

Maryland Department of Aging

Budget Presentation • Fiscal Year 2013

Annual Report 2011



Department of Aging

Martin O'Malley, *Governor*

Anthony Brown, *Lt. Governor*

Gloria Lawlah, *Secretary*

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 2011 and represents our budget presentation for Fiscal Year 2013.

MDoA boldly began the year 2011 by launching the 3P's campaign – “Planning, Prevention and Preparedness” – whose goal is to promote a better overall quality of life by creating awareness and motivating consumers to plan ahead and consider new ways to live long, healthy lives in their communities. By encouraging Marylanders to plan for their future and challenging older adults to take control of their health, MDoA is helping our State generate savings, improve outcomes, and making a difference in peoples' lives.



During most of 2011, deficit reduction dominated our discussions and agendas. At MDoA, we are doing our part to reduce the deficit. We have been focusing on strategies to divert people from institutional settings in favor of less expensive home and community-based supports and services. Our largest program, the *Medicaid Waiver for Older Adults*, serves over 3200 people age 50 and over, who are medically and financially eligible to receive Medicaid-funded nursing home care, at a cost that is less than half the cost of nursing home care. Through the State's *Money Follows the Person* initiative, MDoA and its local partners have provided education and application assistance to nursing home residents across the State and facilitated their transition back to community living. The *Maryland Access Point* Program is providing more efficient access to information, making it possible for people who need help to connect to services more quickly. We know that our efforts to reduce healthcare fraud, through programs like *Senior Medicare Patrol*, are saving money. Programs focused on improving the ability of people to manage chronic conditions, such as Stanford University's Chronic Disease Self-Management Program, along with our other initiatives to promote healthy lifestyles and reduce falls, can also keep seniors healthy and save money.

MDoA has been working on grant-funded initiatives designed to reduce unnecessary nursing home and hospital admissions. Funded by the Centers for Medicare and Medicaid Services, the *Person-Centered Hospital Discharge* initiative allows several Area Agencies on Aging to partner with local hospitals to place nurses or social workers alongside hospital discharge planners to work with people after discharge to prevent nursing home placement and hospital readmissions. The *Evidence-Based Care Transition Program*, a partnership we have with Johns Hopkins Community Physicians and Baltimore City CARE Services, will work with individuals with multiple chronic conditions to support their care in the community and avoid acute episodes including admissions to hospitals. The *Community Living Program* is targeting older adults at high risk of nursing home placement and Medicaid spenddown and giving them priority for non-Medicaid community-based services. The program provides a self-directed flexible spending benefit that is modeled on national Cash and Counseling programs which are known to increase quality of life, expand the use of less expensive informal support networks, and create financial efficiency. We have partnered with the federal Veterans Administration to implement this program for Maryland veterans.

Technologically speaking, we ventured into new territory to reach more people by launching a radio show titled “Living Well” on a Baltimore-area talk radio station. We also entered the realm of social media with a new Facebook page which has cultivated a dedicated following. And we continue to help older Marylanders understand the maze of Medicare Part D and related insurance options through public education, one-on-one assistance, and by hosting two live televised Phone-A-Thons during open enrollment in the Fall, one in the Baltimore television market and the other in the Washington, DC television market.

Sincerely,

A handwritten signature in black ink that reads "Geri Kowbe". The signature is written in a cursive, flowing style.

Secretary

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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:

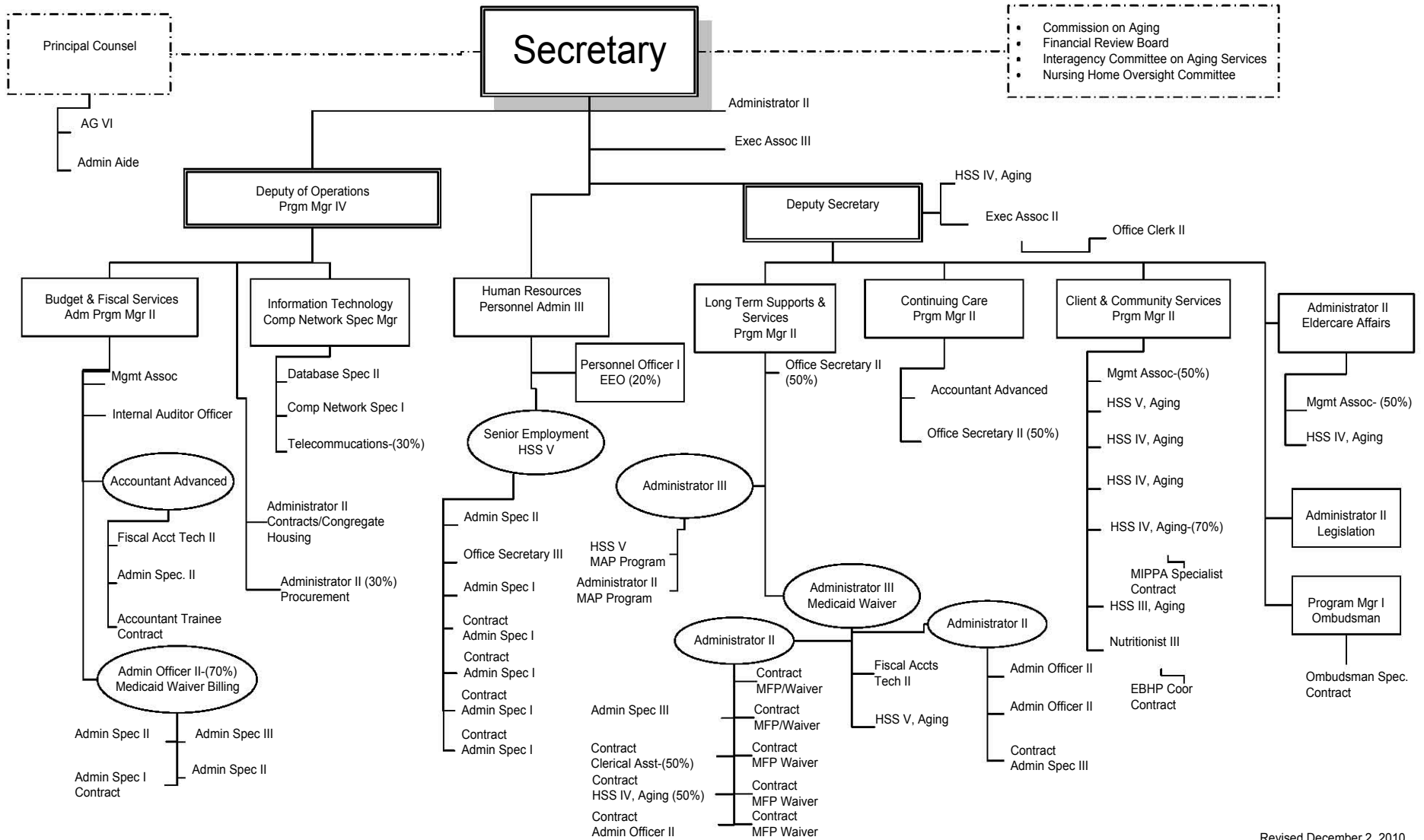
- Goal #1 Empower older Marylanders, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

- 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.

Maryland Department of Aging



- Commission on Aging
- Financial Review Board
- Interagency Committee on Aging Services
- Nursing Home Oversight Committee

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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.

- **Individuals between the ages of 80-84 are the fastest growing segment of the population.** This cohort will grow in number, statewide, from 96,799 in 2005 to 219,255 by the year 2040.
- **The number of older Marylanders is increasing.** Of the nearly 5.3 million people in Maryland in 2000, 15% (801,036) were over the age of 60. The percentage is expected to increase to 25.5% of Maryland's projected population of 6.7 million by the year 2030.
- **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 2005-2040
Allegany Co.	17,725	20,392	21,720	21,774	27.13%
Anne Arundel Co.	92,695	120,290	142,972	139,412	78.53%
Baltimore City	121,232	146,503	152,262	149,843	35.30%
Baltimore Co.	161,345	208,053	230,842	223,222	53.07%
Calvert Co.	14,455	22,970	30,403	28,773	149.40%
Caroline Co.	6,628	9,025	11,166	11,663	104.40%
Carroll Co.	31,032	44,254	56,109	54,649	113.75%
Cecil Co.	17,150	24,898	31,729	34,518	141.72%
Charles Co.	20,480	30,992	44,884	46,018	171.64%
Dorchester Co.	8,512	11,351	13,012	12,582	67.18%
Frederick Co.	37,266	57,624	75,622	75,113	150.08%
Garrett Co.	7,322	9,792	11,321	11,376	74.83%
Harford Co.	44,204	62,117	75,572	74,284	105.11%
Howard Co.	44,750	65,120	82,140	81,599	138.80%
Kent Co.	6,060	8,160	9,739	10,129	92.49%
Montgomery Co.	183,429	258,367	315,888	313,812	108.90%
Prince George's Co.	137,473	192,853	233,444	231,367	110.41%
Queen Anne's Co.	10,339	14,907	18,842	18,519	117.77%
St. Mary's Co.	17,228	27,929	38,956	39,518	188.18%
Somerset Co.	5,415	6,933	7,452	7,382	52.14%
Talbot Co.	11,353	14,775	17,152	16,467	64.90%
Washington Co.	28,590	38,275	45,719	47,113	82.16%
Wicomico Co.	17,630	23,210	26,255	27,549	77.54%
Worcester Co.	15,940	21,001	24,730	24,732	74.13%
State of Maryland	1,058,253	1,439,791	1,717,931	1,701,414	89.39%

Source: U.S. Census, Maryland Department of Planning, Revised December 2010

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

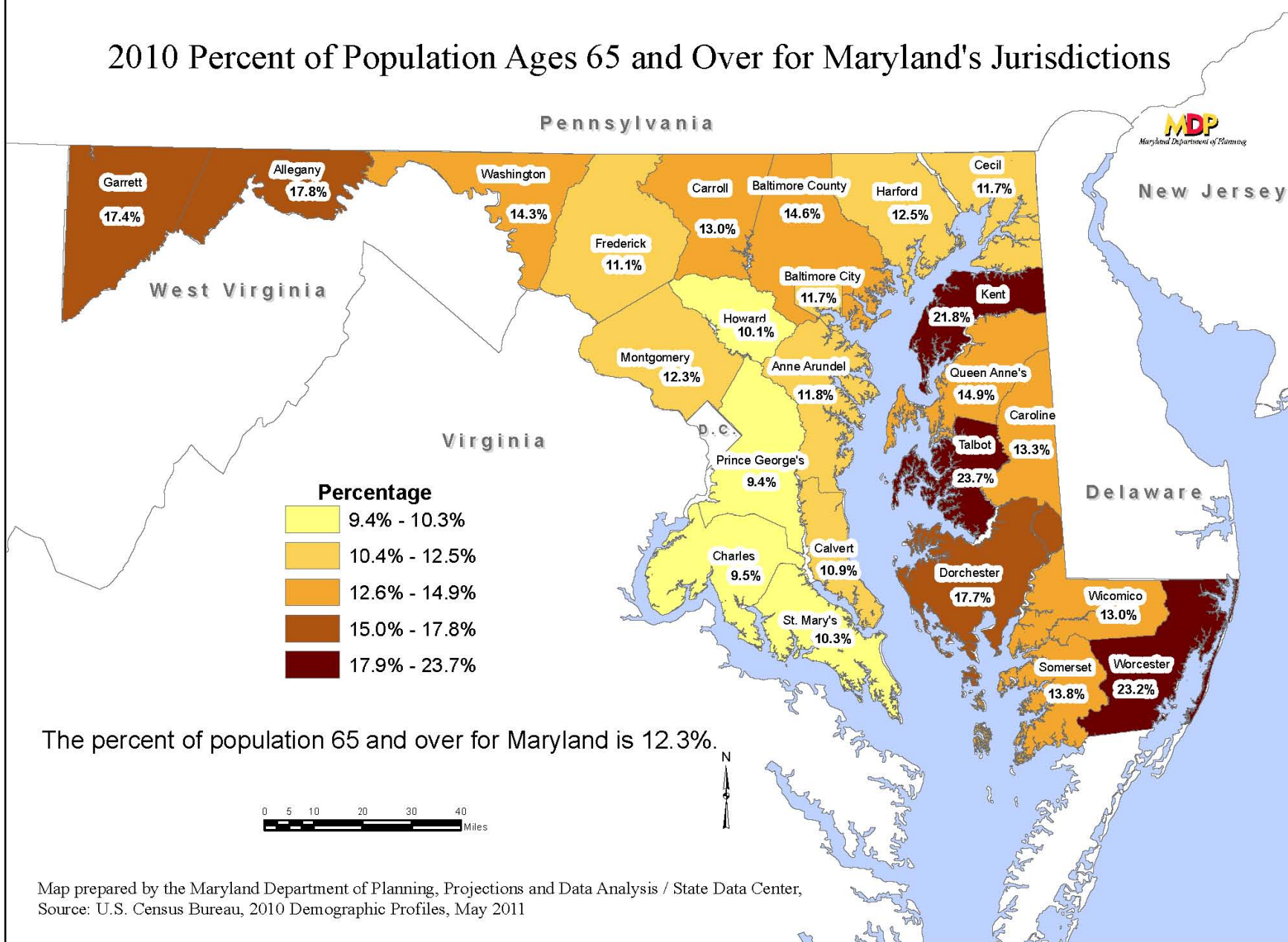
DEMOGRAPHICS

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.

2010 Percent of Population Ages 65 and Over for Maryland's Jurisdictions



The percent of population 65 and over for Maryland is 12.3%.



Map prepared by the Maryland Department of Planning, Projections and Data Analysis / State Data Center,
 Source: U.S. Census Bureau, 2010 Demographic Profiles, May 2011

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ACCOMPLISHMENTS

ACCOMPLISHMENTS

3P's: "Planning, Prevention and Preparedness"

MDoA launched an educational awareness campaign titled the 3P's: "Planning, Prevention and Preparedness." The campaign included print advertising and a radio show titled "Living Well" on WOLB (1010 AM) talk radio, featuring experts on a variety of subjects. Thousands of listeners were reached over the 13 week show.

Aging and Disability Resource Center/Maryland Access Point

The Aging and Disability Resource Center (ADRC) Program is one of the major initiatives of the Department to reform long term service and supports* and involves a collaborative effort with the Departments of Health and Mental Hygiene, Human Resources, and Maryland Department of Disabilities, as well as advocates for senior consumers and persons with disabilities. In Maryland, the ADRC Program is known as Maryland Access Point (MAP). The MAP program is part of a national initiative to make it easier for consumers and their families to navigate long term supports and services. The MAP program had only two local sites in 2007. It now has sixteen local sites – with the expectation of 20 by June 2012 – and has been a conduit for approximately \$6 million in federal grants. The MAP program has also been a conduit for several innovations in long term services and supports systems including:

- The use of a person-centered approach to working with individuals to identify and acquire long term supports and service needed to remain in their home;
- The development of nationally approved standards for person-centered options counseling;
- The development of a flexible budget-based approach that enables a person to stay within his or her means to employ caregivers and purchase the supports needed to remain in the community; and
- Facilitating the collocation of county agencies responsible for determining a person's eligibility for programs regardless of their age. Developing formal agreements between the AAAs and non-profit disability partners, like Centers for Independence, that provide information and referral and specialized support for individuals with disabilities of all ages.
- A searchable web-based database (www.marylandaccesspoint.info) that expedites access to information.

The goal of all these innovations is to create a service delivery system that enables people to avoid institutional care and Medicaid spend down, reduce hospital and nursing home readmissions and assist people to live successfully in the community.

* Long term support refers to a wide range of in-home, community-based, and institutional services and programs designed to help individuals access services.

ACCOMPLISHMENTS

Civic Engagement

To encourage Marylanders to remain active both physically and mentally as they age, MDoA added content to its website about older adult civic engagement and lifelong learning. The new portal will enable web site visitors to access ways to offer volunteer services in their community and to discover a wealth of lifelong learning opportunities throughout the State.

Continuing Care Retirement Communities

MDoA, through its regulatory authority over continuing care retirement communities (CCRCs), has successfully intervened in four CCRCs that were in financial difficulty. Working with the CCRCs, their financial institutions, parent corporations, and potential buyers, the State of Maryland has successfully averted the closing of these four CCRCs - preventing the loss of hundreds of jobs and the possible move out of state by the affected seniors.

Emergency Response

To prepare for Hurricane Irene, MDoA made contact with AAA Directors and/or their designated emergency operations staff in the days leading up to and following the hurricane, reaching each partner in the path of the storm. All counties reported meeting with key staff to prepare for the hurricane and after care. Each county has emergency evacuation plans within the framework of its county emergency management operations, with identification of vulnerable adults (i.e., homebound persons and individuals with disabilities) as a priority. Local Long Term Care Ombudsmen made contact with area nursing homes and assisted living facility managers to assure that residents' needs were met. Senior Centers were also identified as secondary shelters and made ready for emergency use.

MDoA staff reported to Maryland Emergency Management Agency (MEMA) headquarters and several agency staff members assisted AAAs on the ground, distributing water and supplies and providing residents with assistance completing applications for disaster assistance in areas hardest hit.

Health Promotion & Falls Prevention

Area Agencies on Aging continue to provide a variety of evidence-based health promotion and falls prevention programs throughout the state. These classes are funded through state agency-acquired grants, private foundations or local funds. The Living Well Program (Chronic Disease Self Management and Diabetes Self Management) is offered statewide and has been shown to reduce emergency room visits and improve quality of life. In 2011, there were 105 workshops and 977 participants who attended these workshops – a significant increase in availability and participation for 2010. Overall, since January 2010, there have been 1831 workshop participants and 193 workshops.

There are several locally-implemented programs, such as “SteppingOn”, “Matter of Balance” and “Tai Chi for Better Balance,” which reduce the incidence of falls, and improve balance and strength.

ACCOMPLISHMENTS

Maryland Medicare Part D Phone-A-Thon

On October 28, 2011 and November 17, 2011, the MDoA's Senior Health Insurance Assistance Program (Maryland SHIP) sponsored two live television Phone-A-Thons. The goal of the Phone-A-Thons was to inform the public about the new dates for the Annual Enrollment Period, and encourage beneficiaries who needed help with their decisions to seek assistance through their local SHIP program. Also highlighted during the initiative were assistance programs for low income beneficiaries, including the Maryland Senior Prescription Drug Assistance Program, which helps pay monthly premiums, and additional coverage through selected prescription drug plans during the Part D coverage gap, known as the "donut hole."

Due to the Affordable Care Act (health reform), the annual enrollment period was scheduled earlier in 2011, to between October 15 and December 7. The enrollment period provides an opportunity for beneficiaries to change their Medicare Part D prescription drug plan coverage or Medicare Advantage plan options, based on their current needs.

Ombudsman Program Improvements

MDoA continued to strengthen the Long Term Care Ombudsman Program based on the recommendations of an independent study of the program completed in 2009. A Coordination Team of AAA Directors and local ombudsmen provides guidance on the day-to-day operations of the program. These two groups enhance decision making so that the 47,000 residents in long term care facilities are better served. Across the state, ombudsmen made over 3,500 visits to nursing homes and assisted living facilities to promote residents' rights and quality of care. From these visits, 2797 complaints were addressed, 9303 consultations were provided to individuals on complex long term care issues, and 224 educational sessions were conducted. A grant was awarded from Office of Health Care Quality Civil Money Penalty Fund that will be used to develop certification requirements for all volunteer and employed ombudsmen, which will enable the Maryland Program to conform to federal requirements of the Older Americans Act, function more consistently throughout the State, and ensure that ombudsmen have no conflicts of interest.

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service and work-based training program for older workers. Authorized by the Older Americans Act, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants have access to both SCSEP services and other employment assistance through One-Stop Career Centers. In 2011, SCSEP served 184 low-income older adults, providing training at local non-profit community and government agencies to enhance their skills and help them gain experience that will lead to jobs and improved quality of life.

ACCOMPLISHMENTS

Senior Medicare Patrol

Funded by the Centers for Medicare and Medicaid Services, Maryland Senior Medicare Patrol (SMP) provides information on how to detect, prevent, and report Medicare fraud, abuse, and waste. The SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with State and national fraud control/consumer protection entities. During 2011, three regional town hall meetings provided Medicare and Medicaid beneficiaries, care providers, and the general public with information about methods to prevent being victimized by healthcare fraud, waste and abuse.

Senior Nutrition Program

In 2011, the Congregate and Home Delivered Meals Programs provided nearly 2.4 million meals to approximately 3,500 seniors in group settings or delivered to their home (if home-bound). Overall, the need for home delivered meals is increasing, requiring greater innovation in recruiting and training more volunteers, and making improvements in cost efficiencies.

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program (SFMNP) is a program funded by the U.S. Department of Agriculture, Food and Nutrition Service and overseen by the Maryland Department of Agriculture. MDoA is responsible for administering this program to seniors.

The purposes of the SFMNP are to:

- 1) Provide fresh, nutritious, locally grown fruits, vegetables and herbs from farmers' markets to low-income seniors;
- 2) Develop new farmers' markets across the state; and
- 3) Provide nutrition education.

Maryland has administered the program since its inception in 2001. MDoA establishes the allocation amounts to each jurisdiction, provides technical support, and conducts compliance reviews. AAAs approve eligible seniors, issue checks, and provide nutrition education.

To participate in the SFMNP, applicants must provide proof of age (60 years or older) and Maryland residency and valid documentation of participation in a means-tested qualifying program. The maximum benefit amount is \$30 to each eligible senior to purchase locally grown produce from authorized farmers at approved farmers' markets. Sixteen thousand low-income seniors across the state benefitted from this program in 2011, for a total distribution of over \$240,000 in farmers market coupons.

ACCOMPLISHMENTS

Town Hall Meetings

MDoA provided support to the Office of Health Care Quality in the development and implementation of 16 Assisted Living Town Hall Meetings that were held throughout the state in senior centers. These forums gave assisted living providers, as well as consumers, the opportunity to comment on assisted living regulations. Long Term Care Ombudsmen participated in the sessions and encouraged consumers and providers to attend.

Special Events

Annual Governor's Leadership in Aging Awards

In May, MDoA hosted the 4th Annual Governor's Leadership in Aging Awards, which honored individuals and groups for their contributions in the areas of visual and performing arts and health and fitness. Dr. Bill Thomas, an international authority on geriatric medicine and eldercare, was honored by Secretary Gloria Lawlah with a Lifetime Achievement award for his pioneering work to promote culture change in long term care facilities.

2011 Maryland Centenarians Luncheon

In May 2011, MDoA co-sponsored and participated in the 19th Annual Maryland Centenarians luncheon in conjunction with the Maryland Centenarians Committee. The 2011 luncheon recognized 85 centenarians from around the State. Presently, there are 911 centenarians residing in the State of Maryland.

2011 Outstanding Respite Provider Award

MDoA's National Family Caregiver Support Program was awarded the *Outstanding Respite Provider Award* during the Maryland Respite Care Coalition's 12th Annual Respite Awareness Day Conference in October 2011. The conference was attended by 250 people at the Maritime Institute in Linthicum, Maryland.

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GRANTS

GRANTS

Affordable Care Act

Maryland Department of Aging (MDoA) received more than \$1.3 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 are made possible by 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 local offices on aging, will administer 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
- **ADRC Options Counseling** has strengthened 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. Options counseling programs help people understand, evaluate, and manage the full range of long term services and supports available in their community. Under this grant, Howard County will work to develop and test standards and to develop a method for incorporating these standards in all long term supports and services programs and among all MAP partners, including the Money Follows the Person Demonstration.
Funding Source: AoA
Project Period: September 30, 2010 – September 30, 2012
Amount: \$500,000
- **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

GRANTS

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 30, 2012

Amount: \$197,660

Empowering Individuals to Navigate their Health & Long Term Care Support Options

In September 2009, the AoA awarded a thirty-six month grant to expand and strengthen MAP. Under this grant, a five year strategic plan was developed to expand and enhance the MAP sites. There are sixteen sites and by June of 2012 there will be twenty “no-wrong door” sites across Maryland where consumers and their families can receive information and assistance on long term services and supports.

Funding Source: AoA

Project Period: October 1, 2009 – September 30, 2012

Amount: \$267,483

Evidence-Based Health Promotion for Seniors

Evidence-based health initiatives are programs adapted from tested models that encourage older individuals to adopt habits that can improve their health and well-being. The goal of this grant is to reduce rates of disability, improve mental and cognitive function, and lower health care costs. Research has shown that older adults who increase physical activity, adopt healthy eating habits, and take steps to minimize the risk of falling, can live longer and healthier lives. Evidence-based health promotion programs include classes in falls prevention, exercise programs to increase strength, flexibility and balance, and classes that promote chronic disease self-management.

MDoA received a two-year grant from AoA using funding from the Recovery Act. “ARRA CDSMP” funds coordinators in nine Area Agencies on Aging (AAAs) and one non-profit hospital to implement the Chronic Disease Self Management Program (CDSMP), which is known in Maryland as *Living Well and Living Well with Diabetes*. MDoA coordinates this statewide program, which has provided 105 workshops to 977 participants. More participants attended workshops and more workshops were held in 2011 than 2010. Overall, since 2010, there have been 193 workshops provided to 1,831 workshop participants.

Funding through this grant allowed our flagship health promotion program to incorporate more refined marketing techniques in 2011, which has brought on more partners as well as more participants. Major efforts have included the development of fidelity plans at each licensed organization, the addition of the Diabetes program, as well as Pain Self Management in select areas, and enhance intra-agency cross-trainings.

MDOA has been working with the State Medicaid Agency, the Older Adult Waiver Program, SHIP (Senior Health Insurance Assistance Program) Coordinators, AARP, and Medical Homes to increase referrals and host sites for the Program. Towson University’s Center for Productive Aging will be performing an evaluation of the grant. The National Council on Aging provides

GRANTS

additional technical assistance. During the Fall and Winter of 2011-12, MDoA focused on sustainability plan development.

Additional funding awarded by The Harry and Jeanette Weinberg Foundation, Inc. allows four jurisdictions – Baltimore City, Somerset, Queen Anne’s and Washington counties – to implement the chronic disease self-management program.

Funding Source: AoA

Project Period:

Year 1- April 1, 2010 – March 31, 2011

Year 2- April 1, 2011 – March 31, 2012

Amount: \$600,000

Funding Source: The Harry and Jeanette Weinberg Foundation, Inc.

Project Period:

Year 1-October 23, 2008-October 22, 2009

Year 2-October 23, 2009- October 22, 2010

Year 3-October 23, 2010- October 22, 2011

Amount: \$ 492,596 (\$176,612 in 2009, \$176,612 in 2010, and \$139,372 in 2011)

Medicare Improvements for Patients and Providers Act (MIPPA) Grant

The purpose of the MIPPA grant, a jointly funded project of the U. S. Centers for Medicare & Medicaid Services (CMS) and AoA, is to demonstrate how SHIPs, State Agencies on Aging, AAAs, and ADRCs can coordinate outreach activities to educate and provide application assistance to low income Medicare beneficiaries who may be eligible for the Low Income Subsidy (LIS) to help with Medicare Part D prescription expenses, Medicare Savings Programs (MSP), the Qualified Medicare Beneficiary (QMB), the Specified Low Income Medicare Beneficiary (SLMB) and Qualified Individual Program(QI-1) to help with Medicare Part B expenses.

Funding Source: AoA and CMS

Project Period: June 1, 2009-May 31, 2011

Amount: AoA \$119,341, CMS \$132,159

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 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

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Nursing Home Diversion Grant/Community Living Initiative/Veteran-Directed Home and Community Based Service Program

The Nursing Home Diversion/Community Living Program grant was initially a three-year initiative funded by AoA; however, the grant has received an extension through June 2012. The initiative has enabled MDoA, in partnership with five AAAs and other long-term care stakeholders, to develop a tool to identify individuals at risk of Medicaid spend down and nursing home placement and assist them through a flexible self-directed benefit program. The program also has made it possible to develop a Veteran-Directed Home and Community Based Services Program which will provide a flexible benefit to veterans who have disabilities and are living in the community. In 2010, a Fiscal Intermediary was retained to provide personnel payroll and vendor purchases by individuals participating in the Community Living and Veterans Programs.

Funding Source: AoA

Project Period: September 30, 2007 – June 30, 2012

Amount: \$500,000

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 - December 31, 2012

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

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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 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.

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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

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COMMUNITY SERVICES

COMMUNITY SERVICES

Health Promotion and Disease Prevention

Program Description: Health Promotion and Disease Prevention programs increase independence for seniors by providing education and services to promote overall health, physical fitness and mental acuity. The Area Agencies on Aging (AAAs) provide educational sessions on current health topics as well as fitness activities that include dance, exercise and fitness centers. Health screening includes cholesterol, high blood pressure, osteoporosis and diabetes testing. The medication management programs provide access to nurses or pharmacists. This program helps to ensure that medications are being taken, stored and disposed of properly and safely. Health services may include services such as pain management, art therapy and flu shots.

“I recently attended the EnhanceFitness classes. I really enjoyed our instructor, Tina. She was fun and was always patient as we learned our exercises. I’m so pleased with my results! I can walk longer distances and my arthritis doesn’t bother me as much. Plus, my doctor sees real improvements in my health. What a great resource for seniors!”

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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Health Screening Sessions	18,322	19,434	20,435
Health Education Sessions	13,721	11,316	11,687
Physical Fitness & Exercise Sessions	219,948	216,675	222,190
Health Services	28,807	32,246	32,926
Number of Participants	53,201	55,428	57,790

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	360,430	360,430	360,430
State	28,338	28,338	28,338
Local Contributions/Program Income	224,871	224,871	224,871
Total	613,639	613,639	613,639

CONTACT PERSON:

Judy Simon, Program Manager 410-767-1090, JSimon@oa.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 screening to improve the quality of life for seniors. They are also points of contact for seniors and their families to obtain information about services. 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.

Montgomery County on behalf of the City of Rockville received a State grant in the amount of \$350,000 (FY 2008), \$153,000 (FY 2009) and \$197,000 (2002 unencumbered funds) from the Senior Citizens Activities Centers Capital Improvement Grants Program for the expansion of the Rockville Senior Center to add a 10,000 gross square feet fitness, exercise and wellness facility. Montgomery County completed the expansion of the Rockville Senior Center in December, 2011. The new addition expands the fitness room by 3,500 square feet, expands the exercise room by 22,400 square feet, adds changing and showering facilities of 1,150 square feet and adds 2, 950 square feet of office, storage, reception and hallways to create a facility that is a self-contained unit that can be opened early in the morning and on weekends when the remainder of the building is closed.

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: State grants must be matched 100% by the grant recipient. In-kind matches are permitted. Operating fund grants are provided for innovative programming, and are given for a period not to exceed three years. The senior center grantees must identify alternate funding sources to maintain programming.		
Program Data	FY 2011 (Actual)	FY 2012 (Actual)	FY 2013 (Est.)
Capital Improvement Program			
Total Senior Centers	111	111	113
New Construction	2	3	2
Renovation	1	1	1
Operating Fund Program	1,868	2,412	2,600
Seniors Benefiting from Operating Funds			

Capital Funds	FY 2011 (Actual)	FY 2012 (Actual)	FY 2013 (Est.)
State	250,000	-0-	1,150,000
Local	-0-	-0-	6,210,000
Total	250,000	-0-	7,360,000
Operating Funds			
State	450,000	500,000	500,000
Local	TBD	TBD	TBD
Total	450,000	500,000	500,000

CONTACT PERSON: Cassandra Brown, Program Manager, 410-767-1278, acb@ooa.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.

Clare began her SCSEP training in April 2010. Interested in gaining new skills in delivering support services, Clare was placed at the Department of Rehabilitative Services as a receptionist and administrative assistant. Clare displayed an active involvement in her own skill development and maintained a close working relationship with her host agency supervisor, SCSEP employment specialist, and even the program manager to ensure that she would be considered for training and unsubsidized employment in her chosen industry, healthcare. Working together to improve her training opportunities, Clare was selected to participate in a joint partnership with Baltimore County Workforce Development to gain college credits and direct experience in various healthcare job roles. Because the program has a dual qualification and provides generous financial aid, Clare can continue to train with SCSEP while attending community college. Most importantly, once certified, she will enjoy personalized career development support from both programs aimed at helping her land her dream job. Clare credits her participation and performance in SCSEP with opening doors to better financial and career opportunities.

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	\$13,538		For families with more than 8 persons, add \$3,740 for each additional person.
Couple	\$18,213	N/A	

Program Data:	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Number of Training Positions	184	125	123
Number of Participants Trained	219	150	148
Program Funding:	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Federal	1,647,028	1,231,602	1,206,970
State	279,123	302,006	302,006
Total	1,926,151	1,533,608	1,508,976

CONTACT PERSON:

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

COMMUNITY SERVICES

Senior Nutrition – Congregate Meals

Program Description: The Congregate Meals Program works to improve the quality of life for older persons by providing wholesome meals, nutrition education and counseling. Meals are served in a variety of congregate settings, including senior centers and senior housing sites. There are approximately 260 meal sites in the State of Maryland. The types of meals include traditional and non-traditional meals such as box lunches, salad bars, soup and sandwiches and culturally diverse meals. A very important benefit of congregate meals is the socialization that it encourages, particularly for seniors who do not have much interaction with family or their communities.

After a brisk walk with the senior center’s walking club, Ms. T. joins her friends for a lunch meal and then plans to finish her art piece in the Arts and Crafts room. “I enjoy filling my day with activities and socializing. I donate what I can towards the cost of the meal.” The center’s hot lunch keeps Ms. T’s energy going strong, and provides a nutritious and healthful mid-day meal at no charge to participants.

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.

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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Number of Meals	1,200,145	1,310,019	1,323,853
Number of People Receiving Meals	33,232	35,109	35,863
Number of Volunteers	1,848	1,918	1,992
Waiting List: 40			

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	6,423,611	7,426,892	7,426,892
State	1,220,423	1,220,423	1,220,423
Local Contributions	1,329,056	1,329,056	1,329,056
Total	8,973,090	9,976,371	9,976,371

CONTACT PERSON:

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

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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 per year \$2,152 or \$179 per month.

CS is an 85-year-old widow, who resides at Cedar Lane Independent Living Apartments in Leonardtown, Maryland. Recently when her treasured pet passed away, CS lost her will to live and became very psychotic with staff, friends and family members. After being admitted to the hospital for Tardive Dyskinesia due to a certain medication that she was taking, CS was admitted to the Congregate Housing Services Program, which allowed her medications to be regulated through its medication administration service. Immediately, CS’s psychosis improved greatly and she was able to return to the community dining room for meals and other social activities. CS’s family is very grateful to the administrative and CHSP staff at Cedar Lane Apartments. They also wish to thank the State for providing subsidies for low-income persons in need of support services, which allowed their mother to remain living in the community.

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:
Individual	\$ 2,652	\$ 27,375	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.
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 2011 Actual	FY 2012(Est.)	FY 2013 (Est.)
Number of Residents Receiving Services	698	600	600
Number of Buildings Receiving Services	27	25	25
Program Funding	FY 2011 Actual	FY 2012 (Est.)	FY 2013 (Est.)
Federal	\$972,782	\$888,592	\$888,592
State	\$1,527,077	\$1,501,972	\$1,501,972
Local Contributions	\$588,550	\$480,366	\$480,366
Total	\$3,088,409	\$2,870,930	\$2,870,930

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). 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. L. lived in Havre DeGrace with their small cocker spaniel. They both grew up in the Parkville area of Baltimore County and agreed that they wanted to live in a CCRC in that area. They didn't know where to start their research. They called the Maryland Department of Aging and were directed to the websites of the different CCRCs in Baltimore County where they can could receive information on the specific CCRC, including size of community, entrance fees, monthly fees, and most important, the pet policy. After visiting several CCRCs and comparing the prices, the amenities, and the pet policies, they chose their new home. They chose an apartment because they did not want the added problems of snow removal and home maintenance plus they wanted the companionship of other seniors their age and access to the full continuum of care if needed.

Program Data	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Special Funds	464,778	362,352	364,498

Contact Person:

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

CONTINUING CARE RETIREMENT FACILITIES

Registered Units by Type and Level of Care

			*	**	***
CONTINUING CARE COMMUNITIES (OPERATING)	COUNTY	TOTAL	ILU	AL	COMP
1	BayWoods of Annapolis	192	147	39	6
2	Ginger Cove	349	243	51	55
3	Roland Park Place	278	166	41	71
4	Wesley Home	32	0	32	0
5	Augsburg Lutheran Home	187	0	64	123
6	Augsburg Lutheran Village	138	138	0	0
7	Blakehurst	345	277	24	44
8	Broadmead	373	278	16	79
9	Charlestown	1,908	1,537	164	207
10	Edenwald	455	288	88	79
11	Glen Meadows	281	202	48	31
12	Maryland Masonic Homes	231	33	110	88
13	Mercy Ridge	457	408	49	0
14	North Oaks	232	182	13	37
15	Oak Crest Village	1,898	1,525	173	200
16	Pickersgill Inc.	177	0	136	41
17	Presbyterian Home	58	0	36	22
18	Asbury-Solomons Island	378	300	30	48
19	Carroll Lutheran Village	398	398	0	0
20	Fairhaven	428	314	35	79
21	Buckingham's Choice	304	217	45	42
22	Frederick Home	29	0	29	0
23	Goodwill Retirement Village	56	30	21	5
24	Vantage House	292	222	26	44
25	Heron Pt. of Chestertown	275	192	45	38
26	Asbury Methodist Village	1,307	858	164	285
27	Bedford Court	354	218	76	60
28	Brooke Grove	50	40	5	5
29	Friends House Retirement Community	135	32	21	82
30	Ingleside at King Farm	314	242	46	26
31	Maplewood Park Place	267	207	29	31
32	National Lutheran Home	444	144	0	300
33	Collington	474	367	65	44
34	Riderwood Village, Inc.	2,310	1,948	230	132
35	William Hill Manor	299	121	88	90
36	Fahrney-Keedy	113	61	32	20
37	Homewood at Williamsport	236	236	0	0
38	Diakon - Maryland (Ravenwood & Robinwood)	282	59	139	84
TOTAL UNITS:		16,336	11,630	2,210	2,498

TOTAL COMMUNITIES: 37

TOTAL CERTIFICATES: 38

(1 CCRC has two separate legal entities sharing the same campus)

New Planned Communities

-	The Lutheran Village at Miller's Grant	272	240	20	12
-	Homewood at Frederick, MD	341	165	56	120
-	Crystal Spring	425	350	35	40
					172
TOTAL UNITS:		1,038	755	111	

* 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 seniors 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.

Ms. M’s health had been failing, resulting in frequent hospitalizations and time spent in and out of nursing homes. English was not her first language which made her stays in the nursing homes difficult. When she was hospitalized again, she very much wanted to be discharged to her home. The problem was she couldn’t go home without supports and services, she couldn’t afford to pay for them and the hospital wanted to discharge her. Fearing she would once again have to spend time a nursing home, her family contacted the Baltimore County Department of Aging Waiver Unit. Their staff was able to expedite her Waiver enrollment to coincide with her hospital discharge, allowing her to return to her home with the supports and services she needed and most importantly to her and her family, avoiding another nursing home stay. Quoting her daughter, “You made it possible for me to satisfy my deepest desire which was to take care of my mother in my home until her last breath.”

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 \$2022 as of 1/1/10 (300% of SSI maximum)	Annual Asset Test \$2000		
Program Data:		FY2011 (Act.)	FY2012 (Est.)	FY2013 (Est.)
Number of Providers		5,611	5,611	5,611
Number of Participants – Unduplicated Count		3,610	3,650	3,750
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 3750 participants per year (unduplicated count). The unduplicated count for FY 10 was 3587. There are over 18,000 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 13,500 people in need of long-term support services may have no alternative to placement in a nursing home.				
Program Funding:		FY2011 (Act.)	FY2012 (Est.)	FY2013 (Est.)
Federal (Administration and Case Management)		3,891,580	3,460,730	5,314,480
State (Administration and Case Management)		1,981,054	1,981,054	1,981,054
Total		5,872,634	5,441,784	7,295,534

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.

Ms. A, a female senior resides in Montgomery County and takes care of her 86 year old mother who has dementia. Ms. A has been working full time and takes advantage of the services that are available to assist her with caring for her mother. Her mother receives Medicaid and is eligible for the waiver that would cover the cost of attending an adult day care. Her mother also receives help from an aide that comes in through the Medical Assistance Personal Care Program. When Ms. A comes from work she relieves the aide. When she retired a few years ago and encountered financial obstacles personally along with her mother not receiving any income; Montgomery County’s Division of Aging and Disability Services assisted her in applying for benefits. She and her mother were placed in subsidized housing with the Housing Opportunities Commission. Ms. A received Energy Assistance along with a grant from the National Family Caregiver Support Program which helped pay the cost of renewing her mother’s Permanent Residency with immigration.

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 Individual Couple	Monthly Income Test None	Annual Asset Test None	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.
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Program Funding	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Federal	2,381,706	2,489,257	2,489,257
State	11,800	11,800	11,800
Local Contributions	407,981	407,981	407,981
Total	2,801,487	2,909,038	2,909,038

CONTACT PERSON:

Felicia French, Program Manager, 410-767-0705, fvf@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.

Sixty-six year old, Ms. H. was a patient at Washington Adventist Hospital’s Behavioral Medicine Unit. She responded well to the treatments in the hospital but when it came time to consider discharge options, it was felt that she would need more support and supervision than she would receive living in her own home, but not at a level that would require her to go to a nursing home. What she really needed was a setting which offered a semi-independent, structured living environment like an assisted living facility might provide. To that end, planning efforts focused on locating the optimum assisted living facility, securing funds to help her pay the facility’s fees, and securing appropriate community mental health services. A suitable assisted living facility was located but because Ms. H’s monthly Social Security income was only \$886.00, she could not afford to move there. However, because she qualified for the State Assisted Living Group Home Subsidy she was able to overcome the financial barrier that might otherwise have prevented her from getting the services and supports she needed in the community.

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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Number of Residents Receiving Subsidies	507	507	507

Waiting List: There are currently 177 persons on a waiting list for a subsidy. In 2011, a MetLife Mature Market Survey of Long-term Care Costs estimated the national average monthly cost for assisted living was \$3477.00 with an average statewide cost of \$4,191.00.. According to a needs assessment conducted by UMBC, there are more than 87,000 individuals aged 60+ in Maryland with disabilities who have less than \$25,000 in annual income and who may be eligible for community-based, long-term support services including assisted living. A significant number of those who would choose assisted living are unable to meet the high cost of it without financial assistance.

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	-0-	-0-	-0-
State	2,983,436	2,983,436	2,983,436
Local Contributions	15,104	15,104	15,104
Total	2,998,540	2,998,540	2,998,540

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.

PT is a 74 year old woman who resides with lives alone in an apartment. She suffers from Diabetes, Hypertension, Depression, and blindness in the right eye. She is also a double amputee who uses a wheelchair. She requires help with bathing, housekeeping, cooking and transportation to medical appointments and shopping. PT receives a monthly income from Social Security and Supplemental Security Income. Senior Care provides gapfilling funds for five hours of Chore services weekly, medications, and incontinent supplies and nutritional supplements. PT has also received loan equipment including a bedside commode, a shower hose and bench.

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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Number of Clients Served with Gapfilling Services	3,759	3,646	3,646
Number of Clients Waiting for Services at end of Fiscal Year	2,586	2,485	2,485
Number of Waiting List Clients who Enter Nursing Facilities	216	212	212

Waiting List: The Senior Care waiting list increased this year partially due to the State imposed moratorium on new client enrollments.. In FY11, approximately 10% percent of the individuals on the waiting list were placed in nursing homes.

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	813,768	920,523	920,523
State	7,266,384	7,266,384	7,266,384
Local Contributions	543,627	562,809	562,809
Total	8,623,779	8,749,716	8,749,716

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: The mission of the Home-Delivered Meals Program is to provide meals, nutrition assessments – and coordination of nutrition services and referrals for additional services when needed – to homebound elderly with the intent of maintaining them in their communities. The program depends on thousands of volunteers with the important responsibilities of delivering meals and identifying and reporting on isolated seniors in potentially dangerous situations. The program could not exist without the services of the volunteers.

Mr. K is a recent widower. He began looking for a volunteer position about 6 months ago and found the home delivered meals program a good fit for him. He enjoys delivering the meals and it helps him feel grateful for his good health and mobility. “I get to know [the homebound seniors] and I’m glad volunteer drivers check in on them daily; I don’t know what they’d do without this program.”

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.

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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Number of Meals	1,276,235	1,285,954	1,302,729
Number of People Receiving Meals	5,914	6,048	6,147
Number of Volunteers	2,916	3,076	3,132
Waiting List: 340 seniors			

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	3,884,088	3,764,425	3,764,425
State	628,703	628,703	628,703
Local Contributions	1,332,804	1,332,804	1,332,804
Total	5,845,595	5,725,932	5,725,932

CONTACT PERSON:

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

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INFORMATION SERVICES

INFORMATION SERVICES

Senior Information and Assistance Program

Program Description: The Senior Information and Assistance Program provides a single point of entry into the aging network system to obtain information concerning benefits and programs for older Marylanders, their families and caregivers. Through the program, seniors receive information to make informed choices about services, referrals to appropriate agencies, assistance in obtaining services and benefits, and follow-up. The program promotes awareness of services for the elderly 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 approximately 120 Senior I&A sites located across the State.

Ms. J is an 83 year old widow with medical problems including dementia. She lives with her 57 year old disabled daughter. They don't keep regular medical appointments because they can't afford the co-pays and have no transportation. Also, their nutrition is poor due to lack of funds to cover food costs. The I&A worker intervened and applied for entitlement benefits, Energy Assistance, QMB, SNAP, the Low-Income Subsidy for Medicare Part D, and Social Security Disability for Ms. J's daughter. I&A arranged for immediate food donations, a home visit from the physician, and a volunteer for shopping. Ms. J and her daughter are now experiencing improved health, nutrition, and financial stability.

Program Eligibility Criteria: Eligible clients must be 60 years and older. Persons can access the program through telephone and 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	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Information Units of Service	520,627	531,039	531,039
Number of Referrals	95,643	97,556	97,556
Follow-up Units of Service	52,181	53,224	53,224
Assistance Units of Service	156,265	159,390	159,390
Number of Assistance Clients	47,585	48,537	48,537
Program Funding	FY2011 (Actual)	FY2012 (Est.)	FY2013 (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:

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

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 Center for Medicare and Medicaid Services and the Administration on Aging (AoA), the purposes of which are to (1) provide trusted “single-points-of-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	\$ 40,000
2008	Empowering	AoA	\$ 267,483
2009	ADRC Expansion and Person Centered Hospital Discharge	AoA and CMS	\$ 371,801
2010	Evidence Based Care Transitions	AoA	\$ 197,660

The MAP program has been a central component in Maryland’s rebalancing efforts, especially the Money Follows the Person Demonstration Project, which has provided nearly \$8 million to support program education, application assistance, and transition case management by Area Agencies on Aging and MAP sites. Money Follows the Person Grant also supports the development of a statewide web-based searchable database for information and services for long term supports and these funds also allowed for the MAP expansion. The MAP program had only two local sites at the beginning of the O’Malley Administration. It now has sixteen local sites – with the expectation of 20 by June 2012 – and has been a conduit for approximately \$6 million in federal grants.

The MAP program is administered by MDoA as a partnership between the Departments of Health and Mental Hygiene, Human Resources, and Disabilities; the local Area Agencies on Aging, MAP sites and Centers for Independent Living work together to provide the assistance and information on long term supports and services.

CONTACT PERSON:

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

INFORMATION SERVICES

Senior Health Insurance Assistance Program

Program Description: The Senior Health Insurance Assistance Program (SHIP) provides seniors and adults with disabilities on Medicare with information and assistance on health insurance issues including Medicare, Medigap, Medicare Part D Prescription Drug plans, preparing and filing health insurance claims, 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 on the Affordable Care Act (federal health care reform), particularly regarding the changes in 2011 related to 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 Part A and/ or Part B.			
Eligibility Individual Couple	Monthly Income Test None	Annual Asset Test None	Notes: There are no age requirements to receive assistance from SHIP.

Program Data	FY 2011 (Actual) April 10-Mar 11	FY 2012 (Est.)	FY 2013 (Est.)
Number of Contacts for:			
Medicare	5,189	5,448	5,720
Medicaid	6,508	6,833	7,175
Prescription Assistance	30,885	32,429	34,050
Long Term Care	396	416	437
Number of Clients Served	25,583	26,862	28,205
Number Attending Events	15,215	15,976	16,775
Number of Volunteers	140	145	150
Number of Volunteer Hours	10,000	10,500	11,000
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 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	629,336	629,336	629,336
State	-0-	-0-	-0-
Local Contributions	-0-	-0-	-0-
Total	629,336	629,336	629,336

CONTACT PERSON:

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

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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 long-term care facilities (nursing homes and assisted living facilities). 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.

A family member in another state called the State Ombudsman office because her father was in a Maryland nursing home. There was confusion about the funding source and problems with care. A week later we got this message, “Great customer service! I appreciate that you took my call and listened to my story because I was very worried. You referred my situation to the local ombudsman who called me immediately. Frankly, before talking to you I didn’t know where to turn. The local ombudsman was courteous and helped me resolve the problems quickly.”

An assisted living resident wanted to live in the community and wanted to see a specific doctor, but his guardian was not allowing this. The ombudsman realized after several visits and meeting with the facility administrator that the resident had improved significantly. The ombudsman identified legal support and helped the resident pursue his personal wishes. After 9 months of work, the resident’s guardianship was terminated by the Circuit Court. He is now living happily with family members in the community.

Program Eligibility Criteria: Eligible individuals are residents of any age who reside in long-term care facilities.			
Eligibility Individual Couple	Monthly Income Test None	Annual Asset Test None	Notes: 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	FFY2011 (Actual)	FFY2012 (Estimate)	FFY2013 (Estimate)	
Federal	654,094	503,763	503,763	
State	1,304,727	1,121,799	1,121,799	
Local Contributions	414,490	337,809	337,809	
Total	2,373,311	1,963,371	1,963,371	

*Federal Fiscal Year 2011 final data is not available; change in definition not in actual work. Individual consultations increased from 7176 (FY10) to 9303 (FY11).

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 Nursing Home had a seventy-eight year old woman residing in their facility. Since moving into the Nursing Home the woman had developed Dementia. She had a medical need arise that needed attention; however, her capacity to understand the procedure needed to resolve the issue was in question. A Psychiatrist and a Licensed Clinical Social Worker examined the woman and found her unable to comprehend the information regarding the medical issue and procedure needed. Both Healthcare Professionals completed certificates of incapacity which the facility submitted to the court along with a petition to appoint a guardian of person. At the hearing the Court determined the woman was in need of a guardian. Since she had no living relatives, the local Area Agency on Aging's (AAA) Director was selected. Once the guardianship appointment was in place the AAA's case worker reviewed the woman's situation and provided consent to the appropriate treatment. Through the Public Guardianship Program the woman was able to receive the medical treatment she needed.

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 Age 65 and older	Monthly Income Test None	Annual Asset Test None	Notes:
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Program Data	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Total Number of Guardianship Wards	828	853	879
Number of New Cases	187	187	187
Group Education Sessions Provided	68	65	62
Individual Consultations (post- guardianship)	22,862	22,862	22,862
Number of Public Guardianships Avoided	385	367	349
Program Funding	FY2011 (Actual)	FY2012 (Est.)	FY2013 (Est.)
Federal	-0-	-0-	-0-
State	644,377	644,377	644,377
Local Contributions	167,121	167,121	167,121
Total	811,498	811,498	811,498

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 sixty-seven year old woman was behind in rent payments and facing possible eviction. She contacted the Senior Legal Assistance Program who worked with the apartment manager, serving as a mediator and negotiating a payment plan that would enable the woman time to pay her debt. Through the program's support the woman's housing was preserved.

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 Age 60 and older or caregiver of such a person	Annual Income Test None	Annual Asset Test None	Notes: None
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Program Data	FY 2011(Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Hours of Service Provided	15,392	16,008	16,648
Number of Persons Served	3,989	4,149	4,315

Program Funding	FY 2011(Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	359,023	0	0
State	90,816	0	0
Local Contributions	377,613	0	0
Total	827,452	0	0

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 identify deceptive health care practices, such as illegal marketing. Also more older adults are more observant to healthcare practitioners providing unnecessary or inappropriate services and 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 2011, Maryland's SMP program sought to expand the reach of the program to educate rural, isolated senior Marylanders who are Medicare beneficiaries using the SMP fraud prevention message, as well as strategically partner with AAAs, and Aging and Disability Resource Centers (ADRCs) in outreach initiatives. This collaboration resulted in the statewide implementation of SMPs as well as targeted outreach and marketing materials that expanded Maryland's SMP outreach into each county in Maryland.

Program Data	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Number of People Served			
One-to-one Counseling Sessions with Beneficiaries or their Caregivers	2,723	3,023	3,323
Education & Outreach			
Number Beneficiaries that Attended Group Education Sessions	4,090 9,317	4,390 9,617	4,690 4,990
Number of Media & Community Outreach Events			
Issues & Inquiries	9,302	9,602	9,902
Number of Issues & Inquiries Resolved			
Volunteers & Volunteerism	126	200	250
Number of Active Volunteers	5,544.87	6,000	6,400
Volunteer Hours			

Program Funding	FY 2011 (Actual)	FY 2012 (Est.)	FY 2013 (Est.)
Federal	180,000	180,000	180,000
State	50,291	50,291	50,291
Local Contributions/Program Income	15,299	15,299	15,299
Total	245,590	245,590	245,590

CONTACT PERSON:

Donna Smith, Chief, Client & Community Services, 410-767-1271, dms@ooa.state.md.us

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APPENDICES

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

Appendix A

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 exjord00@aacounty.org
BALTIMORE CITY	Francine Childs Interim Director	CARE Services Baltimore City Health Department 1001 E. Fayette Street Baltimore, MD 21202	410-396-4522 410-396-5280 - FAX Francine.Childs@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 Schaubert Road Chestertown MD 21620	410-778-6000 410-778-3562 – FAX ggunther@uppershoreaging.org
CARROLL	Jolene G. Sullivan, Director Department of Citizen Services	Carroll County Bureau of Aging 125 Stoner Avenue Westminster, MD 21157	410-386-3600 410-244-3453 - FAX jsullivan@ccg.carr.org
CECIL	David P. Trolio Director	Senior Services and Community Transit of Cecil County 200 Chesapeake Blvd, Suite 2550 Elkton, MD 21921	410 996-8435 410-620-9483 - FAX dtrolio@ccgov.org
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

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

Appendix A

COUNTY/JURISDICTION	CONTACT	AREA AGENCY ADDRESS	TELEPHONE
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 ANNE'S	Catherine Willis Director	Queen Anne's County Department of Community Services Area Agency on Aging Kramer Center 104 Powell Street Centreville, MD 21617	410-758-0848 410-758-4489 - FAX cwillis@gac.org
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

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	County of Residence
Mr. Stuart P. Rosenthal	July 1, 2007 - June 30, 2011*	Montgomery County
Ms Muriel Cole	July 1, 2010 – June 30, 2014*	Kent County
Mr. Richmond T. P. Davis	July 1, 2006 - June 30, 2010*	Howard County
Hon. Jordan L. Harding	July 1, 2011 – June 30, 2015	Montgomery County
Ms. Maria V. Jimenez	July 1, 2009 – June 30, 2013*	Montgomery County
Ms. Louise Lynch	July 1, 2010 – June 30, 2014*	Frederick County
Ms. Paula Martin	July 1, 2011 – June 30, 2015*	Prince George’s County
Mr. Michael McPherson	July 1, 2011 – June 30, 2015*	Howard County
Delegate Barbara Frush	July 1, 1995	Prince George’s County
Ms. Sharonlee Vogel	July 1, 2009 - June 30, 2013*	Howard County
Mr. Chanhok J. Singh	July 1, 2010 – June 30, 2014	Anne Arundel County

* Reappointed

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
Federal Poverty Guidelines Individual Couple	\$ 907.05 (\$10,890 per year) \$1225.83 (\$14,710 per year)		Change effective: January 20, 2011
Qualified Medicare Beneficiary Program (QMB) Individual Couple	(Apply \$20 income disregard) \$ 928 \$1,246	\$8,180 \$13,020	Pays Medicare Part A and B premiums, co-payments, and deductibles. Next expected change: 3/1/12 *See note at bottom of page
Special Low-Income Medicare Beneficiary Program (SLMB) I Individual Couple II Individual Couple	(Apply \$20 income disregard) \$ 928 - \$1,109 \$1,246 - \$1,491 \$1,109 - \$1,246 \$1,491 - \$1,675	\$8,180 \$13,020 \$8,180 \$13,020	Similar to QMB but pays only the Part B premium. Next expected change: 3/1/12 *See note at bottom of page
Maryland Primary Adult Care (PAC) Program Individual Couple	(After applying exclusions and disregards) \$1,053 (new) \$1,422 (new)	No asset test	For Marylanders ages 19-64, who do not qualify for Medicare, PAC provides free primary care doctor visits, free mental health visits (psychiatric or counseling), and low-cost or free prescription drugs. PAC will cover some substance abuse, mostly outpatient. PAC only covers initial emergency room fee or co-pay. Does not cover diagnosis, treatment or other emergency room costs. Does not cover hospital stays, ER visits, or specialty care. Call 1-800-226-2142 (toll-free) for application & information. Effective March 31, 2011
*Note: \$20 may be subtracted from the individual's or couple's gross income; if the \$20 subtraction reduces the income to the number listed on the chart, then the individual or couple probably qualifies for the benefit.			

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
Supplemental Security Income (SSI) Individual Couple	(Apply \$20 income disregard) \$674 \$1,011 (There will be no COLA increase in 2011; therefore, no changes)	\$2,000 \$3,000	<p>New Benefit: Effective 2/27/10 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, 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> <p>*See note on previous page</p>
Medicare Part D (Prescription Drug) Low-Income Subsidy (EXTRA HELP) Level One Individual Couple (100% poverty & below) Level Two Individual Couple (up to 135% poverty) Level Three Individual Couple (up to 150% poverty)	If your income is less than: \$10, 890 a year \$14,710 a year ("full subsidy") \$14, 701.50 a year \$19, 858.50 a year \$16, 335 a year \$22, 065 a year	Owned resources does not exceed: \$ 8,180 \$13,020 \$8,180 \$13,020 \$12,640 \$25,260	<p>This financial assistance is only for Medicare beneficiaries who have a Medicare D prescription drug plan. Benefits vary depending on income level; assistance may help with cost of premiums, deductibles, co-pays.</p> <p>You will automatically receive EXTRA HELP if you have Medical Assistance, QMB, SLMB, or SSI; no need to apply.</p> <p>Apply through Social Security Administration (1-800-772-1213 or www.ssa.gov) or Local Department of Social Services.</p> <p>NOTE: To get a monthly figure for monthly income level, divide by 12.</p> <p>*See note at bottom of page</p>

Note: Annual asset figures, provided by Centers for Medicare and Medicaid, include \$1,500 (for one person) or \$3,000 (for a couple) for funeral/burial, if beneficiary indicates the need to use some of his/her assets for that purpose. Funeral/burial funds are included in the new asset limits for the QMB/SLMB program.

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
State of Maryland Senior Prescription Drug Assistance Program (SPDAP)			
Individual	\$32,670/yr.>	No test	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 (or \$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.
Couple	\$44,130/yr.> <i>Effective 3/31/11</i>	No test	
Individual Couple	\$10,830 \$14,570	No test No test	
			<p>Drug manufacturers 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 costs 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 in effect after the federal discount. There will be a 5% coinsurance 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.marylandspdap.com</p>
Maryland Energy Assistance Program (MEAP)			
Individual Couple	\$1,588.12 new \$2,145.20 new (represents 175% of poverty level)	No test 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.
Electric Universal Service Program (EUSP)			
Individual Couple	\$1,588.12 (new) \$2,145.20 (new) (represents 175% of poverty level)	No test No test	Effective: 7/1/11

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
Food Supplement Program (formerly Food Stamp Program) Individual Couple	\$903 \$1,215 (net income)	\$3,000 \$3,000	A household's first \$142 per month is not counted in determining eligibility; household vehicles are not counted; there are also medical and housing deductions. Persons 60 and over (and their spouses) who are unable to purchase and prepare their own meals due to a disability, and who live and eat with others in a household whose combined income does not exceed 165% of the poverty level, <i>may</i> be considered a separate household. Effective: 1/20/11
Medical Assistance (Medicaid) Individual Couple	\$350 \$392	\$2,500 \$3,000	Requires documentation of disability; individuals can "spend down" to this income level to be eligible.
Medicaid Waiver for Older Adults	\$2,022 (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: 3/1/12
Senior Care Program Individual Couple	\$2637 (new) \$3448 (new)	\$11,000 \$14,000	Case managed, in-home services program for individuals 65 and older. Next expected change: 7/1/12
Senior Assisted Living Group Home Subsidy Program Individual Couple	\$2,637 (new) \$3,448 (new)	\$11,000 \$14,000	Provides financial assistance for a limited number of eligible Assisted Living Group Home residents age 62 or older. Next expected change: 7/1/12
Congregate Housing Services Program (CHSP) Subsidy Individual Couple	\$2,637 (new) \$3,448 (new)	\$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: 7/1/12

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
<p>Accessible Homes for Seniors</p> <p>Individual</p> <p>Couple</p>	<p>\$57,960 per yr. (Washington MSA – Calvert, Charles, Frederick, Montgomery, & Prince George’s Counties)</p> <p>\$46,032 per yr. (all other jurisdictions)</p> <p>\$66,240 per yr. (Washington MSA)</p> <p>\$52,608 per yr. (all other jurisdictions)</p>	<p>No test</p> <p>No test</p>	<p>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.</p> <p>If the senior resides in the home of a relative, eligibility is based on the owner’s income.</p> <p>This program is a joint initiative of the MD Dept. of Housing & Community Development and the MD Dept. of Aging. Application available by calling 800-756-0119 or at www.mdhousing.org.</p>
<p>Employed Individuals with Disabilities (EID) Program</p> <p>Individual</p> <p>Couple</p>	<p>(Approximate countable income per month)</p> <p>Up to \$2,722</p> <p>Up to \$3,677</p> <p>(represents 300% of poverty level)</p>	<p>Less than \$10,000 in countable resources</p> <p>Note: 401(k), and 403(b) retirement accounts, Pension plans, and Keogh plans are not counted towards the \$10,000 asset limit</p>	<p>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 premium from \$0 - \$55, depending on income.</p> <p>The EID Program is funded by the Maryland Medical Assistance Program (DHMH). Certain income and assets that count for other Medical Assistance programs do not count toward EID income limits.</p> <p>The MD Dept. of Disabilities (MDOD) partners with DHMH to promote the program. See www.mdod.state.md.us.</p> <p>Call MDOD at 443-514-5034 or 1-800- 637-4113 for assistance with/ likelihood of eligibility and completion of application by telephone.</p> <p>Next expected change: 3/1/12</p>
<p>Medical Assistance (Medicaid) – Spousal Impoverishment Protection Standards</p>	<p>For spouse in the community:</p> <p>Basic Maintenance and Shelter Allowance</p>	<p>For spouse in the nursing home: \$2,500</p> <p>Minimum</p>	<p>Refers to protection of some of the income and assets of a spouse remaining in the community when the other spouse has entered a nursing home.</p> <p>All non-exempt assets (savings and checking accounts, stocks, bonds, etc.) owned by either spouse, jointly or separately, are</p>

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
	<p>\$1,822 (no change in 2011)</p> <p>Maximum Maintenance and Shelter Allowance \$2,739</p> <p>(no change in 2011)</p>	<p>Community Spouse's Asset Share \$21,912</p> <p>Maximum Community Spouse's Asset Share: \$109,560</p> <p>(no change in 2011)</p>	<p>pooled as of date nursing home spouse enters the nursing home. Effective 1/1/09, the community spouse may keep \$21,912 or ½ the assets, whichever is greater, but not more than \$109,560. The couple's remaining assets are used to pay 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 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>2011 State of Maryland Homeowners' Property Tax Credit Program</p>	<p>Plan is based on relationship between property taxes and income; combined gross household income cannot exceed \$60,000. For application, with further explanation, call 410-767-4433 (Balto. 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 (excluding property on which you are seeking credit and cash value of IRAs or qualified retirement savings plans).</p>	<p>Allows a credit against the homeowner's 2010 property tax bill if property taxes exceed a fixed percentage of the person's gross income.</p> <p>No age restrictions.</p> <p>Credit applicable only to dwelling which is your permanent residence.</p> <p>Apply no later than 09/01/11. Homeowners age 70 and older, who have not applied for the program previously, should call 410 767-4433 or 1-800-944-7403.</p>
<p>2011 State of Maryland Renters' 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 (Balto. 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 2010.</p> <p>For persons age 60 and over, 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.</p> <p>Apply no later than 9/1/11.</p>

ELIGIBILITY CRITERIA FOR SELECTED FEDERAL AND STATE PROGRAMS

Federal/State Program	Monthly (or Annual) Income Test	Annual Asset Test	Notes
Weatherization Assistance Program (WAP) Individual Couple	\$2,520 (new) \$3,296 (new) (represents 200% of poverty level)	No test No test	<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 or 1-800-638-7781. You can also apply through your local weatherization agency, local government, community action agency or local non-profit.</p>

Allegany County

Cumberland Senior Center
19 Frederick Street
Cumberland, MD 21502
301-724-8626

George's 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 Community 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

Pasadena Senior Center
4103 Mountain Road
Pasadena, MD 21122
410-222-0030

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

Robert A. Pascal Senior Center
125 Dorsey Road
Glen Burnie, MD 21061
410-222-6680

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

South County Senior Center
27 Stepneys Lane
Edgewater, MD 21037
410-222-1927

Catherine O'Malley Senior Center & Annex
1275 & 1270 Odenton Road
Odenton, MD 21113
410-222-6227 or 410-222-0140 (Annex)

Baltimore City

Action In Maturity
3900 Roland Avenue
Baltimore, MD 21211
410-889-7915

Allen Center
Grace United Church of Christ
1404 South Charles Street
Baltimore, MD 21230
410-685-6224

Forest Park Senior Center
4801 Liberty Heights Avenue
Baltimore, MD 21207
410-466-2124

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

Sandtown Winchester Senior Center
1601 Baker Street
Baltimore, MD 21217
410-396-7724

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

Edward A. Myerberg Northwest Senior Center
3101 Fallstaff Road
Baltimore, MD 21209
410-358-6856

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 Avenue
Baltimore, MD 21224
410-396-9025

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

Senior Network of North Baltimore
5828 York Road
Baltimore, MD 21212
410-323-7131

Southwest Senior Center
100 South Calhoun Street
Baltimore, MD 21223
410-566-1311

Waxter Center for Senior Citizens
1000 Cathedral Street
Baltimore, MD 21201
410-396-1324

Baltimore County

Arbutus Senior Center
855A Sulphur Spring road
Baltimore, MD 21227
410-887-1410

Ateaze Senior Center
7401 Holabird Avenue
Dundalk, MD 21222
410-887-7233

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

Bykota Senior Center
611 Central Avenue
Towson, MD 21204
410-887-3094

Edgemere Senior Center
6600 North Point Road
Baltimore, MD 21219
410-887-7530

Fleming Senior Center
641 Main Street
Baltimore, MD 21222
410-887-7225

Jacksonville Senior Center
3605A Sweet Air Road
Phoenix, MD 21131
410-887-1841

Landsdowne/Baltimore Highlands
Senior Center
424 Third Avenue
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

Parkville Senior Center
8601 Harford Road
Baltimore, MD 21234
410-887-5338

Essex Senior Center
600 Dorsey Avenue
Baltimore, MD 21221
410-887-0267

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

Rosedale Senior Center
1208 Neighbors Avenue
Baltimore, MD 21237
410-887-0233

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

Seven Oaks Senior Center
9210 Seven Court Dr.
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 Avenue
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

Southern Community Center
20 Appeal Lane
Lusby, MD 20657
410-586-2748

North Beach Senior Center
9010 Chesapeake Avenue
North Beach, MD 20714
410-257-2549

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
410-754-9754

Carroll County

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

Taneytown Senior Center
220 Roberts Mill Road
Taneytown, MD 21787
410-756-4557

North Carroll Senior & Community Center
2328 Hanover Pike
Hampstead, MD 21074
410-386-3900

Westminster Senior Center
125 Stoner Avenue
Westminster, MD 21157
410-848-4049
410-876-3363 - Baltimore Line

South Carroll Senior & Community Center
5928 Mineral Hill Road
Eldersburg, MD 21784
410-386-3700

Cecil County

Buckworth Senior Center
214 North Street
Elkton, MD 21921
410-996-5295

Perryville Senior Center
300 Cherry Street
Perryville, MD 21903
410-996-5295

Charles County

Richard R. Clark Senior Center
1210 E. Charles Street
La Plata, MD 20646
301-934-5423

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

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

Nanjemoy Senior Center
Senior Center Programs
4375 Port Tobacco Road
Nanjemoy, MD 20662
301-246-9612

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

Frederick County

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

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

Frederick Senior Center
1440 Taney Avenue
Frederick, MD 21702
301-600-3525 (Activities)
301-600-1048 (Meal Reservations)

Thurmont Senior Center
806 East Main St
Thurmont, MD 21788
301-271-7911

Garrett County

Mary Browning Senior Center
104 East Center Street
Oakland, MD 21550
301-334-9431
1-888-877-8403, ext. 131 (Toll Free)

Grantsville Senior Center
125 Durst Court
Grantsville, MD 21536
301-895-5818

Flowery Vale Senior Center
204 South Street
Accident, MD 21520
301-746-8824

Harford County

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

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

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

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

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

Veronica "Roni" Chenowith Activity Center
1707 Fallston Road
Fallston, MD 21047
410-638-3260

Howard County

Florence Bain Senior Center
5470 Ruth Keeton Way
Columbia, MD 21044
410-313-7213

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

East Columbia Senior Center
6600 Cradlerock Way
Columbia, MD 21045
410-313-7680

Savage Senior Center
9525 Durness Lane
Laurel, MD 20723
410-880-5915

Ellicott City Senior Center
9401 Frederick Road
Ellicott City, MD 21042
410-313-1400

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

Kent County

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

Montgomery County

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

Long Branch Senior Center
8700 Piney Branch Road
Silver Spring, MD 20903
301-431-5708

Damascus Senior Center
9701 Main Street
Damascus, MD 20872
301-235-1801

Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850
301-309-3025

Margaret Schweinhaut Senior Center
1000 Forest Glen Road
Silver Spring, MD 20901
301-681-1255

Holiday Park Senior Center
3950 Ferrara Drive
Wheaton, MD 20906
301-468-4448

Silver Spring Senior Source
1400 Fenwick Lane
Silver Spring, MD 20910

Prince George's County

Berwyn Heights Senior Center
8603 57th Avenue
Berwyn Heights, MD 20740
301-474-0018

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

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

Oasis Senior Center
3500 East West Highway
Prince George's Plaza
Hyattsville, MD 20782
301-559-6575

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

Evelyn Cole Senior Center
5702 Addison Road
Seat Pleasant, MD 20743
301-386-5525

Langley Park Senior Activity Center
1500 Merrimac Drive
Hyattsville, Maryland 20783
301-408-4343

Cora B. Woods Senior Center
Brentwood Senior Multiservice Center
3601 Taylor Street
Brentwood, MD 20722
301-699-1238

Phelps Senior Center
701 Montgomery Street
Laurel, MD 20707
301-776-6168

Queen Anne's County

Crumpton Senior Center
2200 Dudley Corner Road
P. O. Box 58
Crumpton, MD 21628
410-778-5444

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

Kramer Senior Center
104 Powell Street
Centreville, MD 21617
410-758-3900

Kent Island Senior Center
891 Love Point Road
Stevensville, MD 21666
410-604-3801

St. Mary's County

Garvey Senior Center
41780 Baldrige Street
P.O. Box 653
Leonardtown, Maryland 20650
301-475-4200, ext. 1050

Loffler Senior Activity Center @ SAYSF
Bible Church
46544 Rue Purchase Road
Lexington Park, MD 20653
301-737-5670

240-725-0290

Northern Senior Activity Center
P. O. Box 653
Leonardtown, MD 20650
301-475-4002 X 1002

Somerset County

Crisfield MAC Senior Center
P.O. Box 705
110 Lorrie Quinn Drive
Crisfield, MD 21817
410-968-2065

Princess Anne Senior Center
11916 Somerset Avenue
Princess Anne, MD 21853
410-651-3517

Talbot County

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

Washington County

Potomac Towers Senior Center
11 W. Baltimore Street
Hagerstown, MD 21740
301-733-6911

Southeastern Senior Center
P. O. Box 116
Keedysville, MD 21756
301-432-5624

Hancock Senior Center
126-128 High Street
Hancock, MD 21750
301-678-7163

Wicomico County

Pine Bluff MAC Multi-Purpose Senior Center
1508 Riverside Drive
Salisbury, MD 21801
410-742-8569

Willards MAC Senior Center
Hearn and Canal Streets
Willards, MD 21874
410-835-3475

Worcester County

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

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

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

Snow Hill MAC Senior Center
4767 Snow Hill Road
Snow Hill, MD 21863
410-632-1277

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SENIOR INFORMATION & ASSISTANCE

Appendix E

<i>County</i>	<i>Contact Person</i>	<i>Address</i>	<i>Telephone</i>
Allegany	Sandy Anderson	Human Resources Development Commission, Inc. Area Agency on Aging 19 Frederick Street Cumberland, Maryland 21502	301-777-5970 ext. 110 TTY: 1-800-735-2258 FAX: 301-722-0937
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 sberkeley@yahoo.com
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 bevans@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
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	Vacant	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 masont@govt.co.charles.md.us

SENIOR INFORMATION & ASSISTANCE

Appendix E

<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
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@harfordcounty md.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
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

SENIOR INFORMATION & ASSISTANCE

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Queen Anne's	Jane Anthony	Senior Information & Assistance Queen Anne's Co. Area Agency on Aging 104 Powell Street Centreville, Maryland 21617	410-758-0848 TTY: 410-758-2126 FAX: 410-758-4489 cwillis@qac.org
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 No email
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	Margaret Vance	Senior Information & Assistance Talbot County Senior Center 400 Brooklets Avenue Easton, Maryland 21601	410-822-2869 FAX: 410-820-9563 tsc2@goeaston.net
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
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

Revised 11/29/11



Department of Aging

301 W. Preston St., Suite 1007

Baltimore MD 21201

410-767-1100

410-333-7943 (fax)

www.aging.maryland.gov