



Maryland Department of Aging

**Budget Presentation FY2014
Annual Report 2012**



A Message from the Secretary

We are pleased to present this annual report of the Maryland Department of Aging (MDoA), which describes our accomplishments and services during 2012 and represents our budget presentation for Fiscal Year 2014.

The past twelve months have been another year of challenge and uncertainty in every part of the globe. People are trying to do more with less as we enter a sobering age of austerity. Our attention has been and will continue to be on diverting people from institutional care and, more recently, helping reduce unnecessary hospital and emergency room admissions. Maryland Access Point or MAP, has become a one-stop-shop for consumers looking for services and support for current and future needs. It is a major component of Maryland's long term care rebalancing initiative to allow older adults and persons with disabilities to remain in their home.



Most of our programs are focused on maintaining the independence, dignity, and quality of life of older adults and persons with disabilities. Through programs such as the Medicaid Waiver for Older Adults, Senior Care, Congregate Housing Services, the National Family Caregiver Support Program, Assisted Living subsidies, Senior Centers, the Long Term Care Ombudsman, and Congregate and Home-Delivered Meals, we are able to touch the lives of thousands of Marylanders and their families every day. Our Living Well Program is actively encouraging Marylanders to manage their chronic diseases while showing them how to live healthier lifestyles.

With our newest partner, the U.S. Department of Veterans Affairs, we have implemented the Veterans-Directed Home and Community-Based Services Program for Veterans with disabilities. We are honored to work with Maryland Veterans and look forward to expanding this program over the next few years.

I would like to commend my dedicated staff for their expertise and energy during the past year. Once again, I am extremely proud of our participation in the Maryland Charity Campaign (MCC), an annual effort led by the United Way to raise funds for local charities. In previous years, MDoA has been recognized for having the highest participation rate among all State agencies, and 2012 was no different, as the agency easily eclipsed its previous year's total. MDoA entered a team in the 2012 Walk to End Alzheimer's, raising more than \$3,000 for dementia research and increasing the visibility of our local aging network.

In the aftermath of the hurricane that eventually became known as "Superstorm Sandy," my staff shared reports with me from our local partners about older Marylanders in need. Weeks after the storm ended, many older Marylanders were still living under dire circumstances and in need of basic household items. My team responded gallantly with donations of non-perishable goods, blankets, and laundry supplies. Members of my staff drove from Baltimore to the Lower Eastern Shore, where they met folks from the local Area Agency on Aging and distributed packages to families and individuals throughout Somerset County. We met new friends and conveyed the O'Malley Administration's concern for their circumstances. Now that's government in action!

Sincerely,

A handwritten signature in black ink that reads "Gloria Lawrence". The signature is fluid and cursive.

Secretary

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Department of Aging

Organization



ORGANIZATION

History

- In 1959, MDoA originated as the *State Coordinating Commission on the Problems of the Aging* (Chapter 1, Acts of 1959).
- It was renamed *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 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 Maryland Department of Aging (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 to:

- 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.

Organization

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

The 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 the 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 number 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.

Vision

The Maryland Department of Aging envisions Maryland as a State where all people are able to age with dignity, opportunity, choice and independence.

Mission

The Maryland Department of Aging, 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.

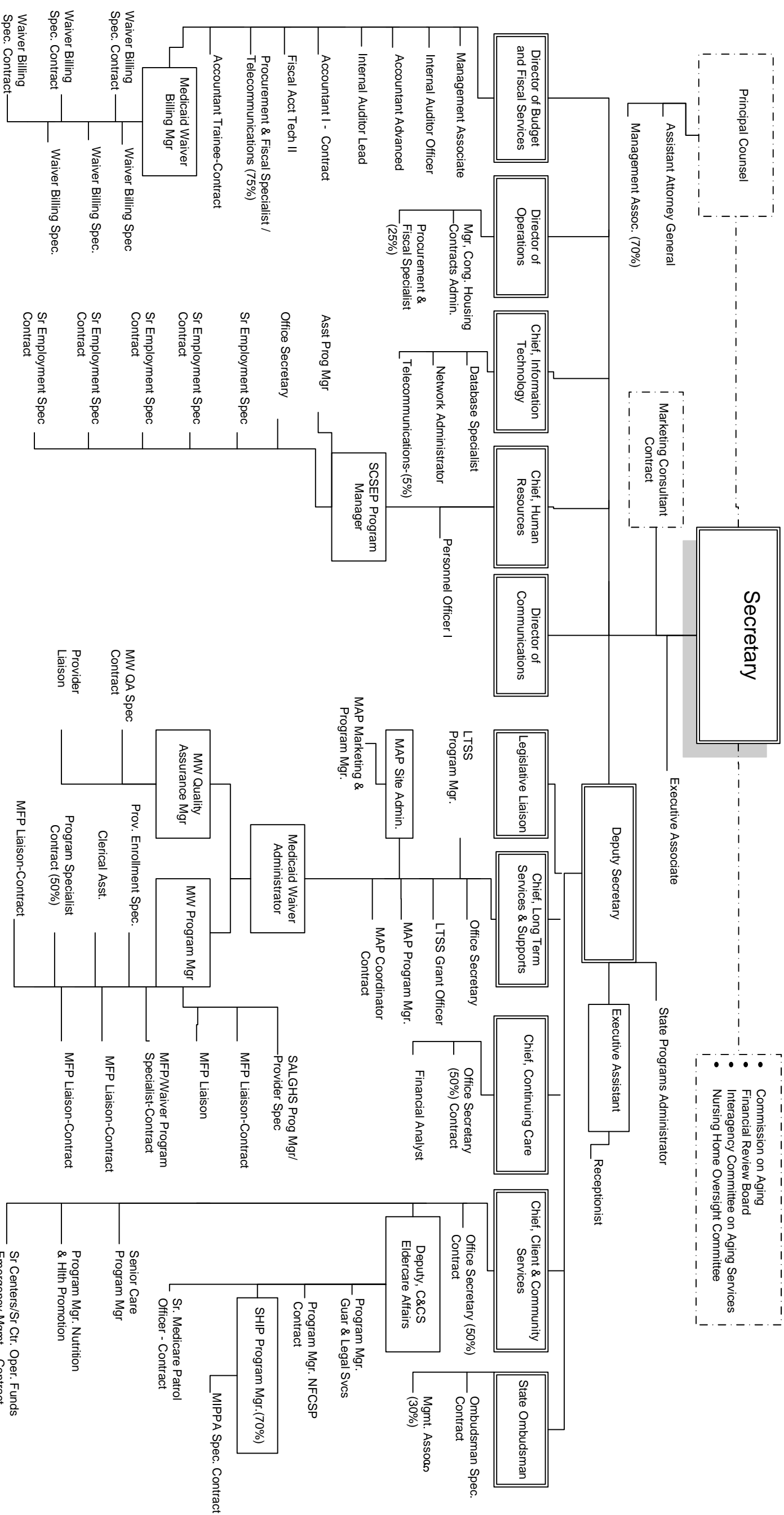
Key Goals

To ensure that older citizens are treated with dignity and respect, MDoA, through leadership, advocacy and community partnerships, has established four goals. Programs and services administered by MDoA are the vehicles for achieving the goals, which allow for flexibility and change in the way programs can be structured for future generations of seniors. The goals are:

- | | |
|---------|---|
| 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. |
| Goal #2 | Enable older Marylanders to remain in their own homes with a 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 Marylanders to stay active and healthy through Older Americans Act services and the prevention benefits under Medicare. |
| Goal #4 | Ensure the rights of older Marylanders and prevent their abuse, neglect and exploitation. |

11/7/2012

Maryland Department of Aging





Department of Aging

Demographics



DEMOGRAPHICS

Facts and Figures

In the State of Maryland, several demographic trends shape the Maryland Department of Aging's goals and priorities for service to seniors.

- **The number of older Marylanders is increasing.** Of the more than 5.7 million people in Maryland in 2010, 17.7% (1,025,421) were over the age of 60. The total number of people age 60 or more is expected to increase by more than 65% by the year 2040, to an estimated 1.7 million.
- **The geographic distribution of Maryland's senior population will change as the overall population distribution changes over the next 30 years.** In 2005, 66% of Maryland's seniors resided in Baltimore City and Anne Arundel, Baltimore, Montgomery and Prince George's counties. In 2040, the top jurisdictions with the fastest rate of growth for individuals over 60 are Calvert, Charles, Frederick and St. Mary's counties. Each are projected to increase their 60+ populations by over 150%.
- **The greatest number of the State's minority seniors lives in Baltimore City.** In 2000, 32.3% of 60+ minority individuals lived in Baltimore City. The two counties with the next highest percentage of minorities are Prince George's County with 24.4% and Montgomery County with 15.7%. Of the population of older minority Marylanders who were 85+, 35% lived in Baltimore City, 19% in Prince George's County and 14% in Montgomery County in 2000.
- **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.

Sources: U. S. Census, 2000; MD Department of Planning Population Projections, Revised December 2010.

DEMOGRAPHICS

Maryland's 60+ Population Projections by Jurisdiction, 2010-2040

Jurisdiction	2010	2020	2030	2040	% Change 2010-2040
Allegany Co.	18,058	20,087	21,102	19,475	7.8%
Anne Arundel Co.	94,441	127,359	151,322	152,406	61.4%
Baltimore City	103,740	119,384	127,091	124,422	19.9%
Baltimore Co.	164,175	207,308	230,115	227,307	38.5%
Calvert Co.	14,466	22,309	29,723	29,348	102.9%
Caroline Co.	6,307	8,296	10,083	10,392	64.8%
Carroll Co.	31,561	46,527	59,137	58,157	84.3%
Cecil Co.	17,789	26,508	35,076	37,505	110.8%
Charles Co.	20,983	32,327	45,973	49,229	134.6%
Dorchester Co.	7,995	9,988	11,800	12,065	50.9%
Frederick Co.	38,281	58,856	79,548	86,910	127%
Garrett Co.	7,284	9,092	10,435	10,324	41.7%
Harford Co.	44,734	63,198	77,018	77,151	72.5%
Howard Co.	44,638	69,485	90,202	94,282	111.2%
Kent Co.	5,885	7,588	9,134	9,267	57.5%
Montgomery Co.	172,923	239,678	291,871	313,453	81.3%
Prince George's Co.	125,382	175,716	218,607	236,220	88.4%
Queen Anne's Co.	10,198	14,364	18,509	18,715	83.5%
St. Mary's Co.	15,848	23,998	33,196	35,809	126%
Somerset Co.	5,151	6,231	6,710	6,503	26.2%
Talbot Co.	11,860	15,068	17,073	16,654	40.4%
Washington Co.	29,352	38,010	46,570	48,699	65.9%
Wicomico Co.	18,211	24,043	27,767	28,006	53.8%
Worcester Co.	16,159	20,517	25,283	26,311	62.8%
State of Maryland	1,025,421	1,385,937	1,637,345	1,728,610	68.6%

Source: U.S.Census Bureau (2010) and the Maryland Department of Planning Projections (revisions, Oct. 2012)
Prepared by Maryland Department of Planning, Planning Data and Analysis

DEMOGRAPHICS

Maryland's 60+ Population Projections by Age & Gender, 2010-2040

Year	Age	Male	Female	Total	% of Total State Population
2010	60-64	150,082	172,511	322,593	5.6%
	65-69	108,966	125,729	234,695	4.1%
	70-74	75,466	90,022	165,488	2.9%
	75-79	52,822	70,214	123,036	2.1%
	80-84	37,375	57,517	94,892	1.6%
	85+	39,196	78,353	117,549	2.3%
	Total	463,907	594,346	1,058,253	18.6%
2020	60-64	187,922	215,781	403,703	6.4%
	65-69	152,743	183,330	336,073	5.3%
	70-74	121,301	149,860	271,161	4.3%
	75-79	78,678	100,205	178,883	2.8%
	80-84	45,006	62,240	107,246	1.7%
	85+	52,193	90,532	142,725	2.3%
	Total	637,843	801,948	1,439,791	22.8%
2030	60-64	173,189	200,988	374,177	5.6%
	65-69	182,469	212,609	395,078	6.0%
	70-74	152,171	185,634	337,805	5.1%
	75-79	110,514	145,490	256,004	3.8%
	80-84	72,975	103,541	176,516	2.6%
	85+	68,931	109,420	178,351	2.7%
	Total	760,249	957,682	1,717,931	25.8%
2040	60-64	142,441	163,919	306,360	4.4%
	65-69	142,459	169,574	312,033	4.5%
	70-74	140,190	172,718	312,908	4.5%
	75-79	132,015	167,961	299,976	4.3%
	80-84	91,673	127,582	219,255	3.2%
	85+	97,044	153,838	250,882	3.6%
	Total	745,822	955,592	1,701,414	24.5%

Source: U.S. Census Bureau, State Interim Population Projections by Age & Sex 2004-2030
 Maryland Department of Planning, Revised December 2010

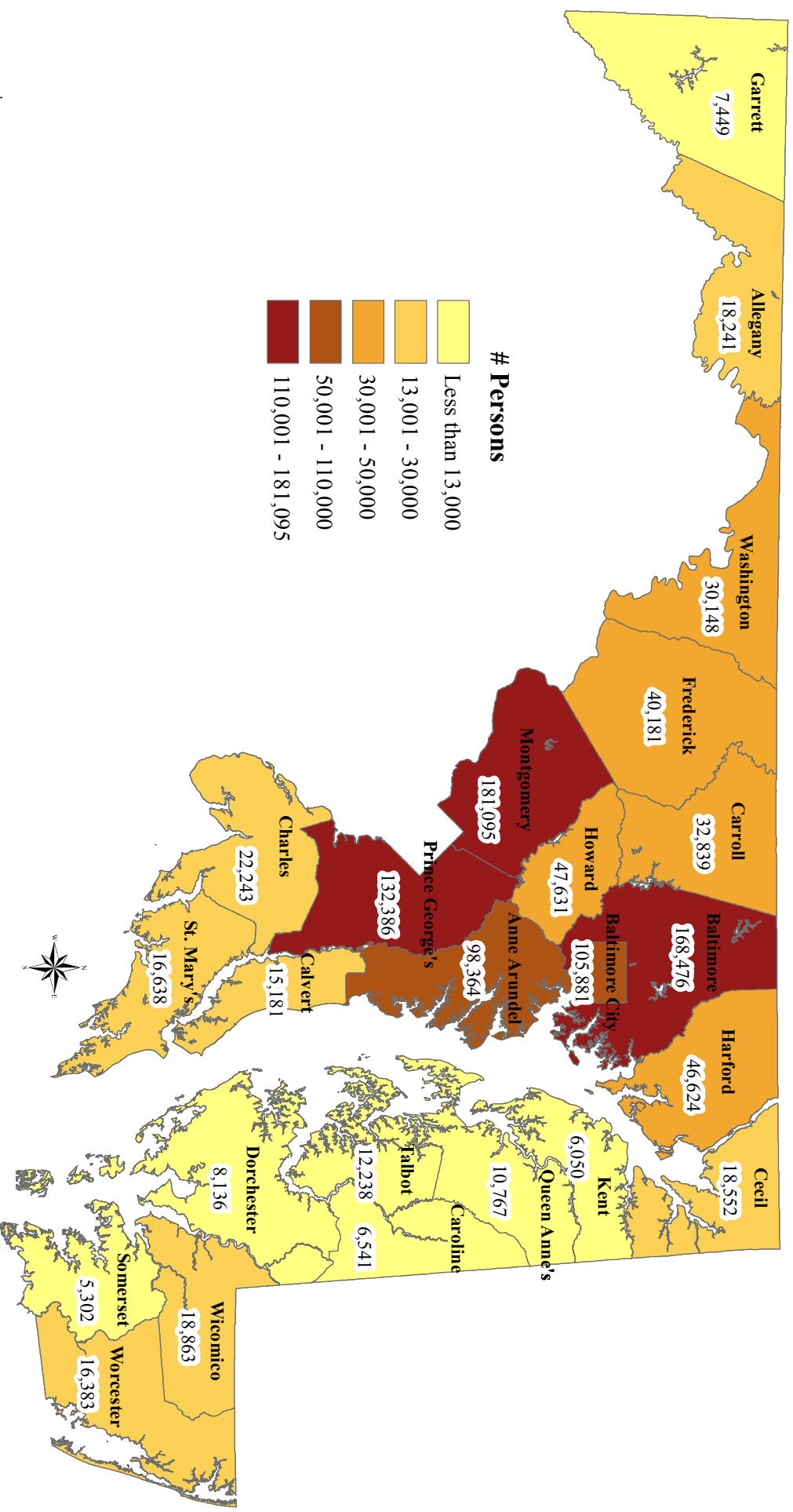
DEMOGRAPHICS

Maryland's 2010 Population, Selected Age Groups

	Total: Persons	60+	65+	75+	85+
Allegany Co.	75,087	18,058	13,402	6,596	1,959
Anne Arundel Co.	537,656	94,441	63,664	26,811	7,490
Baltimore City	620,961	103,740	72,812	34,260	10,350
Baltimore Co.	805,029	164,175	117,476	61,006	20,681
Calvert Co.	88,737	14,466	9,683	4,081	1,178
Caroline Co.	33,066	6,307	4,413	1,967	571
Carroll Co.	167,134	31,561	21,809	9,914	3,020
Cecil Co.	101,108	17,789	11,875	4,986	1,343
Charles Co.	146,551	20,983	13,852	5,294	1,417
Dorchester Co.	32,618	7,995	5,771	2,585	756
Frederick Co.	233,385	38,281	25,914	11,854	3,757
Garrett Co.	30,097	7,284	5,231	2,243	647
Harford Co.	244,826	44,734	30,564	13,168	3,572
Howard Co.	287,085	44,638	29,045	11,429	3,152
Kent Co.	20,197	5,885	4,397	2,097	663
Montgomery Co.	971,777	172,923	119,769	57,228	19,431
Prince George's Co.	863,420	125,382	81,513	31,413	8,288
Queen Anne's Co.	47,798	10,198	7,141	2,876	741
St. Mary's Co.	105,151	15,848	10,781	4,479	1,285
Somerset Co.	26,470	5,151	3,660	1,631	458
Talbot Co.	37,782	11,860	8,958	4,064	1,248
Washington Co.	147,430	29,352	21,104	10,135	3,059
Wicomico Co.	98,733	18,211	12,847	5,981	1,771
Worcester Co.	51,454	16,159	11,961	5,187	1,289
Total	5,773,552	1,025,421	707,642	321,285	98,126

Source: U.S. Census 2010; MD Department of Planning. Rounding may affect totals.

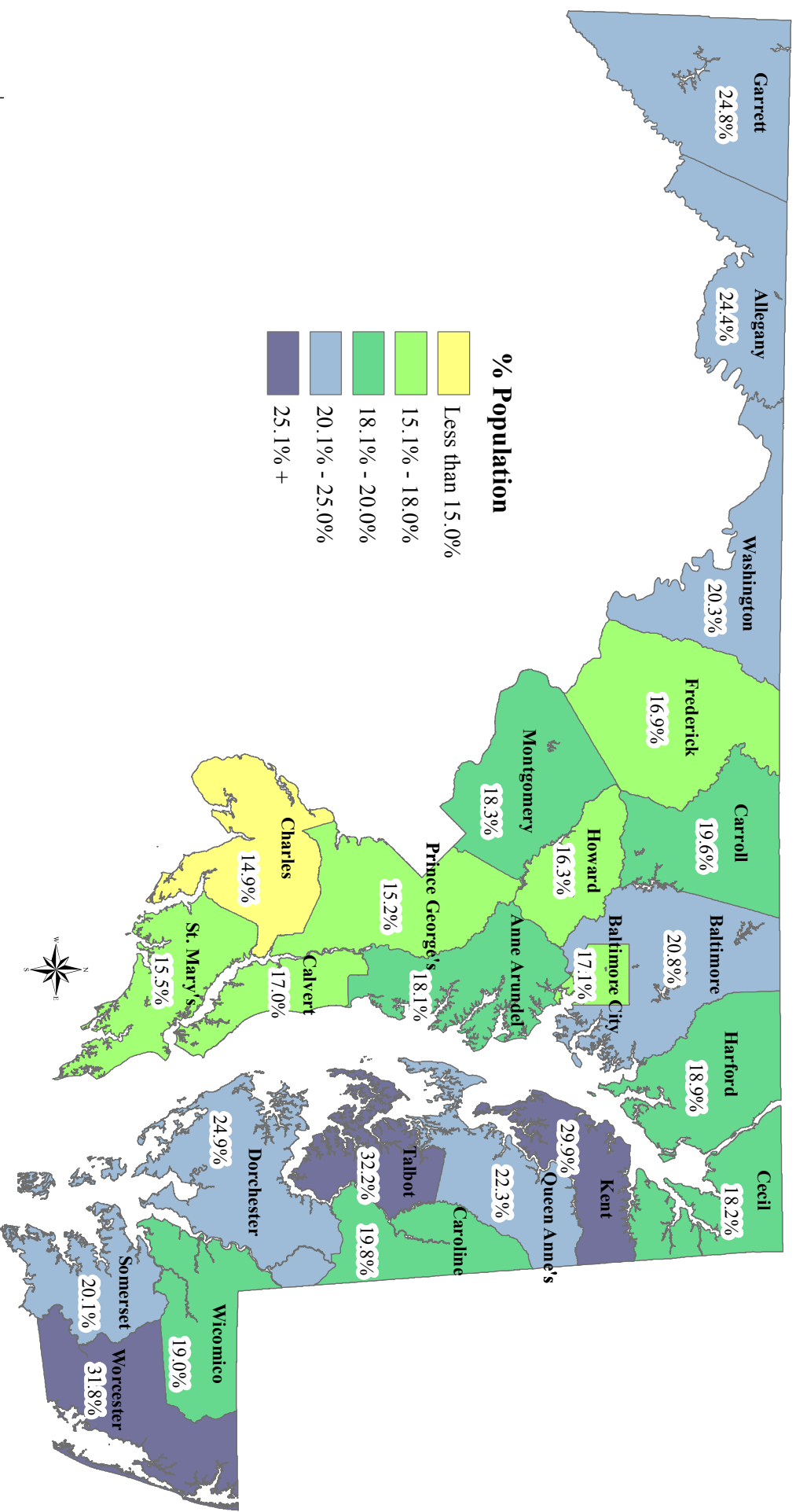
2011 Estimates of Persons 60 and Older for Maryland's Jurisdictions



Source: U.S. Census Bureau, Population Division

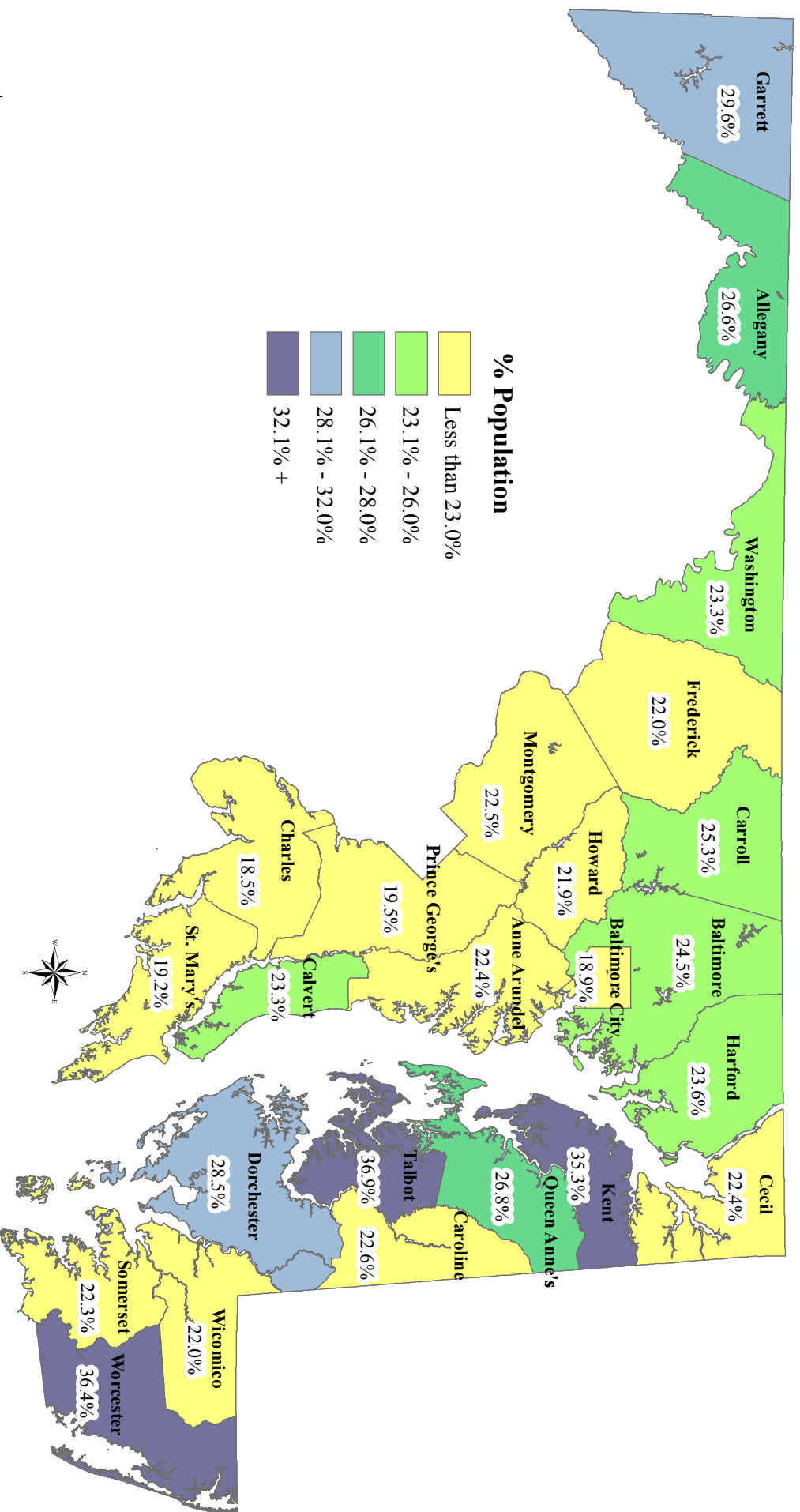
Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

2011 Estimates of Percent Population 60 and Older for Maryland's Jurisdictions



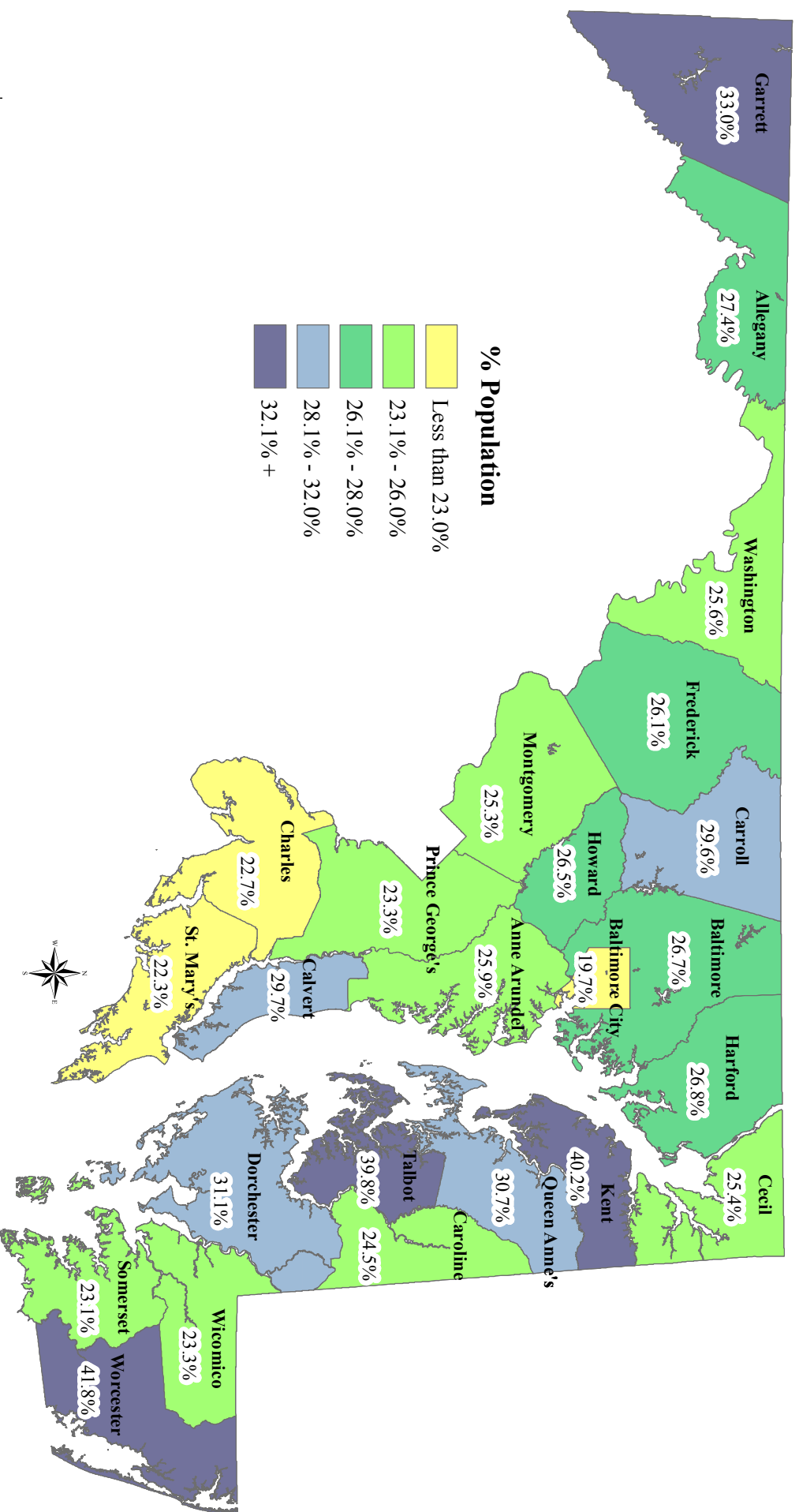
Source: U.S. Census Bureau, Population Division
 Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

2020 Projected Percent Population 60 and Older for Maryland's Jurisdictions



Source: Projections from the Maryland Department of Planning.
Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

2030 Projected Percent Population 60 and Older for Maryland's Jurisdictions



Source: Projections from the Maryland Department of Planning.
Map prepared for the Maryland Department of Aging by the Maryland Department of Planning



Department of Aging

Accomplishments



ACCOMPLISHMENTS

Charitable Giving: The staff of the Maryland Department of Aging (MDoA) has a proud history of helping those in need, as it is perennially among the State's leaders in giving to the Maryland Charity Campaign (MCC). The campaign, a statewide program in which State employees support local charities with one-time contributions or payroll deductions, has previously recognized MDoA for having the highest participation rate among all State agencies, and 2012 was no different. MDoA raised just under \$20,000 for the MCC this past fall, eclipsing the previous year's total by nearly two thousand dollars. In addition, MDoA entered a team in the 2012 Walk to End Alzheimer's, raising more than \$3,000 for dementia research and increasing awareness among the aging network.

Chronic Disease Management: The Living Well Program (Chronic Disease Self Management Program) is offered statewide and is a key component of Affordable Care Act initiatives to reduce health care costs, as attendance by persons with chronic diseases has been linked to reduced emergency room visits and improved quality of life. In FY2012, there were 100 workshops offered and 944 participants. The Living Well Program is now supplemented by Living Well with Diabetes, Living Well with Chronic Pain, and Living Well with Arthritis workshops, thanks to a new \$1.05 million grant which runs through 2015. Overall, since 2006, there have been over 3,500 workshop participants and 350 workshops.

Eastern Shore Relief Mission: In the aftermath of the hurricane that eventually came to be known as "Superstorm Sandy," word reached MDoA offices in Baltimore that there were older Marylanders in need of basic household items and existing under dire circumstances, even as the national media focused their attention on the much harder hit states to the North. MDoA Secretary Gloria Lawlah asked her staff to donate non-perishable goods for those in need and the office responded with a sizable contribution, including blankets, food and laundry detergent. The Secretary and four other staff members drove from MDoA's office in Baltimore to meet with members of the Lower Eastern Shore's area agency on aging, MAC, Inc., in Somerset County, Maryland. Together, they spent the day delivering packages with the donated items to families and individuals in Crisfield and throughout Somerset County.

Innovations in Aging Expo 2012: MDoA was the lead convener, with the DC Office on Aging, and the Virginia Department of Aging, of the first-of-its-kind "Innovations in Aging Expo 2012" at the Gaylord National Conference Center in National Harbor, May 3-5, 2012. This unprecedented collaboration between neighboring states attracted more than 5,000 people over three days. Among the attendees were baby boomers, older adults and their families, caregivers, veterans, adults with disabilities, and the professionals who serve them within federal and state government agencies, for profit and not for profit organizations, business and trade associations,

ACCOMPLISHMENTS

national and local aging advocacy organizations, and more. The job fair drew more than 1,000 job seekers from the tri-state area alone. The two-day professional conference had 350 registrants and the consumer expo fielded 85 exhibitors. Feedback was almost universally positive, with many asking when the next Innovations in Aging will take place. Tentatively, the event is planning on a 2014 return.

Long Term Care Ombudsman Program: The Long Term Care Ombudsman Program has strengthened its capacity to protect the rights of Maryland's 47,000 residents of nursing homes and assisted living facilities. Recommendations from a 2009 ombudsman study have guided program improvements, including: 2010 legislation ensuring consistency with the Older American's Act, elevation of the State Ombudsman position within MDoA, revision of the allocation schedule to ensure consistent access to ombudsmen across the state, expansion of the ombudsman volunteer program from 98 to 122, and an increase in preventive activities from FY11 – FY 12. Ombudsmen have also served as Patient Care Ombudsmen in seven facility bankruptcies, monitoring and reporting to the court on the quality of care provided during the bankruptcy.

Long Term Care Reform: MDoA administers a number of programs and Affordable Care Act grant-funded initiatives that are contributing to the State's efforts to restructure its long term care system from a traditional facility-based system to a person-centered, community-based system. By giving consumers more control over where they receive care and who provides care, we are building a better quality system that saves money and enables seniors and people with disabilities to age in place. Additionally, Long Term Care reform initiatives within the State are creating a demand for jobs in the health care sector and serve as incubators for small business development. As Maryland overhauls its long-term care system, this demand will increase significantly.

Maryland Access Point: The Maryland Access Point (MAP) program is part of a national initiative to make it easier for individuals seeking long term care to access services and information. The program has been successful in bringing federal grants into the state, including the September 2012 award of \$3.2 million to develop an enhanced options counseling protocol. The number of local MAP sites increased from 16 to 20, providing statewide access. The MAP program is a critical element in Maryland's long term care restructuring vision to support diversion from high-cost institutions to community-based settings for individuals at high risk of nursing home placement and Medicaid spenddown. The MAP program and the MAP website, a web-based resource directory, are requirements for Maryland's efforts to seek additional federal funding.

ACCOMPLISHMENTS

Maryland Medicare Part D Phone-A-Thons: In 2006, the Medicare Part D prescription drug program began, resulting in an aggressive push to enroll people in the federal health insurance program. For the third year, MDoA's Senior Health Insurance Assistance Program (SHIP) partnered with Baltimore's CBS affiliate, WJZ-TV Channel 13, for a live, televised Phone-A-Thon to promote the annual Open Enrollment period for Medicare plans. Similarly, a Phone-A-Thon aired in the Washington, DC suburban television market on WUSA-9 for the past two years. The goal of the Phone-A-Thons is to encourage beneficiaries who need help making their decisions about coverage to seek assistance through their local SHIP program. Approximately 2,175 seniors were reached through the two phone-a-thons in 2012, as well as with several national efforts in the DC Metro and Baltimore Metro regions. These events enabled the formation of an unprecedented partnerships with sister offices in the District and Virginia.

Medicaid Waiver for Older Adults: The Medicaid Waiver for Older Adults (WOA) provides services and other long-term supports to low-income individuals, aged 50 and older, who would otherwise reside in nursing homes. Since 2007, the Waiver program has increased its active participant enrollment by 1,000 and provider enrollment by 1,050. Among the service providers are independent caregivers and businesses of various sizes employing Maryland citizens and supporting the local and State economies. Waiver and new long term support community-based service programs provide a significant opportunity for new business and job growth.

Oral Health: MDoA has used Senior Center Operating Funds to encourage the development of senior center-based oral health initiatives. By starting small oral health programs around the State and collaborating with DHMH on the needs assessment, MDoA hopes to raise awareness about the shortage of oral health services for low-income older adults, demonstrate best practices, and gather data to support the development of new resources to meet the oral health needs of seniors. Currently, most dental expenses for persons aged 65 and older are paid for out-of-pocket, leaving many low-income older adults without access to even routine dental screening. Untreated dental disease can have serious consequences, as older adults suffer a disproportionate amount of oral health problems that place them at risk for more serious health conditions.

ACCOMPLISHMENTS

Senior Nutrition: Nearly 2.4 million meals were served in FY2013 to approximately 37,870 seniors statewide, including shelf-stable meals provided to those who lost power following the derecho and in advance of Hurricane Sandy. Overall, the need for home-delivered meals is increasing, requiring increased innovations such as growing and training more volunteers and improving cost efficiencies.

Veterans Administration: During 2012, MDoA implemented the Veteran Directed Home and Community Based Services Program (VDHCBSP), which allows veterans to hire their own personal care attendants and determine what services and supports are most needed to assist them to live independently at home. The program, a partnership between MDoA and the federal Veterans Administration, enrolled its first veterans in Baltimore County this year and will expand to six additional counties in calendar year 2013 to enroll approximately 70 veterans.

MDoA in Action



Innovations in Aging was a bold collaboration between Maryland, Washington, DC and Virginia to present a picture of what it will be like to age in the 21st century and beyond.

The Gaylord Conference Center at National Harbor in Prince George's County served as the venue, with five thousand people taking part during the three-day event.



The Job Fair alone drew a thousand people to Innovations in Aging, and the professional conference added 350 more for the latest information and trends in the aging field.



MDoA in Action



MDoA in Action



Crisfield Storm Relief

Secretary of Aging Gloria Lawlah led a group of MDoA staff from Baltimore to assist older Marylanders on the Eastern Shore who had been hit hard by Hurricane Sandy. The good folks from MAC, Inc., the Eastern Shore's Area Agency on Aging, helped MDoA deliver scores of bags to those in need in Somerset County.



Department of Aging

Grants



GRANTS

Affordable Care Act

Maryland Department of Aging (MDoA) has received more than \$8 million in grants to help seniors and individuals with disabilities and caregivers better understand and navigate their health and long term care options.

The grants have been made possible by federal initiatives for community living including the *Affordable Care Act*, signed into law by President Obama on March 23, 2010. Maryland's grant awards complement the President's highly successful *Community Living Initiative* which focuses on better servicing those individuals with disabilities who need ongoing services and support programs in the community. MDoA, in partnership with other state agencies and local partners administers the funds that will reach communities across the state through three key programs designed to support choice, independence and dignity:

- **Medicare Outreach and Assistance in Low Income Programs and Prevention --** provides outreach and assistance to Medicare beneficiaries on their benefits, including client education and enrollment in the Qualified Medicare Beneficiary Program, Specified Low-Income Medicare Beneficiary Program, Part D Low- Income Subsidy Program; coverage for preventive services; and additional federal assistance for individuals who fall into the Medicare Part D "donut hole."
Funding Source: U.S. Administration on Aging (AoA)
Project Period: September 30, 2010 – September 30, 2012
Amount: \$595,551
- **Enhanced ADRC Options Counseling Grant** – the Enhanced ADRC Options Counseling grant will strengthen Aging and Disability Resource Centers (ADRCs) – known within the State as Maryland Access Point (MAP), by building their capacity to provide options counseling to individuals seeking information and assistance on long term supports and services, developing sustainable funding systems for the Options Counseling and integrating the MAP program and Options Counseling into other state initiatives to shift the cost of long term care services from institutional settings to community settings in which an individual can live independently . Options counseling programs help people understand, evaluate, and manage the full range of long term services and supports available in their community.
Funding Source: Administration for Community Living (ACL)
Project Period: October 1, 2012 – September 30, 2015
Amount: \$2,300,000

GRANTS

- **Evidence-Based Care Transition --** will help older persons or persons with disabilities remain in their own homes after a hospital, rehabilitation or skilled nursing facility stay, breaking the cycle of readmission to the hospital that occurs when an individual is discharged into the community without the social services and supports they need. This program supports frail adults in the community by providing a Guided Care Nurse that works with the individual upon hospital discharge to assist the individual to remain stable in the community. The program has demonstrated savings as a result of reductions in readmission, emergency admissions and other acute episodes. The program is a collaboration between MDoA, the Baltimore City MAP and the Johns Hopkins Community Physicians Practice.

Funding Source: AoA

Project Period: September 30, 2010 – September 2013

Amount: \$400,000

- **Chronic Disease Self Management Education (CDSME) --** The goal of CDSME is to enable seniors, caregivers and adults with disabilities to have easy access to evidence-based self management programs which have been proven to reduce rates of disability, improve mental and cognitive function, and lower health care costs.

Key objectives include: joint coordination with DHMH, integration within Long Term Services and Supports (MAP) and provide this evidence-based program to at least 5,000 persons statewide.

Proposal objectives are to:

- 1) address unmet need for CDSME and reduce health disparities;
- 2) improve quality assurance of CDSME programs to assure financial sustainability; and
- 3) create an evidence base for reduction of healthcare costs.

Funding Source:

Administration on Aging/Administration on Community Living

Project Period: 9/2012-8/2015

Amount: \$1.05 million

Money Follows the Person Demonstration Project

Medicaid Waiver for Older Adults/Money Follows the Person: Under an agreement with DHMH, MDoA has played a significant leadership role in implementing the federal "Money Follows the Person" initiative, coordinating efforts of local offices on aging to provide education and application assistance to nursing home residents throughout the State and transitional case management services to facilitate their return to community living. Since 2008, 1,150 persons

GRANTS

have transitioned from institutional facilities into community-based long term supports and services, including 494 who have enrolled in the Medicaid Waiver for Older Adults.

Funding Source: DHMH

Project Period: July 1, 2010 – December 30, 2012

Amount: \$3,000,000

Person Centered Hospital Discharge Grant

In June 2009, CMS awarded the a thirty-nine month grant to develop two new MAP sites and to develop a pilot program to target hospital patients at high risk of being discharged to a long term nursing home placement and to provide those patients expanded counseling and services that will support their being discharged to the community. Two new MAP sites will be added in the AAAs serving Carroll, Wicomico, and Somerset Counties. These two AAA sites and an additional four MAP sites (Worcester, Howard, Washington and Anne Arundel) are participating in developing the Person Centered Hospital Discharge pilot. The program is operational in two counties and will be implemented in another four counties in 2011.

Funding Source: CMS

Project Period: October 1, 2009 – June 30, 2013

Amount: \$1,100,000

Senior Community Service Employment Program (SCSEP)

SCSEP provides training and employment assistance to eligible older workers through participating 501(c)(3) non-profit agencies or government entities (Host Agencies) that provide a community service to the general or senior populations. While in SCSEP, qualified older workers update and enhance their skills through opportunities for training provided by their Host Agencies. A federal grant from the U.S. Department of Labor and authorized under Title V of the Older Americans Act pays for participants to work 20 hours per week in positions that provide workers with the experience and skills to find unsubsidized employment. The goal of the program is to enhance employment opportunities for older workers and to promote older workers as a solution for businesses seeking a trained, qualified, and reliable workforce.

Funding Source: U.S. Department of Labor as authorized under Title V of the OAA

Project Period: Annually

Amount: \$1,567,038

Senior Health Insurance Assistance Program

MDoA's Senior Health Insurance Assistance Program (SHIP), has been in operation since 1987, and has been designated by the Governor as the agency to receive funds under the Health Insurance Information, Counseling, and Assistance Grants Program (Section 4360 of the Omnibus Reconciliation Act of 1990, P.L.101-508).

The mission of Maryland SHIP is to offer locally-based assistance and counseling for problems Medicare beneficiaries encounter regarding health insurance. In fulfilling the mission, SHIP

GRANTS

provides services, using trained volunteer counselors, in five general areas: (1) health insurance claims assistance and problem resolution to Medicare beneficiaries and/or their caregivers regarding Medicare, Medicare Part D Prescription Drug Plans, Medicare supplements, Medicaid programs, managed care plans, and long term care insurance; (2) information and assistance to Medicare beneficiaries and/or their caregivers in selecting appropriate health insurance products; (3) public education activities, printed materials, and media coverage on health insurance issues; (4) referrals and assistance to other appropriate community services and to governmental organizations; and (5) assistance with health insurance claims, reconsiderations, grievances and appeals.

SHIP funds are granted to all 19 AAAs to operate the program at the local level. The Maryland SHIP is a volunteer-based program, using approximately 135 trained volunteers as counselors or in support positions.

Funding Source: CMS

Project Period: Renewed Annually

Amount: \$666,003

Senior Medicare Patrol (SMP)

In June 1997, MDoA received a federal grant from AoA to develop a project to curb Medicare and Medicaid fraud, waste, abuse, and errors. This grant is part of a nationwide initiative called Senior Medicare Patrol (SMP).

The purpose of the SMP project is to reduce the amount of federal and State funds lost due to health insurance fraud by increasing the public's ability to detect and report possible fraud, waste, abuse or errors. SMP has been successful in recruiting and training retiree volunteers to act as health insurance educators. One hundred and forty-two volunteers were involved in SMP activities in 2011. Activities included public speaking engagements and instructing Medicare beneficiaries in monitoring health care expenditures and identifying potential discrepancies.

MDoA collaborates with partners at the local AAAs, the Rural Maryland Council, Maryland Insurance Administration, Maryland Attorney General's Office, AARP, and other state and private agencies to identify, recruit and train SMP volunteers who educate the hard-to-reach populations of Maryland in fraud prevention, detection and reporting. Currently, there are 13 AAAs operating an SMP project: Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery, Prince George's, Upper Shore Aging (Kent, Caroline and Talbot), Frederick, St. Mary's, MAC, Inc. (Dorchester, Somerset, Wicomico, and Worcester), Queen Anne's counties, and Baltimore City.

Funding Source: AoA

Project Period: Renewed Annually

Amount: \$300,000 Renewed Annually



Department of Aging

Community Services



COMMUNITY SERVICES

Health Promotion and Disease Prevention

Program Description: These programs support federal and state efforts to fulfill the objectives of the Affordable Care Act, by supporting preventive programs promoting health and fitness. Many Maryland Access Points offer Chronic Disease Self Management Programs, which are evidence-based programs that enable adults to manage their chronic conditions while avoiding hospitalizations. Area Agencies on Aging also offer a variety of additional programs, which increase independence for seniors by providing education and services to promote overall health, physical fitness and mental acuity. Health educational sessions on current health topics as well as fitness activities include dance, exercise and fitness centers. Health screening may be offered, which includes cholesterol, high blood pressure, osteoporosis and diabetes testing and medication management programs provide access to nurses or pharmacists. Health services may include services such as pain management, art therapy and flu shots.

“Stuart and I joined the senior center five weeks ago, and we have been coming and working out five days a week ever since. We spend an hour or so a day and can feel ourselves moving better. Everyone is friendly and has a positive outlook for the center.”

Program Eligibility Criteria: Eligible individuals are those who are age 60 and over. In accordance with the Older Americans Act, there are no income or asset restrictions but preference is given to serving older individuals with the greatest social and economic need.

Eligibility Individual Couple	Monthly Income Test None	Annual Asset Test None	Notes: There are many types of classes for people of all abilities, including those with arthritis and other physical or medical problems.
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Program Data	FY 2012 (Actual)	FY 2013 (Est)	FY 2014 (Est.)
Health Screening Sessions	51,302	51,302	51,302
Health Education Sessions	18,298	18,298	18,298
Physical Fitness & Exercise Sessions	192,583	192,583	192,583
Health Services	24,127	24,127	24,127
Medication Management sessions	2,254	2,254	2,254
Number of Participants	50,657	50,657	50,657

Program Funding	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$ 359,750	\$ 361,155	\$ 361,155
State	\$ 25,000	\$ 25,000	\$ 25,000
Local Contributions/Program Income	\$ 82,427	\$ 109,869	\$ 109,869
Total	\$ 467,177	\$ 496,024	\$496,024

CONTACT PERSON: Judy Simon, Program Manager 410-767-1090, JSimon@ooa.state.md.us

COMMUNITY SERVICES

Senior Centers

Program Description: Senior Centers serve as focal points in the community for education, recreation, socialization, nutrition and health promotion to improve older Marylanders' quality of life. The centers are also points of contact for seniors and their families to obtain information about services and supports. Capital improvement funds are available to local governments to supplement the costs of new construction, conversions, renovations, acquisitions and capital equipment needed to develop senior centers. Limited operating funds are also available to senior centers on a competitive basis to encourage innovative programming.

Maryland Senior Centers benefit from the Senior Center Operating Fund grant enabling centers to provide new health promotion programs, purchase exercise equipment and develop innovative social programs. Montgomery County was one of the beneficiaries of the Grant. At the Gaithersburg Senior Center, 44 low-income seniors took part in an oral health pilot program where they received screenings and learned about proper oral hygiene. For older adults who needed additional dental services, treatments were available at a significantly reduced cost. Since Medicare does not cover routine dental visits, many seniors are unable to have access to adequate dental care. Good oral hygiene improves many aspects of health and wellbeing and lowers future healthcare costs. Multiple other senior centers are looking to replicate the success of Gaithersburg through the Senior Center Operating Fund in FY 2013.

Program Eligibility Criteria

Senior Center Capital Improvement Funds: Title 10, Subtitle 5 of the MD Human Services Article limits each grant to a maximum of \$800,000. State funds must be matched by non-State funds on a dollar-for-dollar basis (in-kind matches are not permitted).

Senior Center Operating Funds: Title 10, Subtitle 5 of the MD Human Services Article enables the Department to award \$500,000 to local area agencies on aging to support innovative senior center programming and operations. At least half of the funds must go towards economically distressed jurisdictions.

Program Data	FY 2012 (Actual)	FY 2013 (Actual)	FY 2014 (Est.)
Total Senior Centers	111	114	115
Capital Improvement Program			
Total Projects	0	2	1
Senior Center Operating Fund (SCOF) Grant Program			
Seniors Benefiting from SCOF	2,412	4,804	5,200

Capital Funds	FY 2012 (Actual)	FY 2013 (Actual)	FY 2014 (Est.)
State	0	950,000	800,000
Operating Funds			
State	500,000	500,000	500,000

CONTACT PERSON: Andrew Ross, Program Manager, 410-767-2116, ARoss@oa.state.md.us

COMMUNITY SERVICES

Senior Community Service Employment Program

Program Description: The Senior Community Service Employment Program (SCSEP) provides training and employment assistance to eligible workers 55 years and older through participating 501(c)(3) non-profit agencies or government entities (host agencies) that provide a community service. The program enables qualified older workers to update and enhance their skills through training provided by their host agencies. Participants receive a minimum stipend (\$7.25/hr.) for 20 hours of training per week, paid through a federal grant from the U.S. Department of Labor (DOL) and authorized under Title V of the Older Americans Act. In return for furnishing supervision, instruction and training to the participants, the host agencies also reap the benefits of services performed by the participants. Ultimately, participants are placed in permanent employment at the prevailing wage either with their host agency or with a non-profit, government or private sector employer.

In May 2012, the SCSEP program provided email set-up and career development support at the Innovations in Aging Expo Job Fair, held at the Gaylord National Harbor Resort and Conference Center. Employment specialists and support staff provided resume critiques and assisted mature workers with establishing a positive internet presence by setting up personal email accounts to facilitate more effective job searches and follow-up. Over 1000 Marylanders attended the job fair and SCSEP was able to target, by county, those people who may be eligible for SCSEP training opportunities, mostly in Southern Maryland and Upper Eastern Shore. The cross-referencing added a new and innovative dynamic to program marketing and recruitment, allowing staff to interact with potential enrollees in a wider job fair setting with access to workshops and one-on-one job counseling. From this one event, over 70 SCSEP eligible persons were identified and received follow-up assistance locally, either through enrollment or referral for support services available at the One-Stop System provided by the Department of Labor, Licensing, and Regulation.

Program Eligibility Criteria: Eligible participants are those who are unemployed, meet the income test, are 55 years of age or older and in need of employment and training assistance.

Eligibility	Annual Income Test	Annual Asset Test	Notes:
Individual	\$13,963		
Couple	\$18,920	N/A	For families with more than 8 persons, add \$3,740 for each additional person.

Program Data:	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Number of Training Positions	127	126	123
Number of Participants Trained	174	150	148
Program Funding:	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Federal	1,231,602	1,223,713	1,194,577
State	302,006	249,276	243,276
Total	1,533,608	1,472,989	1,437,918

CONTACT PERSON:

Amera Bilal, Program Manager, 410-767-1267, abilal@ooa.state.md.us

COMMUNITY SERVICES

Senior Nutrition – Congregate Meals

Program Description: March 2012 marks the 40th anniversary of the inception of the federally-authorized Congregate Meals Program. This vital program provides meals and related nutrition services to older individuals in a variety of settings including congregate facilities such as senior centers. Our statewide group dining programs provide social interactions, avoid isolation, and help older individuals to remain independent in their communities. Menus meet the cultural and dietary needs of the population served, including standards that require meals to meet the Dietary Guidelines for Americans (low salt and low sugar). There are approximately 260 meal sites across the State of Maryland.

“Dear Nutrition Center: I wish to thank you for being there, caring and cooking a wholesome meal, not only for my mother, but other elderly people as well. My mother is 91, lives alone and has very poor eyesight. It is satisfying to me that this program is such that she is picked up each noon, and taken to the center for a wholesome meal and a social hour with friends and neighbors. This gives her a time away from home and breaks up her day. It also means someone is checking up on her each day and that relieves my mind knowing someone will be knocking on her door and be of help if needed.

Program Eligibility Criteria: Eligible individuals are those who are age 60 or older. In accordance with the Older Americans Act, there are no income or asset restrictions, but preference is given to serving older individuals with the greatest social and economic need and those at risk for institutional placement.

Eligibility	Monthly Income Test	Annual Asset Test	Notes:
Individual	None	None	Spouses and disabled dependents of any age are able to receive meals when they accompany an eligible individual.

Program Data	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Number of Meals	1,208,320	1,208,320	1,208,320
Number of People Receiving Meals	32,058	32,058	32,058
Number of Volunteers	2,565	2,565	2,565

Program Funding	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$ 5,652,887	\$ 6,520,540	\$ 6,520,540
State	\$ 1,849,126	\$ 1,849,126	\$ 1,849,126
Local Contributions	\$ 1,348,845	\$ 2,239,271	\$ 2,239,271
Total	\$ 8,850,858	\$ 10,608,937	\$ 10,608,937

CONTACT PERSON: Judy Simon, Program Manager, 410-767-1090, JSimon@ooa.state.md.us



Department of Aging

Long Term Supports and Services



LONG TERM SUPPORTS and SERVICES

Congregate Housing Services Program (CHSP)

Program Description: The Congregate Housing Services Program is a level of housing between independent living and institutionalization which combines shelter with daily meals, weekly housekeeping and/or laundry, personal assistance as needed and service management. It provides assistance with activities of daily living to frail older persons who require help in performing personal and household functions. The Congregate Housing Services Program is offered in senior citizen apartment buildings, which serve low- and moderate-income residents and may be operated by local housing authorities, non-profit organizations or housing management companies. Average length of stay is 3.1 years. Average cost/year \$2,259 or \$188 per month.

Two years ago, Mr. S. moved to the Edwards building in Silver Spring, MD, directly from a rehabilitation facility, because of his tendency to fall and due to his inability to self administer his own medications. At the time he moved here, his mobility was greatly impaired. He used a walker, and for long distances a wheelchair. Through the Congregate Housing Services Program, Mr. S. is now on the medication administration program. He also benefits from weekly housecleaning and laundry services because these are duties he is no longer able to do on his own. Over the past two years, Mr. S. has had weekly exercise in our fitness center, received home visits of physical therapy through our site-based physical therapy office, enjoyed daily nutritious meals through the Congregate Housing Services Program, which helps him to better manage his diabetes, and benefited from daily medication administration. Mr. S. now walks without a walker. He has also lost weight due to more nutritious meals, is very active in our resident council, and has taken the leadership role in other resident-related activities such as welcoming new residents in our dining room. He is an integral part of our Building Liaison resident team.

Program Eligibility Criteria: Eligible residents are those who: are at least 62 years of age; physically or mentally impaired; need assistance with one or more of the essential activities of daily living; need one or more congregate housing services available in the facility; and be able to function in the facility if provided with those services. In addition, the spouse of a participant may also receive services, provided the spouse is at least 55 years old and meets program eligibility criteria.

Eligibility	Monthly Income Test	Annual Asset Test	Notes: Subsidies are provided to eligible participants who are age 62 and older, and whose net monthly income is insufficient to pay the full monthly fee for CHSP services.
Individual	\$ 2,652	\$ 27,375	
Couple	\$ 3,505	\$ 35,587	

Unmet Need: There are 129 seniors on the waiting list and 25 facilities interested in starting a CHSP.

Program Data	FY 2012 Actual	FY 2013(Est.)	FY 2014 (Est.)
Number of Residents Receiving Services	665	600	600
Number of Buildings Receiving Services	25	25	25
Program Funding	FY 2012 Actual	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$888,592	\$789,446	\$789,446
State	\$1,501,972	\$1,501,972	\$1,501,972
Local Contributions	\$480,366	\$424,494	\$424,494
Total	\$2,870,930	2,715,912	2,715,912

CONTACT PERSON: Janice MacGregor, Contract Administrator, 410-767-1087, jlm@ooa.state.md.us

LONG TERM SUPPORTS and SERVICES

Continuing Care Retirement Communities

Continuing Care at Home

Program Description: The Continuing Care Act authorizes MDoA to regulate Continuing Care Retirement Communities (CCRCs) and Continuing Care at Home (CCAH) programs. MDoA issues a certificate of registration based on a review of organizational, financial and contractual documents and provides information to the public.

CCRCs are specific types of retirement housing that offer a combination of housing and services. The services include access to medical and nursing services or other health-related benefits to individuals who have paid entrance fees and signed contracts for more than one year and usually for life. Health-related benefits may include full coverage of assisted living or nursing care in an on-site health care center at no additional fee, or may be limited to priority admission to the health care center, with additional fee-for-service charges. The scope of services varies among CCRCs. These services are offered under a written continuing care agreement that requires payment of an entrance fee and monthly fees.

CCAH offers a variety of services to individuals who remain in their own homes. Services include care coordination, home inspections by an occupational therapist, assistance with activities of daily living, routine assisted living services, routine comprehensive care services and assistance with home maintenance. These services are offered under a written agreement that requires payment of an entrance fee and monthly fees.

Mr. and Mrs. B. retired to Winchester, Virginia after having been Maryland residents for most of their lives. There came a time when they decided they wanted to move back to Maryland to live closer to their only daughter. They wanted to live in a CCRC but didn't know where to start their research. Their financial planner had them call the Maryland Department of Aging where they discussed their specific needs and requirements. Neither Mr. nor Mrs. B understood the difference between the types of CCRCs and were asked to access the Department's website where they could receive information on continuing care in Maryland and a list of the different CCRCs. Once they were able to determine where they wanted to live, they were provided websites for specific CCRCs where they can could receive additional information such as entrance fees, monthly fees, and most important, the pet policy. After visiting several CCRCs and comparing the prices, amenities, and pet policies, they chose their new home in a Baltimore County CCRC which was very close to their daughter. They chose an apartment rather than a cottage that provided everything under one roof, one meal a day, and access to the full continuum of care, if needed. The CCRC also allowed their cat to make the move.

Program Data	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Special Funds	\$ 361,972	\$ 364,498	\$ 421,823

Contact Person:

Martha C. Roach, Chief, Continuing Care, (410) 767-1067, mroach@ooa.state.md.us

CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)

Registered Units by Type and Level of Care

				*	**	***
#	CCRCs (OPERATING)	County	TOTAL	ILU	AL	COMP
1	Ginger Cove	Anne Arundel	56	30	21	5
2	BayWoods of Annapolis	Anne Arundel	474	365	65	44
3	Church Home	Baltimore City	278	166	41	71
4	Roland Park Place	Baltimore City	349	243	51	55
5	Wesley Home	Baltimore City	1	0	0	1
6	Augsburg Lutheran Home	Baltimore County	398	398	0	0
7	Augsburg Lutheran Village	Baltimore County	292	222	26	44
8	Blakehurst	Baltimore County	50	40	5	5
9	Broadmead	Baltimore County	356	251	26	79
10	Charlestown	Baltimore County	135	32	21	82
11	Edenwald	Baltimore County	192	147	39	6
12	Glen Meadows	Baltimore County	32	0	32	0
13	Maryland Masonic Homes	Baltimore County	187	0	64	123
14	Mercy Ridge	Baltimore County	457	408	49	0
15	North Oaks	Baltimore County	138	138	0	0
16	Oak Crest Village	Baltimore County	345	277	24	44
17	Pickersgill Inc.	Baltimore County	1,848	1,477	164	207
18	Presbyterian Home	Baltimore County	455	288	88	79
19	Asbury~Solomons Island	Calvert	280	201	48	31
20	Carroll Lutheran Village	Carroll	230	32	110	88
21	Fairhaven	Carroll	231	181	13	37
22	Buckingham's Choice	Frederick	1,858	1,525	133	200
23	Frederick Home	Frederick	173	0	138	35
24	Goodwill Retirement Village	Garrett	52	0	30	22
25	Vantage House	Howard	378	300	30	48
26	Heron Pt. of Chestertown	Kent	428	314	35	79
27	Asbury Methodist Village	Montgomery	29	0	29	0
28	Bedford Court	Montgomery	275	192	45	38
29	Brooke Grove	Montgomery	304	217	45	42
30	Ingleside at King Farm	Montgomery	1,307	858	164	285
31	Maplewood Park Place	Montgomery	354	218	76	60
32	National Lutheran Home	Montgomery	318	246	46	26
33	Friends House Retirement Community	Montgomery	267	207	29	31
34	Collington	Prince George's	354	144	50	160
35	Riderwood Village, Inc.	Prince George's/Montgomery	2,310	1,948	230	132
36	William Hill Manor	Talbot	299	121	88	90
37	Diakon - Maryland (Ravenwood & Robinwood)	Washington	292	69	139	84
38	Fahrney-Keedy	Washington	117	65	32	20
39	Homewood at Williamsport	Washington	221	221	0	0
TOTAL UNITS:			16,120	11,541	2,226	2,353

TOTAL COMMUNITIES: 38

TOTAL CERTIFICATES: 39 (1 CCRC has two separate legal entities sharing the same campus)

New Planned Communities

-	The Village at Crystal Spring	Anne Arundel	276	224	32	20
-	The Lutheran Village at Miller's Grant	Howard County	272	240	20	12
TOTAL UNITS:			548	464	52	32

* Independent Living Units

** Assisted Living Beds

*** Comprehensive Care Beds (Skilled Nursing)

LONG TERM SUPPORTS and SERVICES

Medicaid Waiver for Older Adults

Program Description: The Home and Community-Based Waiver for Older Adults enables older adults to remain in a community setting even though their age or disability would warrant placement in a long-term care facility. The Waiver allows services, which are typically covered by Medicaid only in a nursing facility, to be provided to eligible persons in their own homes or in assisted living facilities. These services include personal care, home-delivered meals, environmental assessments and accessibility adaptations, assistive devices, respite care, behavioral consultation, family and consumer training, dietitian/nutritionist services, personal emergency response systems and Senior Center Plus. Each program participant is assigned to a case manager who works with him or her to develop a plan of care that best meets his or her needs. Services and qualified providers are identified in the plan of care, and then monitored to assure the participant's needs are being adequately and continuously addressed.

At age 76, Ms. S began to receive services in the Waiver. She lived alone in her apartment. Her health problems included diabetes, peripheral neuropathy, chronic arthritis pain, and duodenal ulcer. At first, the Waiver nurse and aides assigned to work with her were discouraged by the conditions under which the client lived. She had a hard time keeping her apartment clean and periodically it was infested with insects. She could not manage her medications often forgetting to take them. However, over time the nurse monitor and aides were able to help the client rethink her circumstances. The nurse filled her pill box, and explained how taking the meds properly would make her feel better. The aides helped her clean and reorganize her belongings and encouraged a more healthful diet. An improved medication regimen, attention to personal hygiene, and a more optimistic outlook led to her son's reemergence in her life. He found her a clean, secure apartment in a better part of town, where he and his family are now happy to visit her. Ms. S was able to use her Waiver services to achieve a higher quality of life for herself in her own apartment in the community.

Program Eligibility Criteria: Eligible individuals are those who are age 50 and older, meet Medicaid's long-term care admission criteria (nursing home level of care), and meet financial and technical requirements.

Financial Eligibility Individual	Monthly Income Test \$2130 as of 1/1/13(300% of SSI maximum)		Annual Asset Test \$2000	
Program Data:		FY2012 (Act.)	FY2013 (Est.)	FY2014 (Est.)
Number of Providers		5611	5611	5611
Number of Participants – Unduplicated Count		3970	4050	4050
Waiting List: The Waiver for Older Adults maintains a registry of individuals interested in applying for this program. This registry is required because the program is funded to support a maximum of 4050 participants per year (unduplicated count). The unduplicated count for FY 12 was 3970. There are over 21,000 names on the registry. Generally 75% of those who apply for this waiver are determined ineligible. If this holds true for those currently on the registry, more than 15,000 people in need of long-term support services may have no alternative to placement in a nursing home.				

CONTACT PERSON:

F. Warren Sraver – Waiver Administrator (410) 767-1065, fws@ooa.state.md.us

LONG TERM SUPPORTS and SERVICES

National Family Caregiver Support Program

Program Description: The National Family Caregiver Support Program (NFCSP) provides services to family and other non-compensated caregivers in recognition of the work that they do in caring for their loved ones. The NFCSP provides five categories of services: information about available services; assistance to access these services including case management; education, training, support services and individualized counseling; respite care to enable temporary relief from care-giving responsibilities; and supplemental services that may include other services not identified here.

Mrs. E is a full-time caregiver for her 88-year old husband who is diagnosed with dementia and diabetes. The couple's adult daughter was diagnosed with cancer and temporarily relocated to North Carolina to receive treatments for several months. The National Family Caregiver Support Program provided weekly respite for the wife which allowed her to go shopping each week, go to the hairdresser, or meet up with friends. Mrs. E looked forward to her weekly outings and was "dressed and ready to go" when the respite provider arrived. She was able to do a few things that were important to maintain her quality of life outside of being a caregiver. Mrs. E was very appreciative of the services provided by the program.

Program Eligibility Criteria: There are two categories of caregivers who benefit from these services: Caregivers caring for someone 60 years of age or older, including persons not related by blood or marriage; and grandparents and other relative caregivers over the age of 55 who are caring for a child age 18 or under and Grandparent or relative caregivers, providing care for adult children with a disability, who are between 19 and 59 years of age. The caregivers must be age 55 and older and cannot be the child's natural or adoptive parent. This program is also for caregivers of a person with Alzheimer's disease or a related disorder.

Eligibility	Monthly Income Test	Annual Asset Test	Notes: Respite and supplemental services may be provided to caregivers who are caring for someone with physical and mental disabilities that restrict their ability to perform normal daily tasks.
Individual Couple	None	None	

Program Funding	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Federal	\$ 2,364,175	\$ 2,489,257	\$ 2,489,257
State	\$ 15,305	\$ 53,066	\$ 53,066
Local Contributions	\$ 444,254	\$ 595,893	\$ 595,893
Total	\$ 2,823,734	\$ 3,138,216	\$ 3,138,216

CONTACT PERSON:

Terri Williams, Program Manager, 410-767-0545, twilliam@ooa.state.md.us

LONG TERM SUPPORTS and SERVICES

Senior Assisted Living Group Home Subsidy Program

Program Description: The Senior Assisted Living Group Home Subsidy (SALGHS) program provides low and moderate-income seniors with access to assisted living services in 4- to 16-bed group homes licensed by the Department of Health and Mental Hygiene as Assisted Living Programs. The Maryland Department of Aging provides subsidies to eligible residents who might otherwise be in nursing facilities to cover the difference between the participant's monthly income (less a \$60/month personal allowance) and the approved monthly assisted living fee. The maximum subsidy, paid directly to the provider, is \$650/month. Subsidies are paid from State general funds.

Mr. C, a widower, age eighty-six, first applied for Subsidy in June 2012. His two daughters, Sarah and Christine, were very involved and supportive of their Dad. His stroke and repeated falls required more supervision than they were able to provide which resulted in his admission to Winter Growth on June 11, 2012. Because his income was insufficient to pay the fee, Sarah and Christine were paying the balance of approx. \$500 a month each. When the State's Senior Assisted living Group Home Subsidy contacted Christine in October 2012 to advise that Subsidy money would be available, she was ecstatic and very grateful. Subsidy payments began on Mr. Campbell's behalf on November 1, 2012. On his income of \$ 2038, he would not have been able to afford the supports and services that an assisted living facility provides.

Program Eligibility Criteria: Eligible residents are low- to moderate-income persons residing in or accepted for admission to assisted living facilities, who are at least 62 years of age, physically or cognitively impaired, require assistance with one or more activities of daily and/or instrumental activities of living, and require 24 hour supervision.

Subsidy Eligibility	Monthly Income Test	Annual Asset Test	Notes: Provides financial assistance for a limited number of eligible Assisted Living Group Home residents 62 and older whose net monthly income is insufficient to pay the full monthly cost of a quality assisted living placement.
Individual	\$2,637	\$11,000	
Couple	\$3,448	\$14,000	

Program Data	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
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Number of Residents Receiving Subsidies

Waiting List: There are currently 171 persons on a waiting list for a subsidy. In 2012, a MetLife Mature Market Survey of Long-term Care Costs estimated the national average monthly cost for assisted living was \$3550.00 with an average statewide cost of \$4,785.00. Department of Health and Human Services – Administration on Aging, the number of disabled persons at all levels of disability would grow rapidly between 1986 and 2040. Based on the serials of projects, the number of elderly who are moderately or severely disabled with triple. The number would grow from about 1.5 million in 1986 to 22.6 in 2040.

Program Funding	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$ 0	\$ 0	\$ 0
State	\$ 2,981,986	\$2,983,246	\$2,983,246
Local Contributions	\$ 15,866	\$ 15,866	\$ 15,866
Total	\$ 2,981,986	\$ 2,983,246	\$ 2,983,246

CONTACT PERSON:

Martina Paye, Program Manager, 410-767-0755, MPaye@ooa.state.md.us

LONG TERM SUPPORTS and SERVICES

Senior Care Program

Program Description: The Senior Care Program provides coordinated, community-based, in-home services to seniors with disabilities. Senior Care provides “Gapfilling” funds for services for seniors who may be at risk of nursing home placement. Senior Care clients are provided with case-managed access to existing publicly and privately financed services. When needed services are not available through other means, Senior Care will provide Gapfilling services that may include personal care, chore service, adult day care, financial assistance for medications, medical supplies, respite care, home delivered meals, emergency response systems, medical transportation and other services.

EJ is a 93-year old woman who lives alone in a Section 8 apartment. She suffers from Insulin Dependent Type 2 Diabetes, Hypertension, Glaucoma, Osteoporosis, Hypercholesterolemia, and Pulmonary Vascular Disease. She has an unsteady gait and ambulates with the assistance of a cane. EJ requires help with bathing, housekeeping, cooking and transportation to medical appointments and shopping. She receives a monthly income from Social Security and a Retirement Pension. Senior Care provides gapfilling funds for 2 hours of Chore services weekly, Emergency Response Services, incontinent supplies and nutritional supplements. EJ also receives 8 hours of In Home Aide Services.

Program Eligibility Criteria: Eligible individuals are Maryland residents who: are age 65 or older; need assistance with bathing, dressing, chores, etc.; have a medical condition or disability that places him or her at risk of having to enter a nursing home; and have an income not greater than 60% of the State median income.

Eligibility	Monthly Income Test	Annual Asset Test	Notes: Functional/Medical eligibility is determined as having a moderate or severe rating on the State assessment tool.	
Individual	\$2,637	\$11,000		
Couple	\$3,448	\$14,000		
Program Data		FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Number of Clients Served with Gapfilling Services		3,901	3,901	3,862
Number of Clients Waiting for Services at end of Fiscal Year		2,710	2,710	2,682
Number of Waiting List Clients who Enter Nursing Facilities		225	225	223
Waiting List: The Senior Care waiting list increased this year partially due to the State imposed moratorium lift on new client enrollments.. In FY12, approximately 8% percent of the individuals on the waiting list were placed in nursing homes.				
Program Funding		FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal		\$ 0	\$ 0	\$ 0
State		\$ 7,213,339	\$ 7,241,383	\$ 7,241,383
Local Contributions		\$205, 393	\$ 302,166	\$ 302,166
Total		\$ 7,213,339	\$ 7,543,549	\$ 7,543,549

CONTACT PERSON:

Dakota Burgess, Program Manager, 410-767-1101, drb@ooa.state.md.us

LONG TERM SUPPORTS and SERVICES

Senior Nutrition – Home-Delivered Meals

Program Description: March 2012 marks the 40th anniversary of the establishment of the federally-authorized Home Delivered Meals Program. The mission of the Home-Delivered Meals Program is to provide meals, nutrition assessments, and coordination of nutrition services, along with referrals for additional services when needed, to homebound elderly with the intent of maintaining them in their communities. Recent studies reveal that for every \$25 per year per older adult above the national average that states spend on home-delivered meals, they could reduce their percentage of low-care nursing home residents compared to the national average by 1 percentage point. Menus meet the cultural and dietary needs of the population served, including standards that require meals which meet the Dietary Guidelines for Americans (low salt and low sugar). The program depends on thousands of volunteers who provide vital services by delivering the meals, and who are responsible for saving lives as they can identify and report on isolated seniors facing potentially dangerous situations.

“Dear Meals on Wheels: I'm writing in regards to my sister, ML, who is receiving your heaven-sent Meals on Wheels. Before this she had lots of colds, flu and ear infections. Partly because of having to brave the elements to get groceries and also being impaired functionally, her knowledge of nutrition was nil. I'm almost certain they were not nutritionally balanced meals. She was often anemic. It relieves my mind to know she's getting her nourishment, and it's tasty too. She's gained weight.”

Program Eligibility Criteria: Eligible individuals are homebound seniors who are age 60 or older. In accordance with the Older Americans Act, there are no income or asset restrictions but preference is given to serve older individuals with the greatest social and economic need and those at risk for institutional placement.

Eligibility	Monthly Income Test	Annual Asset Test	Notes: Spouses and disabled dependents of any age are able to have meals if they reside with an eligible individual.
Individual	None	None	

Program Data	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Number of Meals	1,150,795	1,150,795	1,150,795
Number of People Receiving Meals	5,732	5,732	5,732
Number of Volunteers	3,499	3,499	3,499
Waiting List: 505			

Program Funding	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$ 5,652,887	\$ 6,520,540	\$ 6,520,540
State	\$ 1,849,126	\$ 1,849,126	\$ 1,849,126
Local Contributions	\$ 1,348,845	\$ 2,239,271	\$ 2,239,271
Total	\$ 8,850,858	\$ 10,608,937	\$ 10,608,937

CONTACT PERSON: Judy Simon, Program Manager, 410-767-1090, JSimon@ooa.state.md.us



Department of Aging

Information Services



INFORMATION SERVICES

Aging and Disability Resource Centers/Maryland Access Point

Program Description: In October 2003, Maryland was one of the first 12 states to be awarded an \$800,000 federal grant to pilot Aging and Disability Resource Centers (ADRC). The ADRC initiative is a joint effort of the federal Administration for Community Living, the Centers for Medicare and Medicaid Services and the Department of Veterans Affairs. The purposes of the ADRC program are to (1) provide trusted “single-points-of-entry” or “no wrong door” entry for information and services to support older adults and younger persons with disabilities in the community, and (2) develop new programs that help divert people from inappropriate institutional placement. The following table describes federal grants that have continued to expand the Maryland ADRC program, known as Maryland Access Point (MAP).

Year	Project Name	Grantor	Award Amount
2004	ADRC Development	AoA and CMS	\$ 250,000
2006	ADRC Continuation	AoA	\$ 267,483
2007	Nursing Home Diversion aka Community Living Program	AoA	\$ 400,000
2008	Empowering Individuals to Navigate Their Long Term Service Needs	AoA	\$ 267,483
2009	ADRC Expansion and Person Centered Hospital Discharge	AoA and CMS	\$ 371,801
2010	Evidence Based Care Transitions	AoA	\$ 400,000
2010	Options Counseling	AoA	\$500,000
2012	Enhanced ADRC Options Counseling	ACL	\$2,300,000

The MAP program has been a central component in Maryland’s rebalancing efforts, especially the Money Follows the Person Demonstration Project and the Balancing Incentive Program (BIP) administered by the Department of Health and Mental Hygiene -- programs which have provided millions of dollars to: support program education, application assistance, and transition case management by the MAP sites and to assist the expansion of the MAP sites statewide. Money Follows the Person funding also supports the maintenance of a statewide web-based searchable database for information and services for long term supports and services. The MAP program had only two local sites at the beginning of the Administration. It now has twenty local sites providing access statewide.

The MAP program is administered by MDoA as a partnership between the Departments of Health and Mental Hygiene, Human Resources, and Disabilities and the Governor’s Office for the Deaf and Hard of Hearing; the local Area Agencies on Aging, local health departments, and Centers for Independent Living working together to provide the assistance and information on long term supports and services. In most cases, the Area Agency on Agency is the lead local partner. In 2012, the MAP program was designated as Maryland’s “single point of entry” system required under Maryland’s successful application to participate in the federal Balancing Incentive Program (BIP) which will bring additional federal revenue to the State.

CONTACT PERSON:

Stephanie Hull, Chief of Long Term Supports and Services 410-767-1107, sah@ooa.state.us.md

INFORMATION SERVICES

Maryland Access Point Information and Assistance

Program Description: MAP Information and Assistance (MAP I&A) is part of Maryland's No Wrong Door approach to serving older adults and individuals with disabilities. MAP I&A provides seniors, individuals with disabilities, caregivers, and families with information, including counseling about their available options so that the individual and/or caregiver may make informed choices about services, receive referrals to appropriate agencies, obtain assistance in applying for services and benefits, and receive follow-up. The program promotes awareness of services for the elderly and individuals with disabilities through outreach and public education, and provides information about health care, Medicare/health insurance, in-home services, transportation, housing, legal services, senior centers, retirement communities, prescriptions drugs and more. There are 20 MAP I&A sites located across the State.

Mrs. T contacted the MAP I & A office about helping her adult disabled grandson. He had Medicare A but no prescription coverage. He lives alone in a small apartment that his grandmother helped him get set up in, but she could not support all of his financial needs. The MAP I & A worker applied for Qualified Medicare Beneficiaries program (QMB) so he could receive Medicare Part B, Low Income Subsidy (LIS) for his medication, energy assistance, and the Supplemental Nutritional Assistance program (SNAP). His grandmother was very grateful to the MAP I & A worker and at ease knowing his grandson could now manage on his own financially. She said to the MAP I & A worker "*what in the world would us old people do without people like you to help us with these situations*".

Program Eligibility Criteria: Eligible clients must be 60 years and older or individuals with disabilities. Persons can access the program through telephone, online website, walk-in service, appointments, written correspondence and home visits.

Eligibility	Monthly Income Test	Annual Asset Test	Notes: Persons needing more in-depth assistance will be assessed to determine his/her specific need for services, programs and benefits.
Individual Couple	None	None	

Program Data	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Information Units of Service	591,052	602,873	614,931
Number of Referrals	70,855	72,272	73,718
Follow-up Units of Service	30,296	30,902	31,520
Assistance Units of Service	117,744	120,099	122,501
Number of Assistance Clients	38,847	39,624	40,416
Program Funding	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Federal	1,191,900	1,191,900	1,191,900
State	692,615	692,615	692,615
Local Contributions	697,291	697,291	697,291
Total	2,581,806	2,581,806	2,581,806

CONTACT PERSON: Eram S. Abbasi, Program Manager, 410-767-1076, eram.abbasi@maryland.gov

INFORMATION SERVICES

Senior Health Insurance Assistance Program

Program Description: The Senior Health Insurance Assistance Program (SHIP) provides disabled seniors and adults on Medicare with information and assistance on health insurance issues including Medicare, Medigap, Medicare Part D Prescription Drug plans, health insurance claims problems, Medicare Advantage Plans, programs for low-income beneficiaries and long-term care insurance policies. State and local SHIP staff and volunteers provide one-to-one assistance and conduct educational sessions on a variety of health insurance related topics, most notably, the Medicare Part D prescription plans and outreach to homebound seniors and Medicare beneficiaries with disabilities.

The focus on the program this year has been on outreach and education to Medicare beneficiaries regarding the Affordable Care Act (federal health care reform), particularly regarding the changes regarding the Medicare Part D “donut hole” closure, and improvements to Medicare’s preventive and wellness benefits. Additionally, special outreach initiatives have focused on individuals who have limited income and resources. Efforts have been made to assist them with enrollment in assistance programs relevant to the Medicare Part D Prescription Drug Program. These assistance programs include the “Extra Help” Program the Maryland Senior Prescription Drug Assistance Program and Medicare Savings Programs.

Program Eligibility Criteria: : Eligible individuals are those who reside in Maryland and have Medicare, and individuals who are soon to be eligible for Medicare			
Eligibility Seniors, older adults, and individuals with disabilities seeking health insurance information and assistance.	Monthly Income Test None	Annual Asset Test None	Notes: There are no age requirements to receive assistance from SHIP.

Program Data	FY 2012 (Actual) 4/1/11-3/31/12	FY 2013 (Est.) 4/1/12-3/31/13	FY 2014 (Est.) 4/1/13-3/31/14
Number of Contacts for:			
Medicare	9,669	10,152	10,660
Medicaid	8,043	8,445	8,867
Prescription Assistance	32,267	33,880	35,574
Long Term Care	1,142	1,199	1,259
Number of Clients Served	29,438	30,910	32,456
Number Attending Events	17,531	18,408	19,328
Number of Volunteers	158	163	168
Number of Volunteer Hours	13,893	14,344	14,784
Waiting List: There are 13 full time staff and 140 volunteers available to counsel 740,000 Medicare beneficiaries. The main challenge is keeping up with training, presentations and enrollment events while providing health insurance information, assistance and outreach to homebound seniors and persons with disabilities.			
Program Funding	FY 2012 (Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	733,761	733,761	733,761
State	-0-	-0-	-0-
Local Contributions	-0-	-0-	-0-
Total	733,761	733,761	733,761

CONTACT PERSON: Michelle Holzer, Program Manager, 410-767-1109, mph@ooa.state.md.us



Department of Aging

Protection of Older Adults



PROTECTION OF OLDER ADULTS

Long-Term Care Ombudsman Program

Program Description: Long-term care ombudsmen are advocates for the 47,000 residents of the more than 1,500 long-term care facilities (nursing homes and assisted living facilities) in the state. Paid and volunteer ombudsmen work in every jurisdiction to advocate on behalf of individuals and groups of residents, promote residents' rights 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, promoting quality of care and quality of life as well as providing support and a voice for those who are unable or do not know how to speak for themselves.

Mr. Anthony, the son of a nursing home resident, contacted the ombudsman program because he was worried about his dad's poor care and problems which included lost items, cold food, and limited activities. After visiting the resident and getting permission to address these issues, the ombudsman investigated these complaints and was able to address most of the problems. The ombudsman went with the resident and his son to the care planning meetings so that communication between the resident and the facility could be improved. The resident's mood has improved considerably and he has learned from the ombudsman that resident council participation can result in improvements. The son is reassured because the ombudsman visits the resident regularly.

Program Eligibility Criteria: Eligible individuals are residents of any age who reside in long-term care facilities.

Eligibility	Monthly Income Test	Annual Asset Test	Notes:
Individual Couple	None	None	None

Program Data	FFY2010 (Actual)	FFY2011 (Estimate)*	FFY2012 (Estimate)	FFY2013 (Estimate)
Number of Complaints	2797	2392	2400	2450
Number of Abuse Complaints	198	172`	175`	175
Number of Indiv. Consultations	7176	9303	9,800	10,200
Number of Volunteers	122	122	130	140
Program Funding	FFY2012 (Actual)	FFY2013 (Estimate)	FFY2014 (Estimate)	
Federal	\$ 653,502	\$ 471,271	\$ 482,850	
State	\$ 1,534,603	\$ 1,121,800	\$ 1,121,800	
Local Contributions	\$ 746,756	\$ 337,809	\$ 337,809	
Total	\$ 2,934,861	\$ 1,930,880	\$ 1,942,459	

CONTACT PERSON:

Alice H. Hedt, State Long-Term Care Ombudsman, 410-767-1108, ahedt@ooa.state.md.us

PROTECTION OF OLDER ADULTS

Public Guardianship Program

Program Description: 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 Secretary of the State Department of Aging or a director of a local Area Agency on Aging (AAA) be appointed by the court as a "guardian of person" when there is no other person or organization willing and appropriate to be named. The program provides protection and advocacy on behalf of the disabled older adult through case management provided by guardianship specialist of the program.

A 78 year old woman was brought to the local hospital after she had a fall and was experiencing pain. After undergoing an examination, it was determined that she was suffering from a hip fracture. When the hospital social worker began working with the woman she realized that the woman was confused and having trouble providing information. A cognitive assessment was scheduled and the social worker set out to locate family of the woman. Two psychiatrists performed independent evaluations of the woman. Both concluded that her cognitive impairments were significant and that she lacked the capacity to make informed decisions. In the meantime the social worker discovered that the woman was widowed and was not successful in locating any other family members. The hospital filed a petition to have a guardian appointed to consent to the medical treatment the woman needed. The director of the local Area Agency on Aging (AAA) was named as Guardian of Person. A case manager from the AAA was assigned to the case and began working with the woman and medical staff to get the woman the appropriate treatment.

Program Eligibility Criteria: The program serves seniors who are 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.

Eligibility	Monthly Income Test	Annual Asset Test	Notes:
Age 65 and older	None	None	

Program Data	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Total Number of Guardianship Wards	848	873	899
Number of New Cases	184	189	195
Group Education Sessions Provided	80	76	72
Individual Consultations (post- guardianship)	23,736	24,448	25,181
Number of Public Guardianships Avoided	414	393	373
Program Funding	FY2012 (Actual)	FY2013 (Est.)	FY2014 (Est.)
Federal	\$ 0	\$ 0	\$ 0
State	\$ 642,692	\$ 642,692	\$ 642,692
Local Contributions	\$153,818	\$ 405,875	\$ 405,875
Total	\$796,510	\$ 1,048,567	\$ 1,048,567

CONTACT PERSON:

Phoenix Woody, Program Manager, 410-767-4665, pliss@ooa.state.md.us

PROTECTION OF OLDER ADULTS

Senior Legal Assistance Program

Program Description: The Senior Legal Assistance Program provides access to legal advice, counseling and representation to older Marylanders as well as legal support to local Ombudsmen, Health Insurance Counselors and Public Guardianship managers. Area Agencies on Aging contract with local attorneys and law centers to provide services. Priority is given to issues involving income maintenance, nutrition, public/disability benefits, health care, protective services, abuse, housing, utilities, consumer protection, employment, age discrimination/civil rights, and advocacy for institutionalized persons.

A seventy-six year old man, Mr. R received a notice that he no longer met the eligibility requirements for Medical Assistance and that his benefits would be discontinued. Mr. R had a court-appointed guardian who contacted the Legal Assistance Program for help. The attorney reviewed Mr. R's medical records and found that he required assistance with dressing, bathing, managing his medications, and was receiving ongoing treatment from medical specialists. The attorney appealed the denial and an administrative hearing was scheduled. The attorney obtained copies of Mr. R's records and submitted them to the Department of Social Services (DSS). After reviewing the documents DSS concluded that Mr. R did qualify for Medical Assistance and agreed to maintain his benefits without the need for a hearing.

Program Eligibility Criteria: Eligible residents are those who are 60 years of age or a caregiver of such person. There is no cost for legal assistance with priority issues. Preference is given to older persons with the greatest economic or social need.

Eligibility	Annual Income Test	Annual Asset Test	Notes:
Age 60 and older or caregiver of such a person	None	None	None

Program Data	FY 2012(Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Hours of Service Provided	16,388	17,044	17,726
Number of Persons Served	4603	4787	4978

Program Funding	FY 2012(Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal	\$ 430,428	\$ 437,203	\$437,203
State	\$ 0	\$ 0	\$ 0
Local Contributions	\$ 387,402	\$ 333,524	\$333,524
Total	\$ 817,830	\$ 770,727	\$ 770,727

CONTACT PERSON:

Phoenix Woody, Program Manager, 410-767-4665, pliss@ooa.state.md.us

PROTECTION OF OLDER ADULTS

Maryland Senior Medicare Patrol Project

Program Description: The purpose of the Maryland Senior Medicare Patrol (SMP) Project is to reduce the amount of federal and state funds lost due to health insurance fraud by increasing the public's ability to detect and report possible fraud, waste, and abuse. Maryland's SMP empowers seniors, care providers and family members to prevent healthcare fraud, error and abuse by heightening their awareness. Maryland's SMP program has enabled more seniors across the State to protect their personal identity, identify and report errors on health care bills and recognize deceptive health care practices such as illegal marketing. Also greater numbers of older adults are more observant and can discern when healthcare practitioners are providing unnecessary or inappropriate services or adding charges for services that were never provided. SMP's success has been achieved by recruiting and training volunteers who are retired or Medicare beneficiaries to act as health insurance educators. Volunteer activities include group presentations, exhibiting at community events, answering calls to the SMP help lines, and one-on-one counseling. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs.

In Howard County, a beneficiary, dually eligible for Medicare and drug assistance from Medicaid was inappropriately billed by a pharmacy for prescriptions. A Senior Medicare Patrol counselor realized the error and helped the beneficiary obtain a refund of \$112.35 for prescription co-payment made by the beneficiary to the local pharmacy.

Program Data	FY 2013 (Actual)	FY 2014 (Est.)	FY 2015 (Est.)
Number of People Served One-to-one Counseling Sessions with Beneficiaries or their Caregivers	4900	8817	15866
Education & Outreach Number Beneficiaries that Attended Group Education Sessions	5427	7201	9554
Number of Media & Community Outreach Events	10811	12545	14556
Issues & Inquiries Number of Issues & Inquiries Resolved	9592	9891	10199
Volunteers & Volunteerism Number of Active Volunteers	159	201	21255
Volunteer Hours	8677	13580	

Program Funding	FY 2012(Actual)	FY 2013 (Est.)	FY 2014 (Est.)
Federal SMP Project			
Health Care Fraud Prevention Program	\$ 177,927	\$ 177,927	\$ 177,927
Expansion and SMP Capacity Building Grant	\$ 202,414	\$ 202,414	\$ 202,414
State	\$ 0	\$ 0	\$ 0
Local Contributions/Program Income	\$ 0	\$ 0	\$ 0
Total	\$ 380,341	\$ 380,341	\$ 380,341

CONTACT PERSON:

Jacqueline Truesdel, SMP Program Manager, 410-767-2077, jtruesdel@ooa.state.md.us

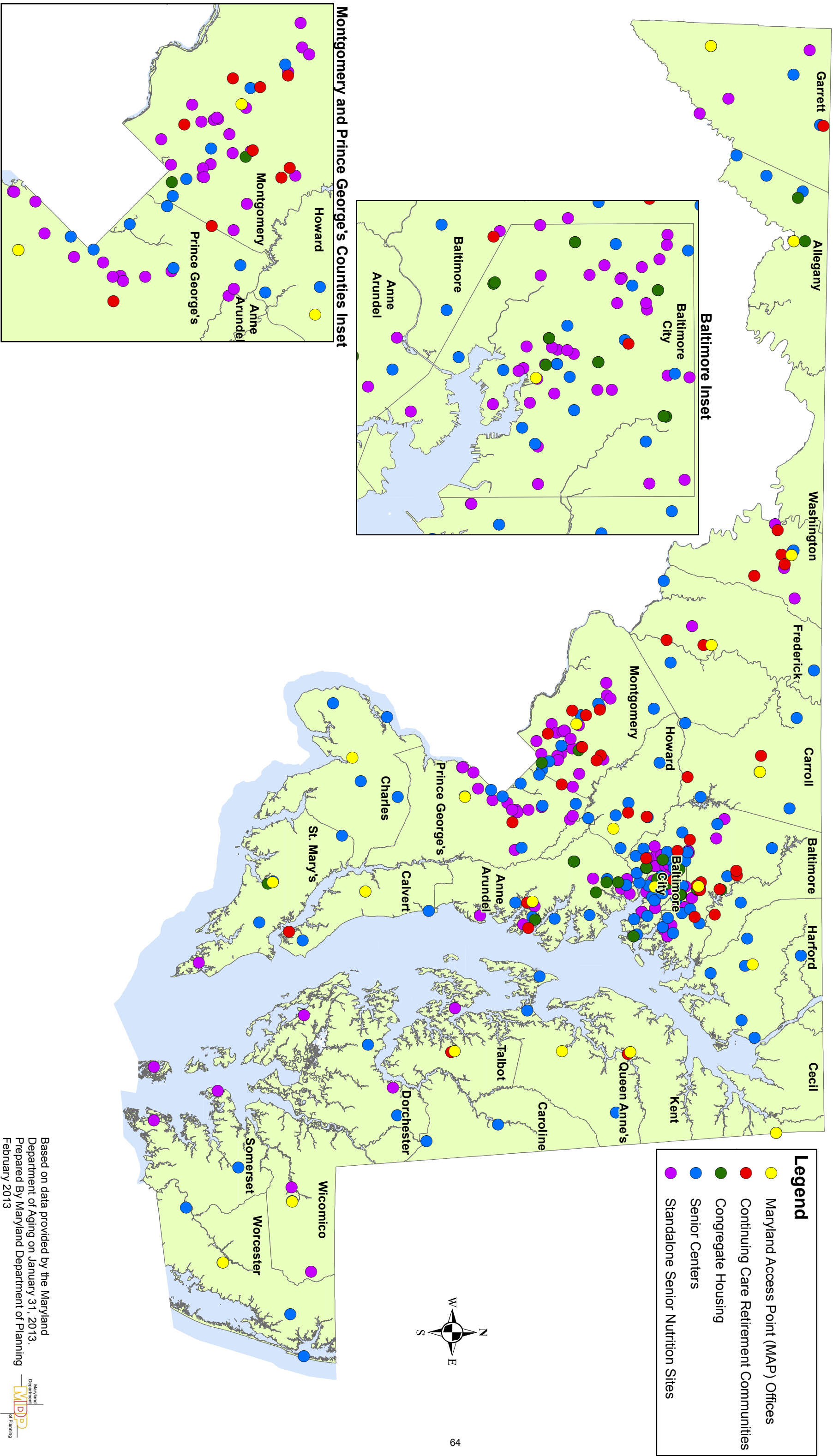


Department of Aging

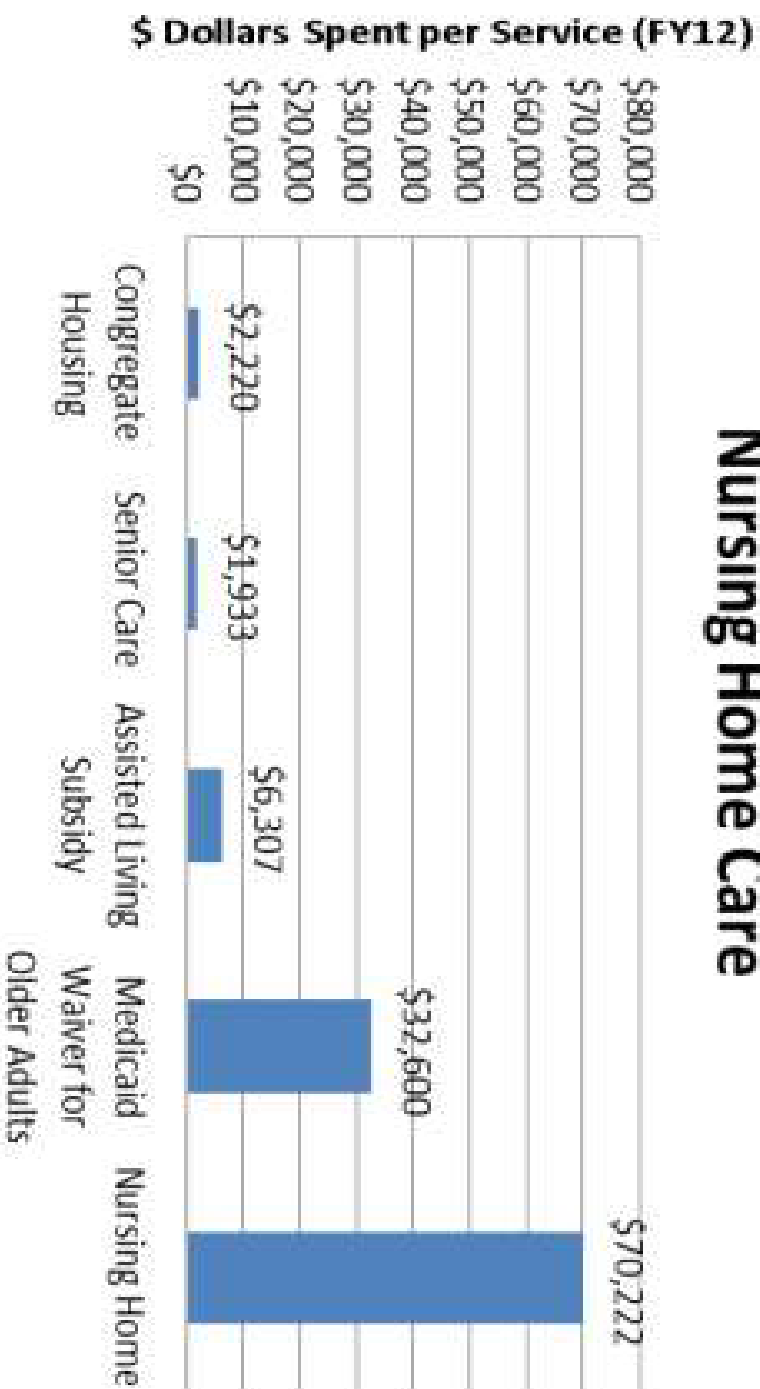
Appendices



Senior Services in Maryland



Cost of Community-based Services vs. Nursing Home Care



**State of Maryland Department of Aging
Area Agencies on Aging Listing**

COUNTY/JURISDICTION	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
ALLEGANY	Renee Kniseley Director	Allegany Co. Human Resources Development Commission, Inc. 125 Virginia Avenue Cumberland, MD 21502	301-777-5970 301-783-1890 - FAX rkniseley@allconet.org
ANNE ARUNDEL	Pam Jordan Director	Anne Arundel County Department of Aging 2666 Riva Road - Suite 400 Annapolis, MD 21401	410-222-4464 410-222-4383 410-222-4360 - FAX exjor00@aacounty.org
BALTIMORE CITY	Arnold Eppel Director	CARE Services Baltimore City Health Department 417 E. Fayette Street Baltimore, MD 21202	410-396-4932 410-396-5280 - FAX arnold.eppel@baltimorecity.gov
BALTIMORE COUNTY	Joanne Williams Director	Baltimore County Department of Aging 611 Central Avenue Towson, MD 21204	410-887-2109 410-887-2159 - FAX jwilliams@baltimorecountymd.gov
CALVERT	Susan Justice 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 justicsa@co.cal.md.us
CAROLINE KENT TALBOT	Gary Gunther Executive Director	Upper Shore Aging, Inc 100 Schauber Road Chestertown MD 21620	410-778-6000 410-778-3562 – FAX gunther@uppershoreaging.org
CARROLL	Gina Valentine, Supervisor, Aging and Disabilities Services	Carroll County Bureau of Aging & Disabilities 125 Stoner Avenue Westminster, MD 21157	410-386-3800 410-840-0436 - FAX gvalentine@ccg.carr.org
CECIL	David P. Trollo Director	Senior Services and Community Transit of Cecil County 200 Chesapeake Blvd, Suite 2550 Elkton, MD 21921	410 996-8435 410-620-9483 - FAX dtrollo@ccgov.org

COUNTY/JURISDICTION	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
CHARLES	Dina Barclay Chief	Charles County Aging and Senior Programs 8190 Port Tobacco Road Port Tobacco, MD 20677	301-934-0129 301-934-0126 - FAX barclayd@charlescounty.org
DORCHESTER SOMERSET WICOMICO WORCESTER	Margaret Bradford Executive Director	MAC, Inc. 909 Progress Circle, Suite 100 Salisbury, MD 21804	410-742-0505 410-742-0525 - FAX mab@macinc.org
FREDERICK	Carolyn True Director	Frederick County Department of Aging 1440 Taney Avenue Frederick, MD 21702	301-600-1605 301-600-3554 - FAX ctrue@frederickcountymd.gov
GARRETT	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	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	Dayna Brown Administrator	Howard County Office on Aging 6751 Columbia Gateway Dr - 2nd Floor Columbia, MD 21046	410-313-6535 410-313-6540 - FAX dmbrown@howardcountymd.gov
MONTGOMERY	Odile Brunetto Director	Montgomery County Area Agency on Aging Division of Aging and Disability Services 401 Hungerford Drive, 4 th Fl. Rockville, Maryland 20850	240-777-3000 (General) 240-777-1436 – FAX Odile.Brunetto@montgomerycountymd.gov
PRINCE GEORGE'S	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 ANNES	Catherine Willis Director	Queen Anne's County Area Agency on Aging Department of Community Services 104 Powell Street Centreville, MD 21617	410-758-0848 410-758-4489 - FAX cwillis@gac.org

COUNTY/JURISDICTION	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
ST. MARY'S	Lori Jennings-Harris Director	St. Mary's County Department of Aging P.O. Box 653 41780 Baldrige Street Leonardtown, MD 20650	301-475-4200 301-475-4503 - FAX Lori.harris@stmarysmd.com
WASHINGTON	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

COMMISSION ON AGING

History of the Commission on Aging:

The origin of the Commission on Aging dates back to 1959, when the General Assembly created the State Coordinating Commission on the Problems of the Aging in response to the rapidly increasing population of older persons. In 1971, the Coordinating Commission was re-designated the Commission on Aging, becoming an independent agency within the State Department of Employment and Social Services. In May 1973, the Commission was transferred to the Executive Department and charged as the State agency responsible for carrying out planning, coordination, and evaluation activities under the federal Older Americans Act. Legislation in 1975 merged the Commission on Aging into the Office on Aging to serve in both an advisory and policy making role. In 1989, legislation clarified the role of the Commission on Aging as the advisory body to the Office on Aging. Today, the Commission on Aging is the advisory body to the Maryland Department of Aging.

The Role of the Commission:

The Commission is charged with the responsibility to review and make recommendations to the Secretary of the Maryland Department of Aging with respect to ongoing statewide programs and activities.

Current Membership

The Commission consists of 13 members appointed by the Governor. The mandated membership of the Commission includes: 1 member of the Maryland Senate; 1 member of the Maryland House of Delegates; and 11 members (reflecting geographic representation) who are interested in the problems of older individuals. At least 7 members must be 55 years of age or older.

Membership	Term Ending	County of Residence
Ms. Muriel Cole	2014	Kent County
Mr. Maurice B. DiPoli, Jr.	2014	Montgomery County
Mayor Jordan L. Harding	2015	Montgomery County
Ms. Maria V. Jimenez	2013	Montgomery County
Ms. Louise E. Lynch	2014	Frederick County
Ms. Paula M. Martin	2015	Prince George's County
Mr. Michael McPherson	2015	Howard County
Mr. Stuart P. Rosenthal	2015	Montgomery County
Mr. Chandhok J. Singh	2014	Anne Arundel County
Ms. Sharonlee J. Vogel	2013	Howard County
Delegate Barbara Frush		Prince George's County

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/ State	Monthly (or Annual Income Test)	Annual Asset Test	Notes
Federal Poverty Guidelines Individual Couple	\$930.83 (\$11,170 Per year) \$1260.83 (\$15,130 Per year)		Change effective: (January 26, 2012)
Accessible Homes for Seniors Individuals Couple	\$57,960 per yr (Washington MSA- Calvert, Charles, Frederick, Montgomery, & Prince George's Counties) \$46,032 per yr. (all other jurisdictions) \$66,240 per yr. (Washington MSA) \$52, 608 per yr (all other jurisdictions)	No test	Provides zero-interest loans to modify a home space for senior (age 55 or older) living. Loan payments are deferred for 30 years or until the sale or transfer of ownership of the home. If the senior resides in the home of a relative, eligibility is based on the owner's income. This program is a joint initiative of the MD Dept. of Housing & Community Development and the MD Department of Aging. Application available by calling 800-756-0119 or at www.mdhousing.org .
Congregate Housing Services Program (CHSP) Subsidy Individual Couple	 \$2,652 \$3,505	 \$27,375 \$35,587	Provides financial assistance for a limited number of Congregate Housing residents in selected sites for individuals 62 and older whose net monthly income is insufficient to pay the full monthly fee for Congregate Housing Services. Next expected change: 3/1/2013
Employed Individuals with Disabilities (EID) Program Individual Couple	(Approximate countable income per month) UP to \$2,722 Up to \$3,677 (represents 300% of poverty level)	Less than \$10,000 in countable resources Note: 401 (K), and 403(b) retirement accounts, Pension plans and Keogh plans are not counted towards the \$10,000 asset limit.	The EID Program provides health insurance for qualified employed persons ages 18-64 who are disabled. Persons with private health insurance or Medicare may still qualify for EID. Participants may be required to pay a monthly from \$0-\$55, depending on income. The EID Program is funded by the Maryland Medical Assistance Program (DHMH). Certain income assets that count for other Medical Assistance programs do not count toward EID income limits. The Maryland Department of Disabilities (MDOD) partners with DHMH to promote the program. See www.mdod.state.md.us Call MDOD at 443-514-5034 or 1-800-637-4113 for assistance with/likelihood of eligibility and completion of application by telephone.
Maryland Primary Adult Care (PAC) Program	(After applying exclusions and disregards)		For Marylanders ages 19-64, who do not qualify for Medicare, PAC provides free primary care doctor visits, free mental health

Individual Couple	\$1,080 \$1,463	No Asset test	visits (psychiatric or counseling), and low-cost or free prescription drugs. PAC will cover initial emergency room fee or co-pay. Does not cover diagnosis, treatment or other emergency room cost. Does not cover hospital stays, ER visits, or specialty care. Call 1-800-226-2142 (toll-free) for application & information, or http://mmcp.dhmd.maryland.gov/mpac
Maryland Energy Assistance Program (MEAP)	(represents 175% of poverty level)	No test	Provides eligible low-income Marylanders assistance with home heating bills; EUSP assists with Electric bills. Only one application is required for both MEAP and EUSP. Both programs are administered by the Office of Home Energy Programs (OHEP), DHR.
Individual	\$1,628.95	No test	Next expected change: 3/1/2013
Couple	\$2,206.45	No test	
Electric Universal Service Program (EUSP)			
Individual	\$1,628.95	No test	
Couple	\$2,206.45	No test	
Medical Assistance (Medicaid)			Requires documentation of disability; individuals can “spend down” to this income level to be eligible.
Individual	\$350	\$2,500	
Couple	\$392	\$3,000	
Medicare Part D (Prescription Drug) Low – Income Subsidy (EXTRA HELP)	If your income does not exceed:	Owned resources does not exceed:	This financial assistance is only for Medicare beneficiaries who have a Medicare D prescription D drug plan. Benefits vary depending on income level: assistance may help with cost of premiums, deductibles, co-pays. You will automatically receive EXTRA HELP if you have Medical Assistance, QMB, SLMB, or SSI; no need to apply. Apply through Social Security Administration (1-800-772-1213 or www.ssa.gov) or Local Department of Social Services. NOTE: To get a monthly figure for monthly income level, divide by twelve.
Individual	\$16,755 a year	\$13,070	
Couple (100% poverty & below)	\$22,695 a year (“full subsidy”)	\$26,120	
Medicaid Waiver for Older Adults	\$2,094 (represents 300% of SSI)	\$2,000	Assisted living and in-home services for individuals age 50 and older who meet Medicaid institutional eligibility rules; additional, medical, financial and technical eligibility requirements apply. Next expected change: 3/1/2013
Medical Assistance (Medicaid) – Spousal	For spouse in the community:	For spouse in the nursing home:	Refers to protection of some of the income and assets of a spouse remaining in the community when the other spouse has entered a

Impoverishment Protection Standards	<p>Basic Maintenance and Shelter Allowance \$1,838.75</p> <p>Maximum Maintenance and Shelter Allowance \$2,841</p>	<p>\$2,500</p> <p>Minimum Community Spouse's Asset Share \$22,728</p> <p>Maximum Community Spouse's Asset Share: \$113,640</p>	<p>nursing home.</p> <p>All non-exempt assets (savings and checking accounts, stocks, bonds, etc.) owned by either spouse, jointly or separately.</p> <p>All non –exempt assets (savings and checking accounts, stocks, bonds, etc.) owned by either spouse, jointly or separately, are pooled as of date nursing home spouse enters the nursing home.</p> <p>Effective 1/1/2009, the community spouse may keep \$22,912 or ½ the assets, whichever is greater, but not more than \$109,560. The couple's remaining assets are used for nursing home care or other expenses, until the nursing home spouse's assets reach the Medicaid eligibility level of \$2500. The community spouse's income will be evaluated to determine how much if any, of the nursing home spouse's monthly income can be allowed for the community spouses' to determine how much, if any, of the nursing home spouse's monthly maintenance allowance. Call 410-767-5800 or 1-800-492-5231 for questions on any aspect of the eligibility determination process.</p> <p>Next Change: March 2013</p>
<p>Qualified Medicare Beneficiary Program (QMB)</p> <p>Individual</p> <p>Couple</p>	<p>(May add a \$20 income disregard)</p> <p>\$931</p> <p>\$1261</p>	<p>\$8180</p> <p>\$13,020</p>	<p>Pays Medicare Part A and B premiums, co-payments, and deductibles. Assets include a burial allowance: \$1,500/individual and \$3,000/couple.</p> <p>Next expected change: 3/1/2013</p> <ul style="list-style-type: none"> • See note at bottom page
<p>Senior Assisted living Group Home Subsidy Program</p> <p>Individual</p> <p>Couple</p>	<p>\$2,652</p> <p>\$3,505</p>	<p>\$11,000</p> <p>\$14,000</p>	<p>Provides financial assistance for a limited number of eligible Assistant Living Group Home residents age 62 or older.</p> <p>Next expected change: 3/1/2013</p>
<p>Senior Care Program</p> <p>Individual</p> <p>Couple</p>	<p>\$2652</p> <p>\$3468</p>	<p>\$11,000</p> <p>\$14,000</p>	<p>Case managed, in-home services program for individuals 65 and older.</p> <p>Next expected change date: 3/1/2013</p>
<p>SNAP Program (Food Stamp Program)</p> <p>Individual</p> <p>Couple</p> <p>Individual</p> <p>Couple</p>	<p>\$908</p> <p>\$1,226 (net income) 100% FPG</p> <p>\$1862</p> <p>\$2522 (net income) 200% FPG</p>	<p>\$3,000</p> <p>\$3,000</p>	<p>Household where all members are getting TAFDC, EAEDC, or SSI do not have to pass SNAP Foods Income Test.</p> <p>Households with at least one elderly (60 or older) or disabled person must have a net income no greater than the Monthly Income Standard (100% of the FPG). Households with elderly or disabled members are allowed special <u>deductions</u> from income.</p> <p>*200% Gross Income Statement (family limits) *Effective January 26, 2012</p>
Special Low-Income Medicare Beneficiary Program (SLMB)	(May add a \$20 income disregard)		<p>Similar to QMB but pays only the Part B premium. Assets include a burial allowance: \$1,500/individual and \$3,000/couple</p>

Individual Couple	\$932- \$1,117 \$1,262-\$1,513	\$8,440 \$13,410	Next expected change:3/1/13 <ul style="list-style-type: none"> See note at bottom page
Individual Couple	\$1,118 - \$1,257 \$1,514-\$1,703	\$8,440 \$13,410	
State of Maryland Senior Prescription Drug Assistance Program (SPDAP)			<p>For persons enrolled in a Medicare Prescription or Medicare Advantage Prescription Drug plan AND have a household income at or below 300% of federal poverty guidelines, SPDAP pays up to \$35 per month (\$420 annually) toward the cost of the premium for their chosen plan. All plans are participating in the \$35 premium. This does not apply to individuals who are 100% Low Income Subsidy (LIS) or eligible for full federal EXTRA HELP as determined by the Social Security Administration. Proof of 6 months MD residency is required.</p> <p>Drug manufactures will provide a 50% discount of the negotiated price of brand name drugs (excluding fees) for individuals in the coverage gap.</p> <p>As of 1/1/11, SPDAP started providing a 95% subsidy to member's total drug cost while in the "donut hole or coverage gap" for those who participate in a PDP or MA-PDS that have contracted with SPDAP. This will be a 5% co insurance obligation. Not all Medicare Prescription or Medicare Advantage Plans are participating in the coverage gap subsidy.</p> <p>For further information or applications, call 1-800-551-5995 or go to www.marylanddap.com</p>
Individual Couple	\$33,510/yr. new \$45,390/yr. new Effective 1/31/2012	No test No test	
Supplemental Security income (SSI)	(Apply \$20 income disregard)		<p>SSA has started a Compassionate Allowance Initiative for individuals with early onset (younger-onset Alzheimer's disease. This benefit is for early-onset (younger-onset) Alzheimer's disease and related dementias for those generally diagnosed under the age of 65 years old. It does not affect those who are currently receiving full Social Security retirement benefits. This will also affect people with Frontotemporal dementia (FTD), Pick's disease, Creutzfeldt-Jakob disease, and mixed dementia and primary progressive aphasia. When asked by the SSA claims representative what the disabling condition is, the applicant must specify "early onset Alzheimer's disease."</p> <p>It is strongly recommended that applicants apply in person at their local SSA office. You will need to submit an application and other documents at your local office. The Alzheimer's Association has prepared a checklist to assist individuals with the application process. See checklist at: http://www.alz.org/documents/national/ssdi_checklist.pdf</p> <p>The applicant should apply for SSDI as well if they are receiving early retirement benefits because they may become eligible for Medicare before they turn 65.</p> <ul style="list-style-type: none"> See not on previous page
Individual Couple	\$698 (new) \$1,048 (new) 2012 COLA increase	\$2,000 \$3,000	
2012 State of Maryland Homeowner's Property Tax Credit Program	Plan is based on relationship between property taxes and income; combined gross household income cannot exceed \$60,000. For application, with	Net worth is less than \$200,000 (excluding property on which you are seeking credit and a	<p>Allows accredit against the homeowner's 2012 property tax bill if property taxes exceed a fixed percentage of the person's gross income.</p> <p>No age restrictions.</p>

	<p>further explanation, call 410-767-4433 (Baltimore Metro area) or 1-800-944-7403 (other areas) or see www.sat.state.md.us</p>	<p>cash value or IRAs or qualified retirement savings plan.</p>	<p>Credit applicable only to dwelling which is your permanent residence.</p> <p>Homeowners age 70 and older, who have not applied for the program, may apply for the previous three years. Call 410-767-4433 or 1-800-944-7403. Should file and qualify by May 1st and up to September 1st to receive a tax credit certificate or revised tax bill.</p>
<p>2012 State of Maryland Renter's Tax Credit Program</p>	<p>Plan is based on relationship between rent and income.</p> <p>For application, with further explanation, call 410-767-4433 (Baltimore Metro area) or 1-800-944-7403 (other areas) or see www.dat.state.md.us</p>	<p>Net worth is less than \$200,000</p>	<p>Provides tax credit up to \$750 a year for renters who meet certain requirements on rent paid in calendar year 2011.</p> <p>For persons 60 and over or persons who are 100% disabled or persons under age 60, not in subsidized housing, who have one or more dependents under age 18 in their home and must meet poverty income level for their household size.</p> <p>To qualify, total gross household income should not exceed \$30,000. If you qualify, should apply by September 1st, 2013.</p>
<p>Weatherization Assistance Program (WAP)</p> <p>Individual</p> <p>Couple</p>	<p>\$1861</p> <p>\$2550</p>	<p>No test</p> <p>No test</p>	<p>Operated by the Maryland Department of Housing and Community Development, WAP enables low-income households to reduce home energy consumption and maintenance costs through installation of energy-conserving materials.</p> <p>Examples of improvements: health and safety items, hot water system, lighting retrofit, insulation, furnace cleaning.</p> <p>Priority is given to low-income homeowners who are elderly, disabled, have families with children, and or have the highest energy consumption. Eligible renters may also apply.</p> <p>Apply through your local energy assistance office or through Maryland Energy Assistance Program. Call 1-800-352-1446. You can also apply through your local weatherization agency, local government, community action agency or local non-profit.</p> <p>Next expected change: 3/2/2013 information not available at this time.</p>

Maryland Senior Centers

Allegany County

Cumberland Senior Center

125 Virginia Avenue
Cumberland, MD 21502
301-783-1722

Georges Creek Senior Center

7 Hanekamp Street
Lonaconing, MD 21539
301-463-6215

Frostburg Senior Center

27 S. Water Street
Frostburg, MD 21532
301-689-5510

Westernport Senior Center

33 Main Street
Westernport, MD 21562
301-359-9930

Anne Arundel County

Annapolis Senior Center

119 South Villa Avenue
Annapolis, MD 21401
410-222-1818

Odenton, MD 21113
410-222-6227

Arnold Senior Center

44 Church Road
Arnold, MD 21012
410-222-1922

Pasadena Senior Center

4103 Mountain Road
Pasadena, MD 2112
410-222-0030

Brooklyn Park Senior Center

202 Hammonds Lane
Brooklyn Park, MD 21225
410-222-6847

Pascal Senior Center

125 Dorsey Road
Glen Burnie, MD 21061
410-222-6680

Catherine O'Malley Senior Center

1275 Odenton Road

South County Senior Center

27 Stepneys Lane
Edgewater, MD 21037
410-222-1927

Baltimore City

Action in Maturity

3900 Roland Ave.
Baltimore, MD 21211
410-889-7915

Cherry Hill Senior Life Center

606 Cherry Hill Road, Suite 201
Baltimore, MD 21225
410-354-5101

Allen Center

1404 South Charles Street
Baltimore, MD 21230
410-685-6224

Forest Park Senior Center

4801 Liberty Heights Ave.
Baltimore, MD 21207
410-466-2124

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

Greenmount Senior Center

425 E. Federal Street
Baltimore, MD 21202
410-396-3552

Harford Senior Center

4920 Harford Road
Baltimore, MD 21214
410-426-4009

Hatton Senior Center

2825 Fait Ave.
Baltimore, MD 21224
410-396-9025

John Booth Senior Center

229 1/2 S. Eaton Street
Baltimore, MD 21224
410-396-9202

Myerberg Center

3101 Fallstaff Road
Baltimore, MD 21209
410-358-6856

Oliver Senior Center

1700 N. Gay Street
Baltimore, MD 21213
410-396-3861

Sandtown Winchester Senior Center

1601 Baker Street
Baltimore, MD 21217
410-396-7224

Senior Network of North Baltimore

5828 York Road
Baltimore, MD 21212
410-323-7131

Waxter Center for Senior Citizens

1000 Cathedral Street
Baltimore, MD 21201
410-396-1324

Zeta Center for Health & Active Aging

4501 Reisterstown Road
Baltimore, MD 21215
410-396-3535

Baltimore County

Arbutus Senior Center

855A Sulphur Spring Road
Baltimore, MD 21227
410-887-1410

Ateaze Senior Center

7401 Holabird Ave.
Dundalk, MD 21222
410-887-7233

Bykota Senior Center

611 Central Ave.
Towson, MD 21204
410-887-3094

Catonsville Senior Center

501 N. Rolling Road
Baltimore, MD 21228
410-887-0900

Cockeysville Senior Center

10535 York Road
Cockeysville, MD 21030
410-887-7694

Edgemere Senior Center

600 North Point Road
Baltimore, MD 21219
410-887-7530

Essex Senior Center

600 Dorsey Ave.
Baltimore, MD 21221
410-887-0267

Fleming Senior Center

641 Main Street
Baltimore, MD 21222
410-887-7225

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

Jacksonville Senior Center

3605A Sweet Air Road
Phoenix, MD 21131
410-887-8208

Lansdowne Senior Center

424 Third Ave.
Baltimore, MD 21227
410-887-1443

Liberty Senior Center

3525 Resource Drive
Randallstown, MD 21133
410-887-0780

Mt. Carmel Senior Center

17038 Prettyboy Dam Road
Parkton, MD 21120
410-887-1923

Overlea Fullerton Senior Center

4314 Fullerton Ave.
Baltimore, MD 21236
410-887-5229

Parkville Senior Center

8601 Harford Road
Baltimore, MD 21234
410-887-5388

Pikesville Senior Center

1301 Reisterstown Road
Pikesville, MD 21208
410-887-1245

Reisterstown Senior Center

12035 Reisterstown Road
Reisterstown, MD 21136
410-887-1143

Rosedale Senior Center

1208 Neighbors Ave.
Baltimore, MD 21237
410-887-0233

Seven Oaks Senior Center

9210 Seven Court Drive
Perry Hall, MD 21236
410-887-5192

Victory Villa Senior Center

403 Compass Road
Baltimore, MD 21220
410-887-0235

Woodlawn Senior Center

2120 Gwynn Oak Ave.
Baltimore, MD 21207
410-887-6887

Calvert County

Calvert Pines Senior Center

450 W. Dares Beach Road
Prince Frederick, MD 20678
410-535-4606, 301-855-1170

North Beach Senior Center

9010 Chesapeake Avenue

North Beach, MD 20714
410-257-2549

Southern Pines Senior Center

20 Appeal Lane
Lusby, MD 20657
410-586-2748

Caroline County

Caroline Senior Center

403 S. 7th Street, Suite 127
Denton, MD 21629
410-479-2535

Federalsburg Senior Center

118 N. Main Street
Federalsburg, MD 21632

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

410-754-9754

Carroll County

Mt. Airy Senior Center

703 Ridge Avenue
Mt Airy, MD 21771
410-795-1017, 301-829-2407

North Carroll Senior Center

2328 Hanover Pike
Hampstead MD 21074
410-386-3900

South Carroll Senior Center

5928 Mineral Hill Road

Eldersburg, MD 21784
410-386-3700

Taneytown Senior Center

220 Roberts Mill Road
Taneytown, MD 21787
410-386-2700

Westminster Senior Center

125 Stoner Avenue
Westminster, MD 21157
410-386-3850

Cecil County

Elkton Center

200 Chesapeake Blvd., Suite 1700
Elkton, MD 21921
410-996-5295

Charles County

Indian Head Senior Center

100 Cornwallis Square
Indian Head, MD 20640
301-743-2125

Nanjemoy Community Center- Senior Center Programs

4375 Port Tobacco Road
Nanjemoy, MD 20662
301-246-9612 ext 20

Richard R. Clark Senior Center

1210 E. Charles Street
La Plata, MD 20646
301-934-5423

Waldorf Senior Center

3092 Crain Highway
Waldorf, MD 20601
301-638-4420

Dorchester County

MAC Senior Center

2450 Cambridge Beltway
Cambridge, MD 21613
410-221-1920

North Dorchester MAC Senior Center

6210 Shiloh Church and Hurlock Road
Hurlock, MD 21643
410-943-1106

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

Frederick County

Brunswick Senior Center

12 East A Street
Brunswick, MD 21716
301-834-8115

Frederick Senior Center

1440 Taney Avenue
Frederick, MD 21702
301-600-3525 (Activities)

Emmitsburg Senior Center

300 South Seton Avenue
Emmitsburg, MD 21727
301-600-6350

Urbana Senior Center

9020 Amelung Street
Frederick, MD 21704
301-600-7020

Garrett County

Flowery Vale Senior Center

204 South Street
Accident, MD 21520
301-746-8050

Grantsville, MD 21536
301-895-5818

Mary Browning Senior Center

104 East Center Street
Oakland, MD 21550
301-334-9431 ext 134

Grantsville Senior Center

125 Durst Court

Harford County

Aberdeen Senior Center

7 West Franklin Street
Aberdeen, MD 21001
410-273-5666

Highland Senior Center

708 Highland Road
Street, MD 21154
410-638-3605

Edgewood Senior Center

1000 Gateway Road
Edgewood, MD 21040
410-612-1622

Bel Air/McFaul Activity Center

525 W. McPhail Rd.
Bel Air, MD 21014
410-638-4040

Havre de Grace Senior Center

351 Lewis Lane
Havre de Grace, MD 21078
410-939-5121

Veronica "Roni" Chenowith Fallston Activity Center

1707 Fallston Road
Fallston, MD 21047
410-638-3260

Howard County

Bain Center

5470 Ruth Keeton Way
Columbia, MD 21044

410-313-7213

East Columbia 50+ Center

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

6600 Cradlerock Way
Columbia, MD 21045
410-313-7680

Elkridge Senior Center
6540 Washington Blvd.
Elkridge, MD 21075
410-313-4930

Ellicott City Senior Center
9401 Frederick Road
Ellicott City, MD 21042

410-313-1400

Glenwood 50+ Center
2400 Route 97
Cooksville, MD 21723
410-313-5440

North Laurel 50+ Center
9411 Whiskey Bottom Road
Laurel, MD 20723
410-313-0380

Kent County

Amy Lynn Ferris Adult Activity Center
200 Schaubert Road
Chestertown, MD 21620
410-778-2564

Montgomery County

Damascus Senior Center
9701 Main Street
Damascus, MD 20872
240-777-6995

Gaithersburg/Upcounty Senior Center
80-A Bureau Drive
Gaithersburg, MD 20878
301-258-6380

Holiday Park Senior Center
3950 Ferrara Drive
Wheaton, MD 20906
240-777-4999

Long Branch Senior Center
8700 Piney Branch Road
Silver Spring, MD 20901
240-777-6975

Margaret Schweinhaut Senior Center
1000 Forest Glen Road
Silver Spring, MD 20901
240-777-8085

Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850
240-314-8800

Prince George's County

Bowie Senior Center
14900 Health Center Drive
Bowie, MD 20716
301-809-2300

Camp Springs Senior Activity Center

6420 Allentown Road
Camp Springs, MD 20746
301-449-0490

Evelyn Cole Senior Center
5702 Addison Road

Maryland Department of Aging, 410-767-1100, <http://aging.maryland.gov>

Seat Pleasant, MD 20743
301-386-5525

Greenbelt Senior Center

15 Crescent Road
Greenbelt, MD 20770
301-397-2208

Gwendolyn Britt Senior Activity Center

4009 Wallace Road
North Brentwood, MD 20722
301-699-1238

John Edgar Howard Senior Center

4400 Shell Street
Capitol Heights, MD 20743
301-735-9136

Langley Park Senior Activity Center

1500 Merrimac Drive
Hyattsville, Maryland 20783
301-408-4343

Laurel-Beltsville Senior Activity Center

7120 Contee Road
Laurel, MD 20707
301-206-3350

Queen Anne's County

Grasonville Senior Center

4802 Main Street P.O.Box 147
Grasonville, MD 21638
410-827-6010

Kent Island Senior Center

891 Love Point Road

Stevensville, MD 21666
410-604-3801

Sudlersville Senior Center

605 Foxxtown Drive
Sudlersville, MD 21668
410-438-3159, 410-928-3100

St. Mary's County

Garvey Senior Activity Center

41780 Baldrige Street
Leonardtown, Maryland 20650
301-475-4200, ext. 1050

Loffler Senior Activity Center

21905 Chalcellor's Run Road

Leonardtown, Maryland 20650
301-737-5670, ext. 1652

Northern Senior Activity Center

29655 Charlotte Hall Road
Leonardtown, Maryland 20650
301-475-4002, ext. 1002

Somerset County

Princess Anne MAC Center

11916 N. Somerset Ave
Princess Anne MD 21853
410-651-3400

Talbot County

Talbot Senior Center
400 Brookletts Avenue
Easton, MD 21601
410-822-2869

Washington County

**Washington County Senior Center at the Girls
Inc. Center**
626 Washington Ave.
Hagerstown, MD 21740
301-671-2368

Wicomico County

Lucille Tull Dulany Senior Center
909 Progress Circle
Salisbury MD 21804
410-742-0505

Worcester County

**Northern Worcester County MAC Senior
Center**
10129 Old Ocean City Blvd.
Berlin, MD 21811
410-641-0515

Ocean City Senior Center
104 41st St.
Ocean City, MD 21842
410-289-0824

Pocomoke Senior Center
400-B Walnut Street
Pocomoke, MD 21851
410-957-0391

Charles and Martha Fulton Senior Center
4767 Snow Hill Road
Snow Hill, MD 21863
410-632-1277

MAP INFORMATION & ASSISTANCE

<i>County</i>	<i>Contact Person</i>	<i>Address</i>	<i>Telephone</i>
Allegany	Sarah Bush	Human Resources Development Commission, Inc. Area Agency on Aging 19 Frederick Street Cumberland, Maryland 21502	301-783-1710 TTY: 1-800-735-2258 FAX: 301-722-0937 sbush@allconet.org
Anne Arundel	Sandy Berkeley	Anne Arundel Co. Dept. of Aging 2666 Riva Road Annapolis, Maryland 21401	410-222-4257 1-800-492-2499 TTY: 410-222-4464 FAX: 410-222-4346 agberk81@aacounty.org
Baltimore City	Thelma Winn	CARE Service@BHCA 201 E. Baltimore Street 15 th Floor Baltimore, MD 21202	410-396-2273 FAX: 410-385-0381 Thelma.winn@baltimorecity.gov
Baltimore Co.	Peggy Miller	Baltimore County Dept. of Aging 611 Central Avenue Towson, Maryland 21204	410-887-2594 TTY: 410-887-4202 FAX: 410-887-2015 psmiller@baltimorecountymd.gov
Calvert	Tunya Taylor	Calvert County Area Agency on Aging 450 West Dares Beach Road Prince Frederick, Maryland 20678	410-535-4606 301-855-1170 Metro D.C. FAX: 410-535-1903 taylorTM@co.cal.md.us
Caroline	Irene Garrettson	Upper Shore Aging, Inc. Caroline Senior Center 403 S. 7 th Street, Suite 127 Denton, Maryland 21629	410-479-2093 410-479-2535 FAX: 410-479-1879 irenegar@intercom.net
Carroll	Deborah Frame	Carroll County Bureau on Aging 125 Stoner Avenue Westminster, Maryland 21157	410-386-3800 (410-386-3850 Mt. Airy) (410-848-4049 Westminster) FAX: 410-840-0436 TTY: 410-848-3555 dframe@ccg.carr.org
Cecil	Mary Kahoe	Cecil County Department of Aging 200 Chesapeake Boulevard, Suite 1700 Elkton, Maryland 21921	410-996-5295 FAX: 410-620-9483 mkahoe@ccgov.org
Charles	Bonnie Hampton	Charles County Area Agency on Aging Department of Community Services 8190 Port Tobacco Road Port Tobacco, Maryland 20677	301-934-9305 ext. 5118 301-870-3388 TTY: 1-800-735-2258 FAX: 301-934-5624 hamptonb@charlescounty.org

MAP INFORMATION & ASSISTANCE

<i>County</i>	<i>Contact Person</i>	<i>Address</i>	<i>Telephone</i>
Dorchester	Mary Handley	Senior Information & Assistance Delmarva Community Services, Inc. P. O. Box 637 Cambridge, Maryland 21613	410-221-1930 FAX: 410-221-1917 maryh@dcsdct.org
Frederick	Eleanor Jenkins	Senior Information & Assistance Frederick County Department of Aging 1440 Taney Avenue Frederick, MD 21702	301-600-1604 TTY: 301-694-1672 FAX: 301-631-3554 EJenkins@FrederickCountyMD.gov
Garrett	Lynda Weeks	Senior Information & Assistance Mary Browning Senior Center 104 E. Center Street Oakland, Maryland 21550	Oakland: 301-334-9431 Accident: 301-746-8824 FAX: 301-334-8555 lweeks@garrettcac.org
Harford	Kathy Bond	Senior Information & Assistance Harford Co. Area Agency on Aging Bel Air Senior Center 145 N. Hickory Avenue Bel Air, Maryland 21014	Harford: 410-638-3025 Baltimore: 410-879-2000 ext. 3331 or 3380 FAX: 410-893-2371 mmcarroll@harfordcountymd.gov
Howard	Pam Bilal	Senior Information & Assistance Howard Co. Area Agency on Aging 6751 Columbia Gateway Dr-2 nd Fl. Columbia, MD 21046	410-313-5980, 1-800-506-5806 FAX: 410-313-6593 pbilal@co.ho.md.us
Kent	Stephanie Lindsey	Senior Information & Assistance Upper Shore Aging, Inc. Kent Senior Center 118 North Cross Street Chestertown, Maryland 21620	410-778-2564 FAX: 410-758-9994 slindsey@intercom.net
Montgomery	Jennifer Long	Senior Information & Assistance Montgomery County Division of Aging and Disability Services 401 Hungerford Drive – 3 rd Floor Rockville, Maryland 20850	240-777-3000 TTY: 240-777-4575 FAX: 240-777-1495 Jennifer.Long@montgomerycountymd.gov
Prince George's	Deborah Mc Broom	Senior Information & Assistance Prince George's County Area Agency on Aging 6420 Allentown Road Camp Springs, MD 20748	301-265-8450 TTY: 301-277-0076 FAX: 301-248-5358 dcmcbroom@co.pg.md.us

MAP INFORMATION & ASSISTANCE

<i>County</i>	<i>Contact Person</i>	<i>Address</i>	<i>Telephone</i>
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Somerset	Sheree Marshall	Senior Information & Assistance Commission on Aging-MAC, Inc. 11916 North Somerset Avenue Princess Anne, Maryland 21853	410-651-0020 FAX: 410-651-3350 slmarshall@somersetmd.us
St. Mary's	Debbie Barker	Senior Information & Assistance St. Mary's Co. Area Agency on Aging Garvey Senior Center P. O. Box 653 Leonardtown, Maryland 20650	301-475-4200 (ext.1050) FAX: 301-475-4503 debbie.barker@co.saint-marys.md.us
Talbot	Debra Cavalier	Senior Information & Assistance Talbot County Senior Center 400 Brooklets Avenue Easton, Maryland 21601	410-822-2869 FAX: 410-820-9563 dcavalier@uppershoreaging.org
Washington	Elizabeth Church	Senior Information & Assistance Washington County Commission on Aging, Inc. 140 W. Franklin Street 4 th Floor Hagerstown, Maryland 21740	301-790-0275 x211 TTY: 1-800-735-2258 FAX: 301-739-4957 lchurch@wccoaging.org
Wicomico Lower Shore	Teri Davidson	Senior Information & Assistance Pine Bluff – MAC, Inc. 1504 Riverside Drive Salisbury, Maryland 21801	410-543-0388 FAX: 410-742-0525 tld@macinc.org
Worcester	Terry Cullen	Senior Information & Assistance Worcester Co. Commission on Aging 4767 Snow Hill Road P. O. Box 159 Snow Hill, Maryland 21863	410-632-1289 FAX: 410-632-2613 tcullen@worcoa.org

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