged 65 and older was 170,000. If the same ratio persists, the number of Maryland non-drivers over the age of 65 in the year 2030 will be 225,533, or 17 percent.

The Maryland Department of Transportation's Maryland Transit Administration (MTA) is leading the State of Maryland's Coordinated Transportation Plan efforts. The MTA is working in conjunction with the Maryland Coordinating Committee for Human Services Transportation, metropolitan planning organizations, regional coordinating bodies, and, the KFH Group to develop regional coordinated public transit-human services transportation plans. These regional coordination plans are being developed to meet new federal planning requirements for the Federal Transit Administration's (FTA) 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs.

The Maryland Coordinated Transportation Plans are accessible through the following website: www.kfhgroup.com/MDCoordinationPlans .

Workforce Development

Aging in Maryland presents two unique workforce challenges. The first challenge is fueled by the growth of the State's older population and the projected demand for workers in the health and long-term care industries. Many Marylanders are unable to obtain quality affordable health and long-term care because their communities lack the sufficient numbers of providers. The second challenge comes from the aging of the workforce itself. Beginning in 2011, the first of Maryland's 1.55 million baby-boomers will reach traditional retirement age of 65 years. A growing number of older workers are choosing to remain in the work force for personal fulfillment and financial reasons, including the need for employment-based health insurance and the increased age eligibility for Social Security. If properly engaged, older workers have the potential to provide significant contributions to a shrinking workforce and cost savings to employers. The following chart illustrates how Maryland's workforce is projected to grow by age cohort:



Goals◆Objectives/Strategies◆Performance Measures

To establish goals to support its mission, MDoA considered the strategic goals identified in the Administration on Aging's Strategic Action Plan for 2007-2012 and the key strategic principles and objectives of Choices for Independence.

Goal 1 **Empower older Marylanders, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options**

Objectives/Strategies:

- Assist clients, family members and caregivers in assessing needs and clarifying options.
- Provide facts and knowledge of services and resources appropriate to client need, and make referrals to specific services, including, if necessary, making arrangements and appointments.
- Monitor effectiveness of services provided to clients through evaluation and follow-up.
- Expand the Maryland Aging and Disability Resource Center (ADRC), known in Maryland as Maryland Access Point (MAP) statewide.
- Increase outreach and education efforts to empower older Maryland residents to make informed decisions about their care options.
- Educate Medicare beneficiaries on the Maryland Senior Prescription Drug Assistance Program (SPDAP) and its new coverage gap benefits.
- Reach and enroll additional individuals who may be eligible for the federal Low Income Subsidy, including physically and mentally disabled Medicare beneficiaries, and older adults with limited English proficiency.
- Work collaboratively with the State Medicaid Agency and the Maryland Insurance Administration to implement the Maryland Long-Term Care Partnership and provide outreach and education on long-term care insurance options and other long-term care planning tools, including financial planning, reverse mortgages, home adaptations and universal design, and alternative retirement living options.

Performance Measure	Target Date
Distribute 25,000 Senior Health Insurance Program (SHIP) brochures and 20,000 promotional items.	2010
Expand number of ADRC sites from 6 to 14.	July, 2012
Launch a Web-based, searchable database of long-term care information.	July, 2009
Conduct 80 Medicare Part D beneficiary information and/or professional staff trainings.	July, 2012
Distribute 10,000 copies of *5 Wishes* document in English, Spanish & Korean.	July, 2009
Conduct statewide "mystery shopping" customer satisfaction surveys to measure the quality of services provided by local information and assistance offices.	June, 2010

Goal 2 **Enable older Marylanders to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers**

Objectives/Strategies:

- Promote housing options that can accommodate the range of incomes, functional levels, and preferences characteristic of Maryland’s older residents.
- Develop a searchable database of senior housing options through the MAP website.

- Increase home-based services for older persons with disabilities through the Medicaid Waiver for Older Adults, Senior Care, Congregate Housing Services Program, Home-Delivered Meals, and other services that support seniors' ability to remain in their home.
- Partner with the Maryland Department of Housing and Community Development to promote accessibility-related home modifications.
- Collaborate with the State Medicaid Agency, consumers, AAAs, and other State agencies to achieve the goals of the Maryland Money Follows the Person Demonstration Program.
- Implement, sustain, and expand a Nursing Home Diversion Program that targets older adults in the community who are at high risk of nursing home placement and Medicaid spenddown.
- Increase the capacity of communities to develop services that encourage and assist older adults to remain in the community.
- Establish a 50-50 balance between home- and community-based care and institutional care.
- Increase access of the older population to mental health services through improved outreach, screening and assessments, and advocacy for older adult mental health need.
- Advocate for improvements in mental health screening, prevention and treatment services for older adults through participation in the Mental Health Transformation Workgroup of the Department of Health and Mental Hygiene.
- Promote evidence-based practices to improve mental health of older Marylanders in collaboration with mental health partners.
- Promote interagency team approaches to meeting the needs of older adults with mental health problems who receive home and community-based long-term care services through MDoA programs.
- Assist the AAAs and non-profit organizations with meeting the transportation needs of older adults in Maryland.
- Monitor the distribution of funding for transportation for senior activity centers, doctor's visits, shopping and other activities deemed vital to the quality of life for seniors.
- Advocate for the transportation needs of older adults by participating on the Maryland Transit Administration's Interagency Committee on Specialized Transportation and the Maryland Coordinating Committee for Human Service Transportation.

Performance Measure	Target Date
Develop a protocol for discharging persons at risk of institutional care from hospitals directly into community settings to be piloted in 9 jurisdictions covering 50% of the State's population.	September, 2012
Work with Department of Health and Mental Hygiene to implement Money Follows the Person to transition 1,400 older adults from nursing homes into community settings.	December, 2012
Develop and pilot a tool in 8 jurisdictions to identify and divert individuals at greatest risk of nursing home placement and Medicaid spenddown.	December, 2009
Develop and pilot a flexible long-term care benefit option in selected community-based service programs in 8 jurisdictions in order to increase the availability of person-centered care planning and self-directed community-based services to older adults.	December, 2009
Enable 15,000 older adults who are at risk of losing their independence to receive home and community-based services (HBCS) through the Medicaid Waiver for Older Adults, the Congregate Housing Services Program, the Senior Care Program, the Senior Assisted Living Group Home Subsidy Program, the Home-Delivered Meals Program, and HBCS provided under Title III of the Older Americans Act.	July, 2009

Organize a training session for 50 people from Aging Network on Maryland's Mental Health System.	July, 2009

Goal 3 **Empower older Marylanders to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare**

Objectives/Strategies

- To build evidence-based prevention into our community-based systems of services and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.
- Establish protocols for senior centers to include evidence-based prevention programs.
- Promote and support volunteer service efforts that engage older Marylanders in strengthening their communities.
- Create or improve networks for connecting older adults to volunteer opportunities in order to increase the number of older adults involved in civic engagement activities.
- Promote employment opportunities and encourage businesses to hire and retain older workers

Performance Measure	Target Date
Enroll 9,860 seniors in evidence-based prevention programs.	2012
Train 100 professionals from the aging network on evidence-based prevention programs.	January, 2009
Establish evidence-based prevention programs in 88 senior centers.	2012
Participate in National Governors Association Policy Academy on Civic Engagement: Engaging Seniors in Volunteering and Employment	June, 2009
Expand the highly successful intergenerational, Baltimore City elementary school-based Experience Corps program to 5 jurisdictions.	July, 2012
Expand MAP Website to include a database of volunteer opportunities	July, 2010

Goal 4 **Ensure the rights of older Marylanders and prevent their abuse, neglect and exploitation**

Objectives/Strategies

- Advocate for the rights of the most vulnerable seniors in the State against abuse, exploitation, and consumer fraud by partnering with other organizations and agencies.
- Participate in the Seniors and Law Enforcement Together Council (SALT) to share information and resources and assist law enforcement agencies in addressing crime-related issues that impact seniors.
- Protect and advocate for the rights of older adults for whom the State or AAAs serve as public guardian.
- Assure that the safety of older adults is an integral part of emergency planning and preparedness at the community, county, and State levels in order to assure that strategies for emergency response on behalf of older adults are effective and successful.
- Provide expertise and information on vulnerable adults to the State emergency planning system by participating in the State emergency planning structure on appropriate committees and in State emergency exercises.
- Develop and implement a strategy to support and engage all AAAs in (1) outreach and education on emergency planning and preparedness to older adults, (2) the identification of vulnerable older adults living in the community, and (3) the education of local communities and emergency operation agencies on the special needs of vulnerable older adults.

Performance Measure	Target Date
Evaluate the Maryland Long-Term Care Ombudsman Program (LTCOP) in order to develop a strategic plan to improve the program, including the development of appropriate performance measures.	July, 2009
Develop statewide guidelines to strengthen existing legal services and expand outreach to rural and underserved populations.	2010
Survey a minimum of 800 persons on the legal needs of older adults including respondents with limited English proficiency, and use the findings to improve access and strengthen legal services provided.	July 2009
Conduct training for long-term care and hospital staff and local public agencies to increase education about prevention and alternatives to public guardianship.	Annually
Conduct two emergency planning and management trainings for 19 AAAs at MEMA headquarters, develop prototype informational materials that the AAAs can distribute to their client base, and conduct 4 seminars to develop community-based methods for identifying and assisting vulnerable adults living in the community.	September, 2009
Combine available listings of senior multiple-unit residential independent housing and transfer the information to MEMA for inclusion in the Web-based emergency management system.	July, 2009

APPENDICES

Appendix A – Maryland Department of Aging Organization Chart

Appendix B – Maryland Planning & Service Areas Map

Appendix C – Maryland Area Agencies on Aging (PSA) List

Appendix D – Public Input

Appendix E – Intrastate Funding Formula (IFF) and Allocation Tables

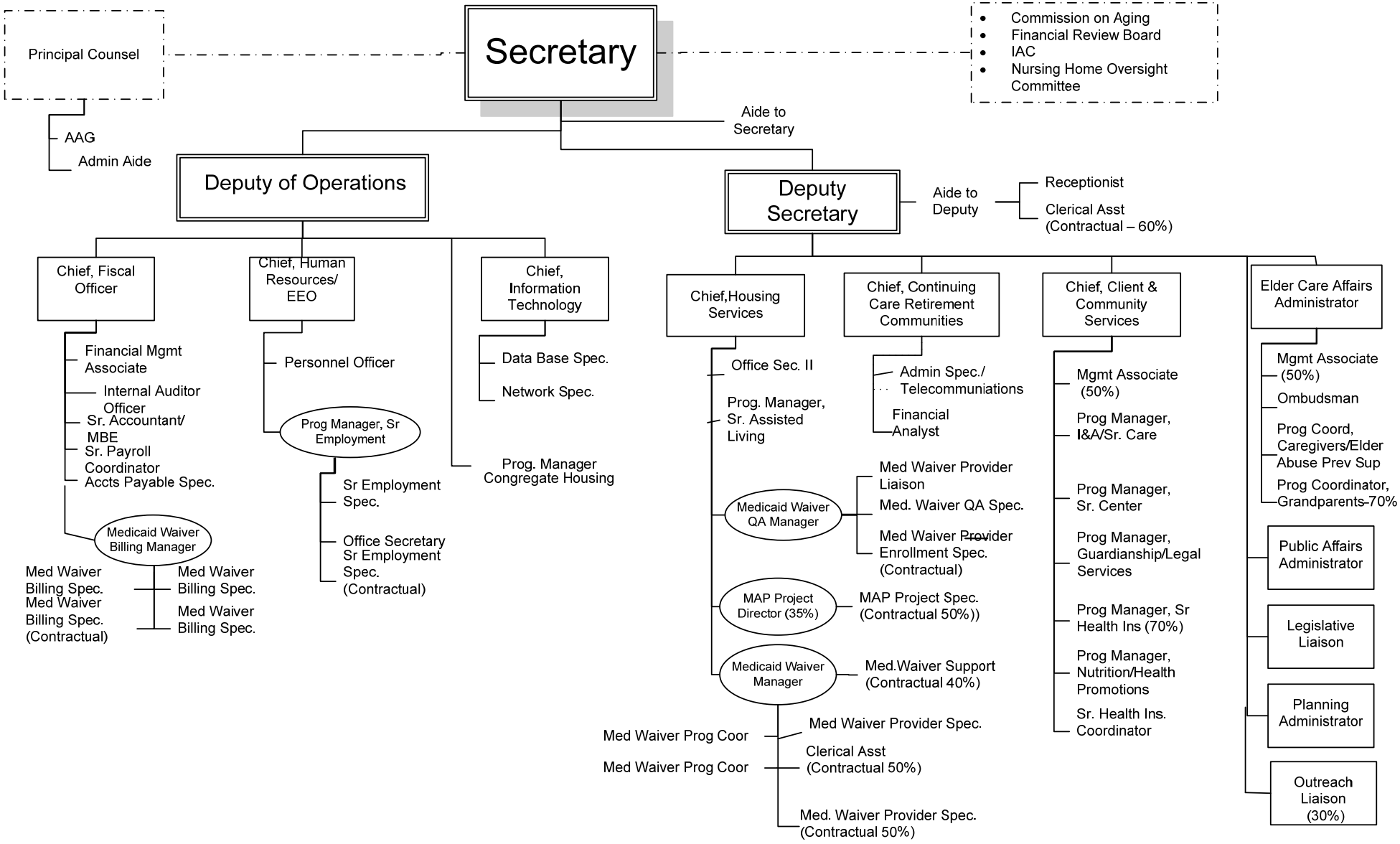
Appendix F – Maryland 2006 Minority Population 60+ By Jurisdiction

Appendix G – Maryland Total Population – Rural Status – 60+ (2000)

Appendix H – Maryland Seniors with Disabilities – Aged 65+ by Jurisdiction (2000)

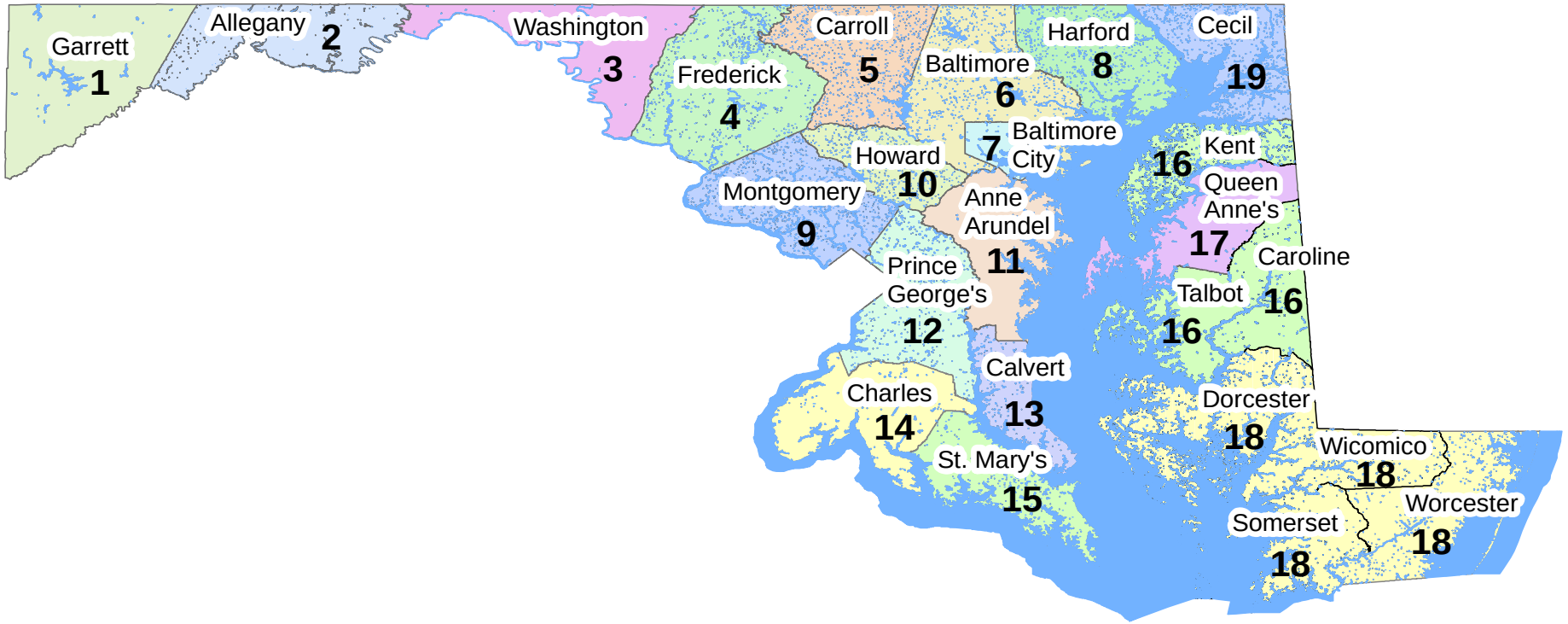
Appendix A

Maryland Department of Aging



Revised April 3, 2008

Maryland Planning & Service Areas



Source: Maryland Department of Aging

Appendix B

Appendix C

Area Agencies on Aging (PSA) List

COUNTY	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
ALLEGANY PSA #2	Tammy Lawson Director	Allegany Co. Human Resources Development Commission, Inc. 19 Frederick Street Cumberland, MD 21502	301-777-5970 301-722-0937 - FAX tlawson@allconet.org
ANNE ARUNDEL PSA #11	Carol Baker Director	Anne Arundel County Department of Aging 2666 Riva Road - Suite 400 Annapolis, MD 21401	410-222-4464 410-222-4360 - FAX agbake00@aacounty.org
BALTIMORE CITY PSA #7	John P. Stewart Executive Director .	Baltimore City Commission on Aging and Retirement Education 10 North Calvert Street, Suite 300 Baltimore, MD 21202	410-396-4932 410-545-1539 - FAX john.stewart@baltimorecity.gov
BALTIMORE COUNTY PSA #6	Arnold Eppel Director	Baltimore County Department of Aging 611 Central Avenue Towson, MD 21204	410-887-2108 410-887-2107 410-887-2159 - FAX aeppel@baltimorecountymd.gov
CALVERT PSA #13	Vacant Division Chief	Calvert County Office on Aging 450 West Dares Beach Road Prince Frederick, MD 20678	410-535-4606 301-855-1170 D.C. Line 410-535-1903 - FAX
CAROLINE KENT TALBOT PSA #16	Carl E. Burke Executive Director	Upper Shore Aging, Inc 100 Schauber Road Chestertown MD 21620	410-778-6000 410-778-3562 - FAX cburke@uppershoreaging.org
CARROLL PSA # 5	Richard Steinberg Chief	Carroll County Bureau of Aging 125 Stoner Avenue Westminster, MD 21157	410-386-3803 410-244-3453 - FAX rsteinberg@ccg.carr.org
CECIL PSA #18	Susan E. Twigg Director	Cecil County Senior Services and Community Transit 200 Chesapeake Blvd, Suite 2550 Elkton, MD 21921	410 996-8435 410-996-5295 410-620-9483 - FAX stwigg@ccgov.org
CHARLES PSA #14	Karen Lehman Cieplak Chief	Charles County Aging and Community Services Division 8190 Port Tobacco Road Port Tobacco, MD 20677	301-934-0109 301-934-5624 - FAX lehmank@charlescounty.org

COUNTY	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
DORCHESTER SOMERSET WICOMICO WORCESTER PSA #18	Margaret Bradford Executive Director	MAC, Inc. 1504 Riverside Drive Salisbury, MD 21801	410-742-0505 410-742-0525 - FAX mab@macinc.org
FREDERICK PSA #4	Carolyn True Director	Frederick County Department of Aging 1440 Taney Avenue Frederick, MD 21702	301-600-1605 301-600-3554 - FAX ctrue@fredco-md.net
GARRETT PSA #1	Adina Brode Director	Garrett County Area Agency on Aging 104 E. Center Street Oakland, MD 21550-1328	301-334-9431 ext. 138 or 143 301-334-8555 - FAX abrode@garrettcac.org
HARFORD PSA #8	Karen Winkowski Director	Harford County Office on Aging 145 N. Hickory Avenue Bel Air, MD 21014	410-638-3025, 410-879-2000 ext. 3331 410-893-2371 - FAX kawinkowski@harfordcountymd.gov
HOWARD PSA #10	Sue Vaeth Administrator	Howard County Office on Aging 6751 Columbia Gateway Dr - 2nd Floor Columbia, MD 21046	410-313-6410 (Main) 410-313-6540 - FAX svaeth@howardcountymd.gov
MONTGOMERY PSA #9	Elizabeth Boehner Director	Montgomery County Area Agency on Aging Division of Aging and Disability Services 401 Hungerford Drive, 4th Fl. Rockville, Maryland 20850	240-777-3000 (General) 240-777-1436 - FAX elizabeth.boehner@montgomerycountymd.gov
PRINCE GEORGE'S PSA #12	Theresa Grant Director	Prince George's County Department of Family Services Aging Services Division 6420 Allentown Road Camp Springs, MD 20748	301-265-8450 301-248-5358 - FAX tmgrant@co.pg.md.us
QUEEN ANNE'S PSA #17	Catherine Willis Director	Queen Anne's County Department on Aging 104 Powell Street Centreville, MD 21617	410-758-0848 410-758-4489 - FAX cwillis@qac.org
ST. MARY'S PSA #15	Lori Jennings-Harris Director	St. Mary's County Department of Aging P.O. Box 653 41780 Baldridge Street Leonardtown, MD 20650	301-475-4200 301-475-4503 - FAX lori.harris@co.saint-marys.md.us
WASHINGTON PSA #3	Susan MacDonald Executive Director	The Washington County Commission on Aging, Inc. 140 West Franklin St., 4th Floor Hagerstown, MD 21740	301-790-0275 301-739-4957 – FAX 1-866-802-1212 sjm@wccoaging.org

PUBLIC INPUT

The Maryland Department of Aging serves as the State Agency with the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act. The Maryland Department of Aging is primarily responsible for the coordination of all State coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services. In addition, the Maryland Department of Aging serves as the effective and visible advocate for the elderly in the State.

In carrying out these activities, the Maryland Department of Aging solicits comments from the public on activities carried out under its State Plan and the needs of older persons and their caregivers within the State. Public input for the Plan came from hearings held across the State, attracting almost 300 individuals who spoke of their desire to remain independent for as long as possible and of their need for the programs and services that the local Area Agencies on Aging (AAAs) provide. Comments were also received by email and by letters.

Public Hearings

The Maryland Department of Aging held five public regional hearings throughout the State as noted below:
Southern (Anne Arundel, Calvert, Charles, Montgomery, **Prince George's**, St. Mary's counties) – April 15, 2008
Central (Baltimore City, **Baltimore,** Carroll, Harford, Howard counties) – April 18, 2008
Lower Eastern Shore (Dorchester, Somerset, **Wicomico**, Worcester counties) – April 21, 2008
Upper Eastern Shore (Caroline, Cecil, Kent, **Queen Anne's**, Talbot counties) – April 23, 2008
Western Region (Allegany, Frederick, Garrett and **Washington** counties) – April 28, 2008

Note: **Bold** indicates actual county location of hearing.

Announcements of Public Hearings

The times, dates and places of the State public hearings were advertised in press releases that were published in newspapers throughout the State. In addition to the newspaper announcements, information about the hearings was sent to AAAs, senior centers, nutrition sites, and Congregate Housing Service apartment buildings. Managers of Senior Care programs and associations for seniors also received information. Local and State legislators, advocates, and other interested parties were notified via email. In addition, notices of the hearings were published in the March 14 and March 28 issues of the Maryland Register.

Comments and Issues

In addition to seniors and caregivers, Area Agency on Aging Directors, County Commissioners, members of State and Local Commissions on Aging, the press, members of senior advocate groups, and other interested parties attended the hearings.

Senior Input

Generally, issues that were raised centered on the need for additional transportation, affordable senior housing, the need for respite care, and the need for outreach and services to rural areas. In all locations, seniors spoke about the benefits they derive from being members of senior centers and participating in activities. A number of senior center participants explained the importance of the centers to their lives, as an escape from isolation, a second family, a home away from home, and in keeping them healthy. Seniors noted that they needed more community-based services to allow them to "age in place."

Caregiver Input

One caregiver spoke about her mother who has Alzheimer's and the financial burden caused by the waiver eligibility requirements. Because her mother is in an assisted living facility rather than a nursing home, she is ineligible. She questioned "what difference does it make where someone sleeps?"

A caregiver attending the Central hearing noted that the next generation of seniors is more interested in health rather than health care. She noted that a focus on prevention is much less costly and programs to develop this area are needed.

Maryland Association of Area Agencies on Aging

The Maryland Association of Area Agencies on Aging presented testimony at two of the public hearings.

- To meet challenges of fast-growing population of older Marylanders, MDoA must act to ensure that an adequately functional *service delivery infrastructure* exists to serve that population. MDoA must itself be sufficiently staffed with qualified, capable persons, including its executive leadership. MDoA must ensure that local Areas Agencies on Aging are adequately funded and that they have access to the technical support and other resources they will need to serve older Marylanders.
- MDoA should provide technical support to AAAs to assist them in improving or expanding data collection, with a goal of ensuring that data is reported consistently and accurately across the State.
- MDoA's leadership must be a vigorous advocate for Maryland's older citizens.
- A growing body of evidence and data offers an opportunity to document the cost-effectiveness of specific home and community-based, state-funded services (particularly the Older Adults Waiver and Senior Care). MDoA staff should mine available data and/or identify research that can underscore the role of such programs in mitigating the State's Medicaid expenditures. The Department should strongly advocate before both the Governor and the General Assembly for more state funding for these programs, citing available research and data indicating their value.
- A key strategy in mitigating healthcare utilization and, particularly, the State's long-term Medicaid expenditures, is the empowerment of older Marylanders to take control of their own health and welfare. A growing body of *evidence-based (EB) programs* offers an opportunity to teach elders individual responsibility in managing factors that impact their health and quality of life. MDoA should establish as a priority the wide availability of a variety of EB programs that can improve the lives of older Marylanders, and mitigate state-funded health care and long-term care expenses (via Medicaid). MDoA should advocate for dedicated state funding that would allow all of Maryland's Area Agencies on Aging to offer a wide range of EB programs in local jurisdictions.
- The aging boom will create a strain on the current level of available resources. Lack of sufficient services to meet the needs of the growing older adult population has potential to pose significant strain on those struggling to age-in place, their families and their communities. MDoA needs to address how to better support this population, the families and other informal caregivers.
- MDoA staff should be more aggressive in seeking federal and private grants that would bring additional, non-state funds to Maryland's AAAs for the purpose of underwriting new initiatives or expanding existing programs.

In the rural jurisdictions, AAA staff spoke of the challenges of providing services for clients, noting that it can take an hour to just reach them. Services to these clients are also being impacted by rising fuel costs.

AAA staff also suggested that the State work on long-term care partnerships and grant opportunities for additional funding.

Advocate and Provider Group Input

Maryland Senior Citizen Action Network (MSCAN)

MSCAN's comments focused on four areas of concern:

- Maryland's lack of preparedness for a rapidly aging population;
- Maryland's model of long-term care is anachronistic, continuing its long standing bias toward costly institutionalization rather than more cost-effective, self-directed, community-based care;
- Eligibility for community-based programs such as the Medicaid Waiver for Older Adults continues to be determined by a Level of Care that is defined in terms of somatic conditions, completely ignoring cognitive, mental and behavioral health deficits;
- Maryland must support its family and informal caregivers better; and,
- State funding for successful, cost-effective, community-based programs for seniors is a wise investment and a prudent way to stretch limited resources.

Catholic Charities
The testimony from Catholic Charities focused on the burden of caring for loved ones while trying to balance work and home, without the benefit of affordable services. They specifically noted:

- Need for increase in number of low-cost or no-cost community-based services;
- Insufficient funding to meet need for Congregate Housing, Assisted Living Group Home Subsidy and Medicaid Waiver for Older Adults;
- Additional caregiver guidance and support; and,
- Congregate housing programs save money for individuals and for the State

Maryland Association of Senior Centers (MASC)
The MASC representative noted that while State funding addresses nutrition programs and some center programs, and bond funds support building, there are other areas that need help. Senior centers are the "focal point" for many services to the elder community, and need funds for staff, rent, program development and utilities to fulfill that requirement. With county budget reductions, some centers are threatened.

Evaluations

The Maryland Department of Aging regularly evaluates its programs and services. Evaluations conducted in local jurisdictions are summarized in Area Plans. Results of surveys and customer satisfaction forms are submitted to program managers at the State level.

In addition to evaluations from seniors receiving services, the State Commission on Aging meets monthly to raise and evaluate various aging issues. The State Commission acts in an advisory capacity to MDoA. The State Commission and the Secretary and Deputy Secretary of Aging also attend Commission on Aging meetings that are held on the regional levels. Topics for the agendas of these meetings include such issues as prescription drugs, the need for transportation, and affordable housing with senior services.

MDoA works in collaboration with the United Seniors of Maryland, a coalition of local, State, and national senior citizen organizations such as AARP, Retired Teachers Association and National Association of Retired Federal Employees. This group advocates on senior issues at the State and national level.

The Department serves as a resource to the Maryland Senior Citizen Action Network. This is a coalition of provider organizations primarily from the faith communities advocating on behalf of senior services.

Summary
The Maryland Department of Aging reviews and uses all input to set the State's priority services. The State will continue to evaluate its programs and seek public comment to ensure that all Marylanders are able to age with dignity, opportunity, choice and independence.

INTRASTATE FUNDING FORMULA (IFF)

Requirement:
OAA, Sec. 305(a)(2)
"*States shall,*
(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--
(i) the geographical distribution of older individuals in the State; and
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

Following the guidelines of the Older Americans Act, as amended, the Maryland Department of Aging's formula is based on the AAAs population of low income and minority seniors. The formula is applied using the most recent census data from 2000.

In allocating Older Americans Act funds to the State's 19 AAAs, the Maryland Department of Aging will use the 45-45-10 funding formula weights as follows:

- 45 percent weight to a jurisdiction's relative share of the State's total elderly population;
- 45 percent weight to a jurisdiction's relative share of the State's total low-income elderly population; and,
- 10 percent weight to a jurisdiction's relative share of the State's total low-income, minority population;

A base of $125,000 is used for allocating Title III funds and a base of $9,000 is used in allocating Title IIID funds. These bases act as an equalizer for rural jurisdictions with low populations.

This funding formula appears in previous State Plans and was approved by the Assistant Secretary of Aging.

Maryland intends to review its funding formula and seek approval from the Administration on Aging prior to release of the 2010 Census data.

Hold Harmless Funding

Hold harmless funding is included in the 2009 budget to ensure rural Area Agencies on Aging receive funding at least equal to the amount of Older Americans Act funding they received prior to the update of the funding formula to use the 2000 Census population figures. An increase in Older Americans Act funding has allowed some of the hold harmless funding to be distributed to Baltimore City, which was not held harmless when the formula was updated.

FY 2009
Older Americans Act funds – Allocations to AAAs

AAA	Funding Ratio (2000 Census)	IIIB	IIIC1	IIIC2	IIID	IIIE	VII	Total
Allegany	2.0950%	$113,361	$128,638	$65,162	$9,000	$49,761	$15,672	$381,593
Anne Arundel	6.6484%	$359,741	$408,218	$206,783	$20,957	$157,910	$27,426	$1,181,035
Baltimore City	25.2585%	$1,366,727	$1,550,904	$785,612	$54,426	$599,932	$62,688	$4,420,290
Baltimore Co	14.3689%	$777,493	$882,266	$446,913	$34,841	$341,285	$94,032	$2,576,830
Calvert	0.9114%	$49,316	$55,962	$28,347	$9,000	$21,647	$7,836	$172,108
Carroll	1.9573%	$105,909	$120,182	$60,878	$9,000	$46,490	$15,672	$358,131
Cecil	1.2893%	$69,761	$79,162	$40,099	$9,000	$30,622	$5,877	$234,521
Charles	1.6059%	$86,897	$98,607	$49,949	$9,000	$38,144	$5,877	$288,473
Frederick	2.3957%	$129,631	$147,099	$74,513	$9,000	$56,902	$25,467	$442,613
Garrett	0.8992%	$48,657	$55,213	$27,968	$9,000	$20,887	$7,836	$169,562
Harford	3.0216%	$163,496	$185,528	$93,979	$14,434	$71,767	$11,754	$540,958
Howard	2.6888%	$145,490	$165,096	$83,630	$13,836	$63,864	$5,877	$477,793
MAC	5.1572%	$279,051	$316,655	$160,402	$36,000	$121,915	$23,508	$937,532
Montgomery	13.1468%	$711,366	$807,227	$408,902	$32,644	$312,258	$64,647	$2,337,044
Prince George's	10.6052%	$573,845	$651,175	$329,853	$28,073	$251,892	$41,139	$1,875,977
Queen Anne's	0.8992%	$48,657	$55,213	$27,968	$9,000	$19,856	$1,959	$162,654
St. Mary's	1.2594%	$68,145	$77,328	$39,171	$9,000	$29,913	$5,877	$229,434
USA	2.8267%	$152,952	$173,564	$87,919	$27,000	$57,505	$15,672	$514,612
Washington	2.9654%	$160,458	$182,080	$92,233	$14,333	$70,434	$19,590	$539,128
Total	**100.00%**	**$5,410,952**	**$6,140,118**	**$3,110,284**	**$357,543**	**$2,362,983**	**$458,407**	**$17,840,287**
MAC	**5.1572%**	**$279,051**	**$316,655**	**$160,402**	**$36,000**	**$121,915**	**$23,508**	**$937,532**
Dorchester	1.1654%	$63,058	$71,557	$36,247	$9,000	$27,534	$3,918	$211,315
Somerset	0.8768%	$47,443	$53,837	$27,271	$9,000	$20,782	$3,918	$162,251
Wicomico	1.7832%	$96,486	$109,488	$55,461	$9,000	$42,131	$9,795	$322,360
Worcester	1.3318%	$72,063	$81,774	$41,423	$9,000	$31,468	$5,877	$241,604
USA	**2.8267%**	**$152,952**	**$173,564**	**$87,919**	**$27,000**	**$57,505**	**$15,672**	**$514,612**
Caroline	0.8868%	$47,982	$54,448	$27,580	$9,000	$19,377	$3,918	$162,304
Kent	0.8868%	$47,982	$54,448	$27,580	$9,000	$13,705	$5,877	$158,592
Talbot	1.0532%	$56,989	$64,669	$32,758	$9,000	$24,423	$5,877	$193,715

FY 2009
State Grants – Allocations to AAAs

AAA	State Nutrition	Senior I&A	Guardian -ship	IT	Senior Care	SALGHS	State Ombuds	VEPI	Supp. To MAC	Frail Elderly	Medicaid Waiver	Total State Funds
Allegany	56,985	24,254	28,907	0	204,525	30,986	72,666	14,609	0	0	30,000	462,932
Anne Arundel	103,716	53,962	9,064	956	567,186	550,007	59,411	13,429	0	0	144,997	1,502,729
Baltimore City	600,090	226,807	307,070	3,887	1,326,560	185,918	113,403	159,810	0	0	441,452	3,364,996
Baltimore Co.	126,659	123,777	82,337	0	1,027,748	364,089	278,269	74,563	0	0	328,356	2,405,797
Calvert	14,606	4,602	7,500	1,441	104,581	8,580	9,245	4,496	0	0	30,000	185,051
Carroll	39,588	17,362	29,044	4,296	230,268	108,452	51,509	10,603	0	0	63,474	554,596
Cecil	30,039	10,248	1,691	1,291	118,490	162,678	1,959	3,587	0	0	28,067	358,051
Charles	4,885	12,855	10,000	0	158,247	30,986	33,113	7,803	0	0	42,270	300,159
Frederick	51,095	21,734	6,707	6,896	165,886	0	51,901	13,058	0	0	25,000	342,278
Garrett	60,325	7,050	8,295	0	143,900	23,240	27,473	3,760	0	0	25,000	299,043
Harford	54,727	17,684	0	0	320,666	12,096	10,374	14,867	0	0	37,586	468,001
Howard	3,939	17,544	5,196	0	231,896	511,274	6,430	8,953	0	21,843	156,055	963,130
MAC, Inc.	210,328	54,503	15,912	954	469,404	232,397	93,247	33,169	131,800	23,959	126,515	1,392,188
Montgomery	123,954	88,663	43,902	3,536	620,612	325,356	263,347	53,627	0	0	215,867	1,738,863
Prince George's	144,808	59,761	50,670	0	603,590	596,486	121,906	45,669	0	0	150,948	1,773,838
Queen Anne's	23,476	8,904	4,136	3,005	100,554	40,598	6,915	3,401	0	0	25,000	215,990
St. Mary's	48,387	11,321	6,600	3,823	113,783	0	5,409	6,817	0	0	25,000	221,140
USA, Inc.	75,880	24,597	10,975	2,445	453,533	8,580	53,790	15,086	0	8,925	52,467	706,279
Washington	75,637	24,443	14,686	2,539	304,955	100,705	31,435	6,256	0	0	33,000	593,658
TOTAL	**1,849,126**	**810,072**	**642,692**	**35,070**	**7,266,384**	**3,292,428**	**1,291,802**	**493,563**	**131,800**	**54,727**	**1,981,054**	**17,848,718**

FY 2009
Hold Harmless Allocations

AAA	TOTAL	IIIB	IIIC1	IIIC2	IIIE
Allegany	$80,373	$26,523	$28,934	$15,271	$9,645
Anne Arundel	0	0	0	0	0
Baltimore City	113,654	37,506	40,915	21,594	13,638
Baltimore Co	0	0	0	0	0
Calvert	0	0	0	0	0
Carroll	0	0	0	0	0
Cecil	0	0	0	0	0
Charles	0	0	0	0	0
Frederick	0	0	0	0	0
Garrett	0	0	0	0	0
Harford	0	0	0	0	0
Howard	0	0	0	0	0
MAC	179,242	59,150	64,527	34,056	21,509
Montgomery	0	0	0	0	0
Prince George's	0	0	0	0	0
Queen Anne's	13,025	4,298	4,689	2,475	1,563
St. Mary's	0	0	0	0	0
USA	36,419	12,018	13,111	6,920	4,370
Washington	19,497	6,434	7,019	3,704	2,340
TOTAL	**$442,210**	**$145,929**	**$159,196**	**$84,020**	**$53,065**

MAC	**$179,242**	**$59,150**	**$64,527**	**$34,056**	**$21,509**
Dorchester	47,910	15,810	17,248	9,103	5,749
Somerset	24,021	7,927	8,648	4,564	2,883
Wicomico	78,509	25,908	28,263	14,917	9,421
Worcester	28,802	9,505	10,369	5,472	3,456

USA	**$36,419**	**$12,018**	**$13,111**	**$6,920**	**$4,370**
Caroline	20,504	6,935	7,301	4,413	1,855
Kent	(16,107)	(6,089)	(5,830)	(4,856)	668
Talbot	32,022	11,172	11,640	7,363	1,847

Appendix F

Maryland 2006 Minority Population 60+ By Jurisdiction

		Persons Not Hispanic						
County or Jurisdiction	Total	White	Black	American Indian & Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Not Hispanic, Two or more races	Hispanic/ Latino (may be of any race)
Allegany	16,647	97.34%	1.34%	0.14%	0.37%	0.03%	0.37%	0.41%
Anne Arundel	79,909	85.66%	10.03%	0.25%	2.34%	0.03%	0.55%	1.15%
Baltimore	148,443	83.28%	12.49%	0.16%	2.53%	0.02%	0.40%	1.11%
Calvert	12,267	84.25%	13.40%	0.24%	0.81%	0.03%	0.55%	0.72%
Caroline	5,658	84.41%	13.57%	0.27%	0.55%	0.00%	0.35%	0.85%
Carroll	26,823	95.47%	2.75%	0.18%	0.73%	0.01%	0.29%	0.57%
Cecil	14,885	93.81%	4.30%	0.25%	0.54%	0.00%	0.49%	0.61%
Charles	17,157	70.86%	24.73%	0.77%	1.76%	0.03%	0.61%	1.24%
Dorchester	7,302	77.33%	21.05%	0.21%	0.40%	0.01%	0.33%	0.67%
Frederick	30,881	90.31%	5.59%	0.17%	2.06%	0.02%	0.43%	1.41%
Garrett	6,370	98.57%	0.44%	0.09%	0.22%	0.03%	0.38%	0.27%
Harford	37,307	89.40%	7.35%	0.23%	1.54%	0.02%	0.45%	1.01%
Howard	36,645	75.28%	13.55%	0.18%	8.64%	0.05%	0.62%	1.68%
Kent	5,038	83.55%	15.03%	0.04%	0.24%	0.02%	0.22%	0.91%
Montgomery	155,518	70.80%	10.47%	0.14%	11.43%	0.03%	0.67%	6.46%
Prince George's	108,215	35.95%	54.55%	0.31%	4.35%	0.05%	0.80%	4.00%
Queen Anne's	8,558	89.21%	9.32%	0.12%	0.46%	0.07%	0.29%	0.53%
St. Mary's	13,173	81.86%	14.59%	0.25%	1.74%	0.07%	0.50%	0.99%
Somerset	4,622	73.54%	24.15%	0.32%	0.43%	0.00%	0.80%	0.76%
Talbot	10,016	86.90%	11.86%	0.06%	0.27%	0.00%	0.30%	0.61%
Washington	25,670	95.80%	2.52%	0.14%	0.65%	0.02%	0.34%	0.52%
Wicomico	16,102	78.38%	18.99%	0.16%	1.35%	0.01%	0.38%	0.75%
Worcester	13,532	87.06%	11.45%	0.13%	0.28%	0.01%	0.36%	0.71%
Baltimore City	103,713	37.87%	58.89%	0.32%	1.06%	0.04%	0.60%	1.22%

Source: Population Estimates Program, Population Division, U.S. Census Bureau

Release Date: August 4, 2007

Appendix G

Maryland Total Population – Rural Status – 60+ (2000)

County or Jurisdiction	Total Rural	% Rural	60+ Rural	% 60+ & Rural
Allegany	19,390	25.9%	4,301	25.1%
Anne Arundel	27,564	5.6%	4,638	6.9%
Baltimore County	46,978	6.2%	8,437	6.0%
Calvert County	34,134	45.8%	4,509	49.3%
Caroline County	23,325	78.3%	3,811	72.4%
Carroll County	64,842	43.0%	9,764	44.9%
Cecil County	45,045	52.4%	6,750	55.1%
Charles County	40,672	33.7%	6,200	45.8%
Dorchester County	18,124	59.1%	4,023	57.4%
Frederick County	55,815	28.6%	8,329	32.8%
Garrett County	24,798	83.1%	4,692	78.7%
Harford County	48,726	22.3%	8,183	27.0%
Howard County	31,291	12.6%	4,336	16.3%
Kent County	14,195	73.9%	3,269	69.9%
Montgomery County	24,589	2.8%	3,931	3.0%
Prince George's County	20,652	2.6%	3,421	3.8%
Queen Anne's County	24,428	60.2%	4,689	66.0%
St. Mary's County	53,614	62.2%	7,887	72.5%
Somerset County	12,778	51.6%	2,995	65.6%
Talbot County	21,308	63.0%	5,959	67.5%
Washington County	41,879	31.7%	6,989	28.9%
Wicomico County	26,658	41.5%	4,420	31.5%
Worcester County	17,012	36.6%	3,633	29.3%
Baltimore City	0	0.0%	0	0.0%
Maryland	737,818	13.9%	125,166	15.6%

Source: U.S. Census 2000, Prepared by Maryland Department of Planning, Planning Data Services 11/20/00

Appendix H

Maryland Seniors with Disabilities - Aged 65+
Projections by Jurisdictions (2000)

	Total 65+Population	65+ With Disabilities	% of 65+Population	% of State's 65+With Disabilities
Allegany	13,429	5,370	42.3%	2.4%
Anne Arundel	48,820	17,914	38.0%	7.9%
Baltimore Co.	110,335	40,666	38.1%	17.8%
Calvert County	6,627	2,281	36.1%	1.00%
Caroline County	4,031	1,644	43.1%	.7%
Carroll County	16,267	6,089	39.7%	2.7%
Cecil County	8,995	3,306	39.1%	1.4%
Charles County	9,402	3,833	42.5%	1.7%
Dorchester County	5,423	2,158	41.0%	0.9%
Frederick County	18,836	6,531	37.1%	2.9%
Garrett County	4,461	1,836	44.5%	.8%
Harford County	22,160	8,544	39.6%	3.7%
Howard County	18,468	6,521	37.3%	2.9%
Kent County	3,709	1,316	38.2%	.6%
Montgomery County	98,157	30,541	32.7%	13.4%
Prince George's Co.	61,951	23,846	40.0%	10.5%
Queen Anne's County	5,227	1,679	33.5%	.7%
St. Mary's County	7,825	2,716	37.5%	1.2%
Somerset County	3,503	1,562	47.2%	.7%
Talbot County	6,897	2,358	35.7%	1.0%
Washington County	18,690	7,562	43.1%	3.3%
Wicomico County	10,823	4,093	40.5%	1.8%
Worcester County	9,351	3,373	37.2%	1.5%
Baltimore City	85,921	42,156	51.2%	18.5%
Total	599,307	237,904	19.2%	100.0%

Source: U.S. Census 2000; Prepared by Maryland Department of Planning. Percentages of 65+ population are based on the non-institutionalized universe. Rounding may affect totals.

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