



Department of Aging

**INTERAGENCY COMMITTEE  
ON AGING SERVICES**

**ANNUAL REPORT TO  
GOVERNOR MARTIN O'MALLEY  
AND THE MARYLAND GENERAL ASSEMBLY  
JANUARY - DECEMBER 2009**

*Submitted by Gloria Lawlah, Chair  
Secretary, Maryland Department of Aging*

**InterAgency Committee on Aging Services  
Annual Report 2009**

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# INTERAGENCY COMMITTEE ON AGING SERVICES

## Annual Report to Governor Martin O'Malley and The Maryland General Assembly *January - December 2009*

### Overview

This report is submitted to the Governor and the Maryland General Assembly in accordance with the requirements of Title 10 of the Human Services Article of the Annotated Code of Maryland regarding the State Interagency Committee on Aging Services (IAC). The IAC is an interdepartmental coordinating body created under State law to plan health, social, transportation, housing, and employment services for the elderly in Maryland. Contained herein is information on the activities, actions and accomplishments of the State IAC for the period of January through December 2009. Reports are included from all member agencies: Departments of Aging, Disabilities, Health & Mental Hygiene, Housing & Community Development, Human Resources, Labor, Licensing & Regulation, and Transportation.

### Background

The Interagency Committee on Aging Services was established by statutory authority in 1982. Its main charge is to plan and coordinate the delivery of services to Maryland's elderly population. The IAC was originally a three-member body consisting of the Secretaries of the Departments of Aging (appointed chairperson), Health and Mental Hygiene, and Human Resources. The Committee is now a nine-member body, having been expanded to include the Secretaries of the Department of Housing and Community Development, the Department of Transportation, the Department of Labor, Licensing and Regulation, the Department of Disabilities, a representative from the Maryland Area Agencies on Aging, and a consumer representative. The Department of Veterans Affairs is an honorary member of the IAC.

In 2009, the IAC met four times: February 9, April 20, June 8, and November 9. All meetings were held at the Maryland Department of Aging offices. The Minutes for each of the meetings can be found in the Appendix.

### Interagency Committee on Aging (IAC) Membership - November, 2009

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**DEPARTMENTAL  
ACCOMPLISHMENTS  
FOR 2009**

**Maryland Department of Aging (MDoA)**  
**Gloria Lawlah, Secretary**

**Aging and Disability Resource Center/Maryland Access Point**

One of the major initiatives of the Department to reform long term care involves a collaborative effort with the Departments of Health and Mental Hygiene, Human Resources, and Disabilities, as well as advocates for senior consumers and persons with disabilities. In Maryland, the Aging and Disability Resource Center (ADRC) Program is known as Maryland Access Point (MAP). A goal of the program is to provide the public with faster and more efficient access to information and services for seniors, persons with disabilities, their caregivers, and the professionals who manage their care. In 2009, the Department received a federal grant to expand this program to two additional sites and to fund the development and implementation of a person-centered hospital discharge planning process, to be piloted in six counties. At this time, there are nine local MAP sites covering ten counties and one-half of the State's population. A new web-based searchable database of long term support information is under development and will be launched later this year.

**ARRA**

Beginning in July, stimulus funds were made available through the American Reinvestment and Recovery Act (ARRA). More than 21,000 additional individuals are expected to be provided meals through the Congregate Nutrition and Home Delivered Meals Services Programs. A number of local offices on aging have used the funds to open new congregate meal sites, purchase shelf-stable emergency meals and hire staff for their meal programs, while others have been able to eliminate their waiting lists for home-delivered meals. These grants are supporting the senior population as well as the many businesses around the State that provide food services to them.

**Continuing Care Retirement Communities**

The Secretary of Aging appointed a 21-member Continuing Care Advisory Committee ("CCAC") consisting of senior living professionals and consumers to study the issues impacting the Continuing Care Retirement Community industry and to make recommendations for changes to the existing statutes (Sections 10-401 through 10-499 of the Human Services Article of the Annotated Code of Maryland) which would strengthen the continuing care law. The CCAC members are from various continuing care stakeholder groups: providers, residents, financial experts, attorneys, and consumer advocates.

**Empowerment Zone**

The Statewide Empowerment Zones for Seniors Commission was established as a result of legislation enacted by the 2007 Maryland General Assembly. The law established a Commission to recommend a plan to develop a program for empowerment zones for older adults in Maryland. The program would direct financial and regulatory incentives to local communities to enhance aging in place services and facilitate personal independence and civic and social engagement of older adults in the community.

Based on research, interviews with state and national aging in place experts, and its own deliberations, the Statewide Empowerment Zones for Seniors Commission recommended that

Maryland adopt a modified version of Florida's Communities for a Lifetime program as a model for its statewide initiative. The appeal of the Communities for a Lifetime model is that it encourages all communities in the state to assess the needs of their older adult residents and to develop plans that address gaps in their current services and delivery systems. The Commission further recommended the title "Maryland Communities for a Lifetime" (MCFAL) to replace "Senior Empowerment Zone" as it conveys that communities that support aging in place are good communities for residents of all ages and good for residents as they age.

A copy of the full report and recommendations may be found at:

<http://www.mdoa.state.md.us/documents/Commission%20Report%207-1-09%20Final2.pdf>

### **Evidence Based Health Initiatives**

Health Promotion is a vital component of the MDOA's goal of empowering older Marylanders to stay active and healthy. The growth of the older population coupled with escalating health and long term care costs has created incentives for state and local officials to implement evidence-based (EB) prevention programs such as the Chronic Disease Self Management Program (CDMSP), developed by Stanford University School of Medicine. These initiatives help reduce the cost of chronic conditions and help patients improve the quality of their lives. The program, known in Maryland as "Living Well - Take Charge of Your Health," features a series of six-week classes that train people to manage chronic conditions.

In 2006, the Maryland Department of Aging (MDOA) partnered with the Department of Health and Mental Hygiene, Governor's Office of Community Initiatives, Office of Service and Volunteerism, the Rural Maryland Council, John's Hopkins Hospital, Towson University and three health insurance companies, Kaiser Permanente, Carefirst, and Care Improvement Plus on a three-year \$700,000 grant for from the U. S. Administration on Aging. The overall goal of the project was to encourage older people to take charge of their health by participating in the Chronic Disease Self Management Program (CDSMP) in six areas (Howard, Montgomery, Prince Georges, Baltimore, Worcester and Upper Shore) and the Active for Life program in Montgomery County. Since the inception of the grant, 84 Living Well workshops have been conducted with 744 graduates.

For FY 2010, the Administration on Aging funded a \$200,000 continuation grant to sustain the program in the six original areas as well as expand the program to Calvert and Cecil counties.

Additionally in FY 2009, MDoA received a \$492,596, three-year grant from the Harry and Jeanette Weinberg Foundation to expand the Living Well program to four additional jurisdictions: Baltimore City, Somerset, Queen Anne's and Washington Counties, and to support Senior Center EB programming in eight areas.

Visit <http://www.mdoa.state.md.us/programs.html> for more information on the Living Well program.

### **Legal Assistance Program**

The Legal Assistance Program completed work on a three-year grant from the U. S. Administration on Aging to provide services for people seeking information on advanced



directives and assisted living services. In partnership with the Legal Aid Bureau, Inc., a legal needs survey was conducted of Maryland's senior population and elder law service providers, resulting in the development of an Online Resource Center for operators of small assisted living facilities in Maryland, families of residents, Helpline attorneys, and other Legal Aid and MDoA staff. The Online Resource Center will provide advocates with important assisted living information and an advanced directive guide, which will be available in English, Spanish, Korean, and Chinese. The Online Resource Center and other information is available at the People's Law Library website at [http://www.peoples-law.org/housing/assisted\\_living/assist.htm](http://www.peoples-law.org/housing/assisted_living/assist.htm).

### **Maryland Senior Health Insurance Program and Maryland Senior Prescription Drug Assistance Program**

During the 2008 General Assembly Session, legislation proposed by Governor O'Malley was enacted that added \$4 million annually for the Maryland Senior Prescription Drug Assistance Program (SPDAP) to provide assistance to enrollees whose drug expenses place them into the coverage gap, or "donut hole." SPDAP is a program administered by the Maryland Health Insurance Plan (MHIP) that subsidizes the Medicare Part D premium up to \$25/month for approximately 25,000 enrollees. The additional donut hole benefit helps Medicare Part D beneficiaries with limited income and significant drug expenses, by providing up to \$1,200 per person in annual state subsidies to reduce their out of pocket costs in the donut hole (approximately 30% or 7,500 of Maryland SPDAP participants). The SPDAP donut hole assistance became available in January 2009.

The MDoA Senior Health Insurance Assistance Program (SHIP) has been working closely with Maryland SPDAP to ensure that eligible Medicare beneficiaries understand this new benefit, and select and enroll in plans that are appropriate to their needs. Through joint training activities, cosponsored educational and enrollment events, and targeted publicity, Maryland SHIP staff and volunteers have been able to assist Medicare beneficiaries become aware of and enroll in Medicare Part D plans and the SPDAP or federal "Extra Help" program as appropriate.

### **Medicaid Waiver for Older Adults**

The Waiver for Older Adults (WOA) provides services and other long-term supports to low income individuals aged 50 and older, who would otherwise reside in nursing homes. In 2009, the waiver served over 3571 individuals.

Accomplishments for the year include:

1. Maintaining a sustained enrollment of 3100 individuals for the year.
2. Conducting 15 regional and statewide training sessions for providers and case managers aimed at improving their ability to support participants in the program.
3. Expanded the opportunity for Medicaid nursing home residents to learn about and receive assistance to apply for home and community waivers through MDoA/AAA participation in the MFP demonstration project.

### **Money Follows the Person**

MDoA is working in partnership with the Departments of Health and Mental Hygiene and Disabilities to implement a five year federally funded program to identify individuals in nursing homes who wish to transition back into the community. Eligible individuals transition into one of several Medicaid Home and Community-Based Services Waivers. This initiative requires coordination with the local AAA in the community where the person wishes to reside.

### **Nursing Home Diversion Initiative/Community Living Program**

The Nursing Home Diversion/Community Living Program grant is a three-year initiative funded by the U. S. Administration on Aging. 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 spenddown and nursing home placement and assist them through a flexible self-directed benefit program.

### **NGA Policy Academy**

Maryland has been participating in an initiative of the National Governors Association to promote civic engagement of older adults. MDoA is the lead agency for this initiative, with team members from the Governor's Office on Service and Volunteerism, the Governor's Grants Office, AAAs, several universities, and consumers. The Maryland team has established three goals:

Goal 1: Greater labor market participation among older Marylanders.

Goal 2: Greater participation by older Marylanders in volunteer activities.

Goal 3: Greater participation by older Marylanders in lifelong learning activities.

### **Ombudsman Program Improvements**

MDoA retained independent, national experts to thoroughly examine the Maryland Long-Term Care Ombudsman Program and offer recommendations for improving the Program. Since the completion of the report in 2009, MDoA has undertaken a significant retooling of the Long Term Care Ombudsman Program in order to implement many of those recommendations. While more work remains to be done, there has been measurable progress toward improving and enhancing this vital program that protects residents of nursing homes and assisted living facilities throughout the State. Accomplishments to date include submitting Departmental legislation to align the federal and State Ombudsman statutes, creating a new professional staff position in the Office of the State Long Term Care Ombudsman, training local Ombudsmen and volunteers, establishing a steering committee and workgroups to provide ground level guidance on the strategic plan to implement the recommendations for improving the Program, and implementing a funding formula to reallocate local ombudsman funds. The new formula allocates funds with more emphasis on workloads (e.g., the number of nursing homes and total number of long term care beds, including assisted living beds) and the geographic size of the local program.

### **Pots on the Patio Initiative**

"Pots on the Patio/ Gardens in the Yard", an intergenerational initiative highlighted the value of a healthy, green lifestyle and underscored the importance of providing seniors with access to fresh fruits and vegetables. On July 29th, Secretary of Aging Gloria Lawlah visited the Boys and Girls Club of Laurel, MD where she was joined by several of its youth members, young ladies from the Lovely Ladies of Laurel organization, and seniors from the Phelps Senior Center, the Laurel

Senior Friendship Club, and the Laurel Lakes Senior Apartments for the kickoff of the “Pots on Patio/Garden in the Yard” initiative. The intergenerational event complimented the “Maryland Grow It, Eat It” campaign, which was presented in April 2009 by First Lady Katie O’Malley to encourage Marylanders to grow their own affordable and healthy food.

Follow-up events included a “Healthy, Smart, Green and Growing” Recipe Contest held in August, where contestants brought their healthy vegetable and fruit dishes to Behnkes’ Nursery Garden Center in Prince George’s County for judging. The winning entries were highlighted at the Intergenerational Harvest Party held on September 14th where participants from the July event came together again to harvest their produce and to begin a fall planting.

### **Senior Centers**

Through the Senior Citizens Activities Centers Capital Improvement Grants Program, Howard County received a State grant in the amount of \$800,000 (\$400,000 in FY 2009 & FY 2010) for the construction of the new North Laurel Senior Center that will replace the Savage Senior Center. The new facility will have 7,300 square feet of dedicated senior center space, and 2,920 square feet of shared space with the Howard Recreation and Parks Department. The new facility will also offer space for the Senior Center Plus Program, a social day care program for frail elderly persons.

### **Senior Information and Assistance Program**

The Senior Information and Assistance (I&A) Program provides a single point of entry into the aging network system to obtain information about benefits and programs for older Marylanders, their families and caregivers. Individuals contacting the Program receive information in order to make informed choices about services, referrals to appropriate agencies, assistance in obtaining services and benefits, and follow-up assistance. 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. In 2009, the I&A program provided one-on-one assistance to over 54,000 seniors.

### **Senior Medicare Patrol – Rural & Tribal Initiative**

Work continues under the SMP Integration Grant that was awarded in 2008 by the U. S. Administration on Aging (AoA) to provide outreach and education to isolated or hard-to-reach Medicare beneficiaries, including tribal elders. The grant expanded the reach of the SMP program statewide and facilitated strategic partnerships with the Aging and Disability Resource Centers (MAPs) and the Rural Maryland Council to develop effective marketing materials and messaging to reach and educate older Marylanders about Medicare fraud issues.

### **Special Events**

In May 2009, the Maryland Department of Aging co-sponsored and participated in the 17th Annual Maryland Centenarian’s luncheon. This year’s luncheon recognized 85 centenarians from around the state. The event was held at Martin’s West. Other co-sponsors included the Social Security Administration and Baltimore City Commission on Aging and Retirement Education (CARE). Maryland has 1500+ centenarians residing in the state.

Also in May, MDoA hosted the 2nd 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. A lifetime achievement award was presented to Dr. Levi Watkins, a world renowned cardiologist with Johns Hopkins Hospital.

The Maryland Department of Aging participated in a new community service project, Stockings for Seniors. Twenty-one employee teams decorated stockings which were stuffed with goodies for 25 needy senior residents of Chase House in Baltimore. The stockings were delivered by MDoA carolers and distributed to the selected seniors.

## **Maryland Department of Disabilities (MDOD)**

**Catherine A. Raggio, Secretary**

The Maryland Department of Disabilities engaged in numerous activities that benefited seniors during 2009. Selected Highlights appear below.

- Successfully revised regulations for Attendant Care Program to allow participants to remain on the program beyond age 64 if initial eligibility is determined prior to the individual's 65<sup>th</sup> birthday.
- Continued to offer Attendant Care Program benefits to seniors throughout Maryland.
- Served on the Maryland Access Point (MAP) procurement review panel to determine most suitable vendor to award website contract.
- Served on the Maryland Access Point Advisory Board.
- Together with MDoA staff, provided disability perspective at cross-training workshop with MAP and Center for Independent Living administrative staff.
- Provided training on disability issues to Baltimore City MAP direct line staff.
- Participated in training to MAP staff regarding transitional case management and housing options for seniors.
- Provided successful letter of support to MDoA for grant proposal to CMS for funding to expand MAP sites in two jurisdictions in Maryland.
- Participated in the planning and facilitating of the Maryland Adult Services Summit which was an interdepartmental initiative to evaluate adult service delivery in Maryland.
- Participated in the implementation of the Money Follows the Person demonstration project through the Stakeholders Advisory Committee, the Behavioral Health subcommittee, and Older Adults Waiver Advisory Committee to improve rate of transitions out of nursing facilities into community based programs.
- Worked with MDoA to explore additional federal funding opportunities for the benefit of seniors and others with disabilities.
- Served on the Medicaid Long-term Payment Advisory Committee, charged with evaluating current payment methodologies and structure for nursing facilities and community-based service providers and to make recommendations for necessary changes.
- Served on Board of Nursing workgroup charged with developing training curriculum for certified medication technicians (CMTs) who wish to advance certification to certified nursing assistants (CNAs). CNAs provide delegated nursing services to seniors in assisted living facilities.
- Supported requests for low income housing tax credits for people with disabilities in several jurisdictions across the state, including properties designed for older adults.

- Continued funding Access Maryland capital projects in State owned facilities, government buildings and recreational sites that improve physical accessibility and benefit older adults and others with disabilities.
- Served on the Traumatic Brain Injury Advisory Board and contributed to recommendations that impact delivery of community-based services and supports for older adults and their families.
- Provided information, assistance, and referral for older adults through the Constituent Services Program and outreach activities.
- Through the Maryland Technology Assistance Program, provided information and referral assistance regarding assistive technology and assisted seniors and service providers in locating, evaluating, and purchasing assistive technology such as hearing aids, wheelchairs and other durable medical equipment, and other products for seniors with low vision.
- Through the Assistive Technology Loan program, provided seniors and other people with disabilities the option to borrow equipment prior to purchase as well as access to low interest loans for the purchase of technology and home modifications when necessary.

## **Maryland Department of Health and Mental Hygiene (DHMH)**

**John M. Colmers, Secretary**

### **ADMINISTRATION: MEDICAL CARE PROGRAMS**

Program Title: Money Follows the Person Demonstration

Contact Person: Lorraine Nawara, Director, Money Follows the Person Demonstration

Program Description: DHMH applied to the Centers for Medicare and Medicaid Services (CMS) to develop a Money Follows the Person (MFP) demonstration in November 2006 and was awarded a 5 year grant in January 2007. The purpose of the demonstration is to increase transitions of individuals from institutional to home and community-based services.

The Department received formal approval of the State's Money Follows the Person (MFP) Operational Protocol on March 6, 2008 with an effective date of February 6, 2008. The majority of the MFP grant award is provided through enhanced federal matching funds for home and community-based services for MFP program participants. A MFP participant is one who has resided in an institution for at least 6 months, paid by Medicaid for 30 days, and is discharged to a "qualified residence." Enhanced matching funds are available for services provided during the first year after the individual is discharged from the facility. The enhanced match leads to "savings" over the service costs that the State would have incurred without the enhanced federal match. The MFP Grant obligates the State to spend the "savings" toward meeting the federally established, State-directed goals of the MFP demonstration. The MFP Stakeholder Advisory Group which is composed of State staff, consumers, and advocates has met monthly since in 2008 and moved to quarterly meetings in August of 2009.

The first MFP participant moved to a community residence on March 18, 2008. Since then, 326 individuals have transitioned to the community from nursing facilities, 117 individuals have moved from State Residential Centers, primarily Rosewood, and seven (7) individuals have moved from chronic hospitals, through the end of October 2009.

After receiving approval from CMS, the Department has worked to implement the plans laid out in the approved Operational Protocol. The MFP Grant brought with it significant reporting requirements that required changes to the MMIS system, modifications to several Medicaid waiver tracking systems, and the development of an MFP web-based tracking system. The Department has added services to the Living at Home and Older Adults waiver in order to improve the package of services available to those transitioning out of nursing facilities.

Through the MFP demonstration, the Department has also convened a Behavioral Health Workgroup with stakeholders from the Department of Aging, Department of Disabilities, Mental Hygiene Administration, community provider agencies, and advocate groups to identify policy and program changes that will better serve individuals with brain injury, dementia, Alzheimer's disease, mental illness, and other related behavioral health disabilities. This workgroup has generated recommendations that are being evaluated for implementation in the Older Adults and Living at Home waiver advisory committees, the TBI Advisory Board, and the Aging in Place

Taskforce of MHA's Transformation Grant. Recommendations include the addition of services to the existing waivers and enhanced provider training in behavioral health supports.

In an effort to increase transitions to community-based services, the Department has changed the implementation of the existing Money Follows the Individual policy to extend beyond nursing facilities. The policy was followed by legislation resulting in the Money Follows the Individual Act of 2003 and the Money Follows the Individual Accountability Act of 2004. The legislation allows nursing facility residents to apply for waiver services regardless of budgetary caps on enrollment if the institutional services are being paid for by Medicaid. The policy has been expanded to other institutional settings so that residents of the State Psychiatric and chronic hospitals may also apply for the waivers if Medicaid is paying for the institutional stay.

The MFP demonstration also provided support in the closure of the Rosewood Center. The demonstration funded three additional transition staff at the Developmental Disabilities Administration, enhanced Resource Coordination and Essential Lifestyle Planning, and created peer mentoring services for residents and family mentoring services for supporters of the residents.

Several other efforts for nursing facility residents were implemented in 2009, including peer outreach, program education, application assistance, and enhanced transitional case management which includes housing assistance. Peer outreach was initiated in the Southern Maryland region which includes Montgomery, Prince George's, Calvert, Charles, and St. Mary's counties. In this region the contractors have contacted over 1,100 nursing facility residents about the option to receive services in the community of which 800 opted to receive detailed program education. These efforts have resulted in 142 applications for home and community-based waiver programs to date. Contracts to provide outreach to the rest of the State were awarded in December 2009 and outreach will begin statewide in January 2010. DHMH has also established an agreement with the Maryland Department of Aging and its local Area Agencies on Aging to provide program education and application assistance to all nursing facility residents referred through peer outreach or directly from facilities. Older Adult waiver applicants began receiving enhanced transitional case management under the same agreement on July 1, 2009.

The MFP demonstration has offered a variety of training to transitional case managers in an effort to improve the transition process. Two full-day training sessions on affordable and accessible housing were hosted in November 2009 and eight additional days of housing training are planned for 2010. Person-centered planning and community resource training sessions are planned for the spring of 2010 as well.

Funding was also provided to the Maryland Department of Aging to further their efforts to develop the website for the Maryland Access Point (MAP). This funding and increased collaboration between Departments has fostered positive relationships with MAP partners and increased the availability of information about community services and supports.



**ADMINISTRATION: INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH ADMINISTRATION (IDEHA)**

Program Title: Maryland AIDS Drug Assistance Program (MADAP)

Contact Person: Paul Brunner, Deputy Chief, Center for HIV Care Services

Program Description: The Maryland AIDS Drug Assistance Program (MADAP) provides medications for the treatment of HIV and AIDS and associated conditions for income-eligible Maryland residents who do not qualify for Medical Assistance or the Primary Adult Care (PAC) Program. The MADAP formulary offers 175 drugs including the latest anti-retrovirals, antibiotics and other medications to treat illnesses of individuals living with HIV/AIDS. MADAP has an average monthly enrollment of more than 4,700 clients costing more than \$2.5 million per month. Most funding for this program comes from the federal Ryan White CARE Act, Part B.

**ADMINISTRATION: DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**

Contact Person: Sequaya Tasker, Statewide Coordinator for Children, Transition Youth and Aging Service

The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life. In addition, the DDA's goal is to promote their empowerment to access quality supports and services necessary to foster personal growth, independence and productivity. When planning for the future of an aging person with developmental disabilities, the DDA strongly recommends that people consider accessing generic resources and services that are available to any person with a disability. DDA does not provide a distinct set of aging services. DDA is committed to enabling all individuals with developmental disabilities to exercise the four principles of self-determination:

- FREEDOM to make choices
- AUTHORITY over services and support
- RESPONSIBILITY for organizing resources
- SUPPORTS necessary to live in the community

Services are obtained by contacting one of the four DDA regional offices. People need to apply for and be determined eligible to receive funding for DDA services. Some services that are provided are as follows: respite, employment services, day services, individual support services, family support services, residential services and resource coordination. The DDA, in partnership with state and local senior-serving organizations, sponsors training to assist family caregivers and agency staff in supporting individuals as they age in place, and to promote the inclusion of individuals with developmental disabilities in traditional aging programs. Additionally, the DDA provides statewide oversight for the federally mandated Preadmission Screening and Resident Review program (PASRR) for people with developmental disabilities. The DDA PASRR assessment staff ensures that individuals with mental retardation or other developmental

disabilities are not inappropriately placed and/or retained in a nursing facility and, when nursing facility level of care is needed the DDA staff also provides an assessment they need for specialized services.

### **ADMINISTRATION: FAMILY HEALTH ADMINISTRATION**

#### Program Title: Western Maryland Hospital Center

Program Location: Hagerstown, Maryland  
Contact Person: Cynthia M. Pellegrino, CEO, (301)745-4140

Program Description: Western Maryland Hospital Center is licensed as a specialty chronic disease and rehabilitation hospital that includes both a hospital level of care and a skilled nursing facility (SNF) level of care. In addition, the hospital offers a renal dialysis program for both in and outpatients, a self-contained brain injury program, and two ventilator programs; hospital level for ventilator weaning and SNF level for maintenance.

The hospital level of care program offers one of the largest post acute ventilator “independence” programs in the State. Patients are admitted with multi-system failure often requiring both ventilator management and dialysis. Frequently seen diagnoses include: multiple trauma, spinal cord injury, post CABG and multiple medical complications. The Brain Injury Program located in a self-contained controlled and quiet environment addresses the needs of both traumatic and non-traumatic brain injuries. The hospital level of care provides medical management and rehabilitation with the goal of returning to home whenever possible.

The comprehensive care program serves as a “step down” for many patients who have improved but are still unable to return to home safely. Rehabilitation can continue with the goal of returning to the least restrictive environment and preferably home. Admissions also include patients requiring short-term rehabilitation who do not qualify for the more intensive hospital program. In 2008, the SNF based ventilator management program opened.

Western Maryland Hospital Center serves approximately 200 patients per year and is fully accredited by the Joint Commission and Office of Health Care Quality, and is seeking CARF accreditation for the Brain Injury Program in 2010.

#### Program Title: Deer's Head Hospital Center

Contact Person: Sandy Smith, CEO, (410) 543-4011

Program Description: Deer's Head Hospital Center is licensed as a specialty chronic hospital, comprehensive care (CCF) and dialysis center. Deer’s Head provides complex medical management and rehabilitation for traumatic brain injury, spinal cord injury, wound management, CVA, as well as inpatient and outpatient renal dialysis services. Long-term comprehensive care is also provided to patients who require nursing home level services and are high acuity with complex medical management needs.

In FY 2009, Deer's Head Hospital Center served 561 patients, provided dialysis treatments to 15,800 recipients, and treated 23 bariatric patients. Deer's Head Hospital is fully accredited by the JCAHO.

Program Title: Maryland Arthritis Project

Program Location: Maryland Department of Health and Mental Hygiene  
Contact Person: Jade Leung, (410) 767-2919

Program Description: The Maryland Arthritis Project within the Family Health Administration's Center for Health Promotion and Education is designed to reduce the burden of arthritis in Maryland through the following activities:

- Surveillance activities essential to planning, implementation, and evaluation of public health practices related to individuals with arthritis
- Implementation of Maryland Arthritis State Plan 2006-2010
- Working with local health departments, area agencies on aging and other system partners to promote public awareness of the disease.
- Dissemination of arthritis health education and promotional materials to the public through local health departments and partnering agencies.
- Provide resources to health care providers in order to improve the quality of life for their patients with arthritis.
- Provides trainings to local health departments and Local Area Agencies on Aging staff to conduct self-management and exercise classes in the community.

### **ADMINISTRATION: MENTAL HYGIENE ADMINISTRATION (MHA)**

Contact Persons: James Chambers and Marge Mulcare

#### New Initiatives

The Mental Hygiene Administration (MHA) forged ahead with the momentum begun in November 2008 to continue to foster partnerships between MHA, Maryland Department of Aging, Core Services Agencies (CSA), Areas on Aging (AAA), the Maryland Department of Human Resources; local Departments of Human Resources; Adult Evaluation and Review Services (AERS), The Maryland Mental Health Association Coalition on Mental Health and Aging; Department of Health and Mental Hygiene Administrations (DHMH), including the Office of Health Services (OHS); the Developmental Disabilities Administration (DDA); and the Alcohol and Drug Abuse Administration (ADAA) through a jointly sponsored conference with MHA and the Mental Health Transformation Team's Consultant on Aging, providing direction to develop a greater understanding, promote partnerships and facilitate greater collaboration between mental health and older adult service systems in order to improve access to services for older adults with mental illness.

### Money Follows the Person (MFP) Behavioral Health

MHA continues to actively participate with DHMH's Office of Health Services (OHS) in the MFP demonstration through the "MFP Behavioral Health Workgroup." Currently the workgroup is looking at the behavioral health needs of persons in institutions, congregate living, and in the community. In some locales formal partnerships have been formed between the local area on aging and the State psychiatric facilities to evaluate residents for appropriateness for inclusion in the Older Adult Waiver and the MFP initiative. Transition to the community has begun for several hospital residents using resources under the MFP demonstration.

### Aging in Place Committee

MHA and "Maryland's Transformation System Improvement Grant" staff continue to lead a committee of stakeholders addressing the needs of residents of MHA funded residential rehabilitation programs who may be at risk of nursing home placement, and/or who have complex medical needs that are not being fully met, or who may be at risk of inpatient psychiatric hospital care. This includes developing a model of care and exploring options for Medicaid financing for community services. MHA has contracted with the Developmental Disabilities Administration for nurses to interview residents of the rehabilitation programs regarding the level of medical need in these programs. A report listing the findings of this committee is expected to be available during calendar year 2010.

### Suicide Prevention in the Adult and Older Adult Populations

In response to growing concerns among the Governor's office and the legislative body regarding the prevalence of completed and attempted suicides among the adult and older adult populations in Maryland, MHA convened a committee comprised of key stake-holders to explore issues surrounding suicide and to develop a report addressing causation and prevalence, as well as to identify strategies aimed at preventing suicide among these populations. The committee's report is currently under review.

### Public Mental Health System (PMHS) services

Since MHA is the payer of last resort and most individual's ages 65 and over have Medicare as the primary insurer for outpatient mental health treatment, numbers served in Maryland's public mental health system remain small. However, during 2009, approximately 1,300 persons ages 65 and older were served through the Maryland's PMHS through the fee for service system. (These numbers exclude individuals with Medicaid/Medicare who are paid through Maryland Medicaid). Services rendered included case management, residential crisis, inpatient, mobile treatment, outpatient treatment, psychiatric rehabilitation, residential rehabilitation, respite care, and supported employment. MHA also operates regional state psychiatric hospitals. Approximately 80 individuals ages 65 and older were hospitalized for psychiatric needs in 2009 in these hospitals.

In addition, the MHA funds the Core Service Agencies (CSA) for the following programs and services.

Program Title: Maryland Core Service Agencies (CSAs) Gero-Psychiatric Services

Program: MHA funded gero-psychiatric nurse and social work specialists within several CSAs for calendar year 2009. These positions are mentored by MHA's gero-psychiatric nurse specialist to work with community mental health program providers, nursing facilities, assisted living homes, and other interested parties to support older adults with psychiatric disabilities to maintain and promote community living. MHA provides contracts to CSAs to fund nursing services and additional support for residents with complex medical conditions and those who are elderly in several MHA Residential Rehabilitation Programs (RRPs) in Baltimore City, and Anne Arundel and Prince George's counties. Approximately 150 persons aged 65 and over were served through these programs.

Additional programs funded by MHA, through the CSAs, include senior outreach in public housing in Baltimore City, Senior Peer Support mentoring project in Baltimore County, elderly outreach in Montgomery and Calvert counties. Additional services that MHA funds that elderly individuals may access include: mobile crisis teams, client support, peer support, emergency psychiatric services and referral services. In several counties, the CSAs sponsor specific gero-psychiatric community programs. These programs include:

Baltimore City:

PATCH program (Psycho-geriatric Assessment, Treatment in City Housing)-sponsored by the Johns Hopkins and Bayview Hospitals is an outreach program available to older adults with serious mental illness, residing in East Baltimore City housing developments at 17 sites, and offers an alternative for seniors unable to access traditional out-patient treatment services, including medication management and assessments. During the year 2009, approximately 110 persons were served through this program.

SOS program-sponsored by the University of Maryland Hospital, is an out-reach program similar to the PATCH available to older adults with serious mental illness, throughout Baltimore City neighborhoods not covered through the PATCH program. In the year 2009, approximately 180 persons were served under this program.

Baltimore City's local "Inter-agency committee" meets regularly for case-discussion; and inter-agency planning for vulnerable older adults accessing various programs within the city agencies.

Baltimore County:

PEERS program-peer support for older adults with mental illness, served 189 persons in 2009. Services included face-to-face visits and telephone and educational supports.

Geriatric Service Program (GST). Initiatives include outreach to older adults with mental illness; provides home visits; and senior center discussions on mental health, and pre-screenings for mental health issues. This program served approximately 1,000 seniors in 2009.

Vulnerable Adults Assistance Network (VAAN). Inter-agency consultation and planning committee consisting of key representatives from county agencies serving older vulnerable adults.

Garrett County:

“OATS” program (Older Adult Transition Service). Provides outreach services, counseling services, information and referral services to persons transitioning from adult to older adult status. Approximately 40 persons were served in 2009.

Geriatric Mental Health Workgroup. Interagency committee on aging and health planning that includes representatives of key agencies in the county serving older adults with mental illness.

Howard County:

Interagency committee on aging and health planning that includes representatives of key agencies in the county serving older adults with mental illness.

Montgomery County:

Interagency committee on aging and health planning that includes representatives of key agencies in the county serving older adults with mental illness.

Prince Georges County:

Outreach and educational services for older adults with mental illness, are offered to nursing homes, assisted living facilities and other county programs by a Masters prepared R.N.

Worcester County:

Maryland Access Point-single point of entry program is available to all older adults in the county. This project is jointly sponsored with the local Area on Aging and provides information, referral and access to all county-wide services.

State Residential Rehabilitation Programs/Psychiatric Rehabilitation Programs

:

The MHA funds and regulates community-based residential services for adults with serious mental illness. Many of these programs serve older adults, while several provide specialized gero-psychiatric programs.

On Our Own of Maryland:

Peer support managed program available to all mental health consumers in Maryland.

MHA Committee Representation:

MHA is represented at the Annapolis “Nursing Home Oversight Committee,” chaired by the Honorable Secretary, Gloria Lawlah, Maryland Department on Aging.

The “Maryland Gerontological Association”

The Maryland Mental Health Association’s “Coalition on Mental Health and Aging.”

The National Association of State Mental Health Program Directors-Older Persons Division (NASMHPD)

The National Association of PASRR Professionals (NAPP)

**Department of Human Resources (DHR)**  
**Brenda Donald, Secretary**

The following summarizes the aging adult-related accomplishments and activities of the Department of Human Resources during its 2009 membership on the Interagency Committee on Aging Services (IAC).

- During FY 2009 *Adult Services* provided assistance to 32,058 adults age 18 and older. Fifty four percent (54%) of those individuals were aged 65 or older (where age was known).
- The *Social Services to Adults Program* is a social work case management program designed to assist vulnerable adults age 18 and older, the elderly, and adults with disabilities access the supports, services, and assistance they need to live safely and independently in the community for as long as possible. This program aims to prevent or delay institutional placements, assisting in securing institutional care when absolutely necessary. Service provision falls into 2 categories: Assessment/Crisis Intervention, and Ongoing/Continuing Case Management. During FY 2009 there were 7,211 assessments completed, with 4,360 of them receiving continuing case management. Seventeen percent (17%) of assessments and 73% of continuing case management services were provided to individuals age 65 or older.
- *Adult Protective Services (APS)* is delivered by local Departments of Social Services to vulnerable adults aged 18 and older. This service is mandated by Family Law Article 88A, Annotated Code of Maryland. The purpose of this program is investigate instances of suspected abuse, neglect, self-neglect, and exploitation and when appropriate, to remedy them by assisting the vulnerable adults who are unable to protect their own interests, health, safety or welfare. During FY 2009, 3,726, or 63% of new APS Investigations were conducted for individuals aged 65 or older. Of those investigations, 27% were age 65-74, 41% were age 75-84, and 32% were age 85 or older.

During FY 2009 1,716 or 46% of APS investigations of adults 65 and older, resulted in the need for Continuing APS services (including adult public guardianship).

- Continued to chair and staff the *Maryland Caregiver's Support Coordinating Council*. The Council is working toward the goal of establishing a model for a coordinated system of Respite Care provision across the state.
- The *Respite Care Program* supports families' capacity to maintain family members at home and in the community. The program provides short-term, periodic care to individuals with developmental or functional disabilities, in order to provide a period of rest and renewal to family caregivers. DHR funds respite services to individuals with developmental disabilities as well as those with functional disabilities. Of the total receiving Respite Services during FY 2009, 42% were families caring for individuals with disabilities age 60 or older. In addition to providing Respite Care Services, the



Respite Program continued to support Respite Awareness as a Co-Sponsor of the 12<sup>th</sup> Annual Respite Awareness Day Conference held in October 2009.

- The *In-Home Aide Services Program (IHAS)* serves adults with functional disabilities who need assistance with activities of daily living in their home. Services provided include chores, personal care, transportation/escort, training in self-care and care-giving skills. Sixty four percent (64%) of all IHAS services were provided to individuals aged 65 or older (this includes individuals receiving direct services, those receiving supportive case management assistance while waiting for services to begin, or those individuals who are on a waiting list to be assessed for the program). Of those aged individuals receiving aide services, 25% were age 65-74, 39% were age 75-84, and 36 % were age 85 or older.
- Continued to work closely with the National Association of Adult Protective Services (NAPSA) as a member of their Public Policy Committee in support of passage of the Federal Elder Justice Act. The Elder Justice Act will establish a federal office for Adult Protective Services and funding in the form of initial grants to states up to \$2 million, up to \$3 million annually thereafter through 2013.
- DHR continues its commitment to relative caregivers of children in both formal and informal settings via supports for the **Kinship Care** population. The kinship population is comprised mostly of grandparents and other relatives, many of whom are age 60 years and older. During the past year, DHR collaborated with other state agencies to ensure that services are available to kinship caregivers who meet eligibility requirements. In addition, an increase occurred in the use of the guardianship subsidy for this population.
- *The Kinship Care website* [www.dhr.state.md.us/ssa/kinship.htm](http://www.dhr.state.md.us/ssa/kinship.htm) is being utilized; a section is available to address citizen inquiries and questions, and a Kinship Care Fact Sheet (located on DHR website) is now electronic as well as hard copy for distribution throughout Maryland.
- *The Kinship Care Resource Center* Request for Proposal is moving forward in the procurement process. Not only will the Center serve as the “hub” for kinship care families statewide, but will serve as an advocate, disseminate information, and provide training to enhance and empower kinship families.
- Kinship Care staff serves on the Maryland Caregivers’ Support Coordinating Council, as well as responds to inquiries/concerns received from caregivers throughout the State.
- The DHR **Office of Home Energy Programs (OHEP)** administers two (2) energy assistance programs – *the Electrical Universal Services Program (EUSP)*, which provides assistance with electric bills, and *the Maryland Energy Assistance Program (MEAP)* which provides heating assistance grants. During FY ’09 the MEAP program provided assistance to 122,254 households. Approximately 32% (38,665) of those households had at least one person age 60 or over. EUSP has a similar customer base, as applicants generally apply for both programs at the same time with a single consolidated

application. There were 116,136 EUSP recipients with 33.3% having at least one elderly household member.

- In DHR, the **Maryland Office for Refugees and Asylees (MORA)** plans, administers, and coordinates transitional services for refugees and political asylees in Maryland. In 2009, the MORA-administered *Citizenship Preparation for Older Refugees in Maryland* project provided naturalization instruction designed especially for elderly refugees, particularly vulnerable individuals facing multiple learning barriers. Offered through Baltimore City Community College, these classes served 75 refugee elders from 13 countries.

**Maryland Department of Housing & Community Development (DHCD)**  
**Raymond A. Skinner, Secretary**

**Accessible Homes for Seniors Program**

The Maryland Department of Housing and Community Development (DHCD), in partnership with the Maryland Department of Aging (MDoA), operates the Accessible Homes for Seniors Program to promote accessibility related improvements to the homes of seniors. These improvements may include, among other features, the installation of grab bars and railings, widening of doorways and installation of ramps. For many seniors, such home improvements represent the key to remaining in their home and maintaining their independence.

This program provides zero percent interest deferred loans for a term up 30 years to finance accessibility improvements and is funded by DHCD under the Maryland Housing Rehabilitation Program (MHRP), administered by Special Loan Programs. The Accessible Homes for Seniors Program is marketed through the local Area Agencies on Aging.

**Eligible Applicants**

Those eligible for the Program must:

- Be Maryland residents with at least one resident age 55 or older.
- Generally must own and occupy the home to be renovated as their principal residence. Seniors living with relatives will be considered on a case-by-case basis.
- Reside in a home that is structurally sound and free of health and safety hazards.
- Not have any outstanding federal or state tax liens, open bankruptcy or foreclosure.
- Meet income requirements.

The household income cannot exceed 80 percent of the Statewide or Washington D.C. MSA median. If the senior resides in the home of a relative, eligibility is based on the owner's income.

**Maximum Household Income**

Household Size	Max. Statewide	Max. Washington MSA*
1 Person	\$ 46,000	\$ 57,500
2 Persons	\$ 52,550	\$ 65,750
3 Persons	\$ 59,100	\$ 73,950
4 Persons	\$ 65,680	\$ 82,160

\*Washington MSA includes Calvert, Charles, Frederick, Montgomery and Prince George's Counties

**Eligible Improvements**

Funds may be used to pay for the actual costs of making the house accessible or functional for the senior resident. This may include – but is not limited to – widening doorways, installation of accessible showers, ramps, grab bars and lever handles. Additions to accommodate first floor bathrooms and laundry rooms will also be considered on a case-by-case basis.

Loan Amount and Term

The maximum loan amount will be up to 95 percent of the value of the property taking into account any superior mortgages. The loans will be offered for terms of up to 30 years and must be repaid upon sale, transfer or refinance of the property. All closing costs will be included in the loan.

Submitting an Application

Applications are available at local Area Agencies on Aging. Assistance in completing the application is available at the agency or an in-home appointment can be scheduled. Once the application is submitted, it will be processed by DHCD and the applicant will be contacted. For more information, you may call the agency listed for your county or the Maryland Department of Aging:

Area Agencies on Aging

COUNTY	CONTACT	PHONE NUMBER
Allegany Co.	Amanda Paul	301-777-5970, X 110
Anne Arundel Co.	Sandy Berkeley	410-222-4464
Baltimore City	Thelma Winn	410-396-2273
Baltimore Co.	Betty Evans	410-887-2594
Calvert Co.	Carolyn Mohler	410-535-4606/301-855-1170
Caroline Co.	Irene Garrettson	410-479-2093
Carroll Co.	Debbie Frame	410-386-3800
Cecil Co.	Mary Kahoe	410-996-5295
Charles Co.	Theresa Mason	301-934-9305, X 5118
Dorchester, Worcester, Wicomico or Somerset Co.	Teri Davidson	410-742-0505, X 109
Frederick Co.	Melanie Bryan	301-694-1604
Garrett Co.	Lynda Weeks	301-334-9431
Harford Co.	Mark Carroll	410-638-3025
Howard Co.	Pam Bilal	410-313-5980
Kent Co.	Kim Porter	410-778-2564
Montgomery Co.	Jennifer Long	240-777-3000
Prince George's Co.	Dr. Floyd Johnson	301-265-8450
Queen Anne's Co.	Bonnie English	410-758-0848
St. Mary's Co.	Debbie Barker	301-475-4200, X 1050
Talbot Co.	Peggy Vance	410-822-2869
Washington Co.	Elizabeth Church	301-790-0275
MD Dept. Of Aging	Janice MacGregor	410-767-1087

## **Financing for Affordable Senior Rental Housing Communities**

In calendar year 2009, the Department of Housing and Community Development (DHCD) helped to finance the construction, rehabilitation and preservation of 2,258 units of rental housing in 29 affordable housing developments across the State of Maryland. 485 of these units are for seniors age 62 and older with incomes at or below 60% of the area median income. For a two person household, the maximum income would be \$39,420 in the Baltimore metropolitan area and \$49,320 in the Washington D.C. metropolitan area. The production of affordable rental housing in 2009 was affected by problems in the housing and financial markets, which significantly impacted the equity raised through the federal Low Income Housing Tax Credit Program. The Housing and Economic Recovery Act of 2008 (HERA) and the American Recovery and Reinvestment Act of 2009 (ARRA) provided essential resources to jumpstart stalled affordable housing developments. DHCD received almost \$31.7 million in federal funding under the Tax Credit Assistance Program and almost \$80 million in Section 1602 Tax Credit Exchange funding that it awarded to 27 projects. Sixteen of the 29 projects closed in 2009 were funded using these ARRA programs.

### **MDHousingsearch.org**

DHCD continued support for MDHousingsearch.org, a rental housing locator service unveiled by Governor Martin O'Malley in early 2007. The service assists seniors and all Marylanders find quality affordable housing that meets their needs. Accessible on the internet at [www.mdhousing.org](http://www.mdhousing.org) or by phone at 1-877-428-8844, the service provides information in both English and Spanish and is free both to the landlords who choose to list their properties and to residents who are searching for a home to rent. Properties can be searched by county, accessibility features, and many other factors people consider when deciding where to live. As of January 1, 2010, the website included 3,233 listings with 50,722 units. 301 buildings are senior-only facilities. Since its inception, Marylanders have performed more than 890,909 housing searches using the MD Housing Search website in order to locate affordable and available rental housing.

### **Maryland Community Development Block Grant Program**

The Maryland Community Development Block Grant Program provides grant funding for a variety of activities that benefit seniors. The funding can be used in non-entitlement counties and towns as defined by the U.S. Department of Housing and Urban Development. Communities have used CDBG funds to match MDoA capital grants to construct or renovate senior centers, to construct or renovate adult day care centers, to develop senior housing, to rehabilitate senior housing and to pay for programs such as Meals on Wheels. During calendar year 2009 the CDBG Program provided \$8,000 for a location study for a new senior center and several grants to communities who administer housing rehabilitation programs which give priority to houses occupied by seniors.

## **Maryland Community Services Block Grant Program**

The Maryland Community Services Block Grant Program (CSBG) provides grant funding for a variety of projects that assist senior populations. The funding is made available to a statewide network of nonprofit Community Action Agencies. The Community Action Agencies leverage funding from other federal, State and local sources to offer programs and services that include adult day care, senior nutrition and fitness programs, transportation services, senior housing, senior centers, energy assistance, senior health insurance counseling and home repairs programs. During calendar year 2009 the CSBG Program provided part of the operational support for more than 27 direct senior programs offered through 10 Community Action Agencies statewide.

**Maryland Department of Labor, Licensing and Regulation (DLLR)**  
**Alexander M. Sanchez, Secretary**

Division of Workforce Development and Adult Learning  
Older Worker Report – January 2010

***Services to Older Workers***

One of the goals of the Department of Labor, Licensing and Regulation Division of Workforce Development and Adult Learning is to enhance the earning power and economic success of older workers in Maryland by developing employment and training strategies that upgrade the skills of mature employees and provide opportunities to enter high-demand occupations.

To provide the training and job placement that benefit the worker and the employer at the local level, DLLR operates in conjunction with local workforce investment boards an extensive network of One-Stop Career Centers in every county. Title 5 of the Older Workers Act is a mandatory One-Stop partner. Title 5 representatives visit the One-Stops Career Centers on a regulator basis to provide information to eligible seniors about the Senior Employment Program. In addition, most centers serve as a host agency for one or more Senior Aides. Employers are also educated in the value of hiring older workers in the outreach efforts of Business Resource Representatives.

DLLR and the One-Stop Career Center system are working on a number of initiatives that focus on seniors. A few of the best practices from the local workforce investment areas include:

***Anne Arundel County***

A One Stop dedicated to serving low-income seniors is located in a public housing community in Pasadena. The other comprehensive One Stop career centers share important information with the Senior Program, such as mass recruitment events and job postings. The Anne Arundel Workforce Development in partnership with DLLR hosts an annual Senior Job Fair in May for “Hire the Older Workers Month”.

***Baltimore County***

Baltimore County Office of Workforce Development prides itself in making employment services and job seeking assistance available to 50+ workers in the following ways:

- Employment of older workers is a continuing topic of the area's Workforce Development Council Meetings; a sub-committee is established to address issues and concerns affecting seniors in the community are charged to develop creative ways and initiatives to serve them in the workforce. The group's chairperson presents this information at scheduled council meetings.
- Annually, in collaboration with Baltimore County's Department of Aging, the workforce development system participates in the *Baby Boomer Expo/Senior Expo* held in the month of October at the Timonium Fair Grounds.
- Workshops are offered and tailored to give valuable information to seniors regarding job related topics as well as such concerns such as financial management, healthcare, and labor market insights.

- The community is kept “in-the-loop” regarding initiatives planned to assist seniors in the community; Baltimore County Workforce Development has an administrative staff member serving as a liaison for media, chamber of commerce, community organizations, and legislative bodies to cover areas related to the needs of older citizens.
- Older workers are "targeted" as a group for training opportunities, job development and referral to industries with the best track record of supporting older workers with jobs and employment training.

***Frederick County***

In Frederick, all customers, older and otherwise, have universal access to the seminars and training classes that are provided, in addition to core and intensive services. One area of highlight, though, is the *Open Doors* program that is offered and encouraged to older workers who may be in need of additional training and are income eligible. Since 1991, the *Green Thumb*, *Experience Works*, and now renamed *Open Doors* program has existed on the premises and provides not only a link to unsubsidized work but has had a program-intake worker on-site to assist with recruitment.

***Lower Shore***

The Senior Aides Employment Program is available to men and women, ages 55 and older, which are unemployed, meet established income guidelines, and desire an opportunity for training and employment. It is sponsored by MAC, Inc., a private, not-for-profit dedicated to serving the needs of citizens 55 and up on the Eastern Shore of Maryland. Senior aides serve their communities by working with local non-profit agencies and government organizations while learning skills that can be transferred to jobs with local businesses. The jobs help seniors build the experience and confidence they need to find permanent unsubsidized employment.

The Maryland Workforce Exchange is a virtual One-Stop network and information system that tracks activities in the One-Stop Career Centers. The table below breaks down the demographics of seniors who enrolled in the Maryland Workforce Exchange and who entered employment in Program Year beginning July 1, 2008 and ending June 30, 2009.

**Demographic Information on Persons 55+ for Program Year 7/1/08-6/30/09**

<b>Total Participants 55+</b>	<b>20,787</b>	<b>Entered employment 55+</b>	<b>5,411</b>
Employed at Participation	2239		
Not Employed	18338		
Unemployment Insurance Claimant	5943	Unemployment Insurance Claimant	1667
Hispanic or Latino - Yes	651	Hispanic or Latino - Yes	193
Hispanic or Latino – No	1339	Hispanic or Latino – No	426
American or Alaskan Native	189	American or Alaskan Native	41
Asian	428	Asian	91
Black or African-American	5082	Black or African-American	1423
Hawaiian Native or Pacific Islander	31	Hawaiian Native or Pacific Islander	6
White	8819	White	2072



More than one race	326	More than one race	87
In-school	365	In-school	76
Not High School Graduate	1465	Not High School Graduate	353
High School Graduate or GED	7266	High School Graduate or GED	2004
Post Secondary Degree or Certification	7010	Post Secondary Degree or Certification	1717
Persons with Disability	1670	Persons with Disability	372

## **Maryland Department of Transportation (MDOT)**

**Beverley K. Swaim-Staley**

### **Maryland Department of Transportation (MDOT)**

#### **It's "Good Business" Gas Pump Program**

The MDOT and the Office of the Comptroller, with the assistance of the Mid-Atlantic Petroleum Distributors Association, the Maryland Petroleum Council and the Maryland Service Station Association, have developed the "It's Good Business" Gas Pump Program campaign. This program is designed to address the needs of senior citizens and individuals with disabilities who drive and who find it difficult, if not impossible, to pump gas for themselves. Service stations that participate in the program post signage at their stations to indicate that the station is a full service station and will have someone pump gas for individuals with disabilities and senior citizens. This program promotes accessibility to gas stations for individuals with disabilities and for senior citizens.

MDOT provides a list of full service gas stations in the State of Maryland to assist the needs of individuals with disabilities and senior citizens. This list can be found on the MDOT webpage at [www.mdot.state.md.us](http://www.mdot.state.md.us) under Americans with Disabilities and Senior Citizens.

### **Maryland Aviation Administration**

In these tight financial times, MAA has increased the use of volunteers to ease the stress for travelers and create a more family-oriented environment.

The MAA provides volunteer opportunities to seniors through its Pathfinder Program at Baltimore/Washington International Thurgood Marshall Airport (BWI Marshall). Currently, there are more than 170 Pathfinder volunteers, mostly seniors, who aid travelers with information, directions, and special needs.

Several Pathfinder volunteers assist with Honor Flight Network, which is a non-profit organization created solely to honor America's veterans for all their sacrifices. They transport veterans to Washington, D.C. to visit and reflect at their memorials. Top priority is given to World War II survivors, along with those who may be terminally ill. In 2009, Honor Flight at BWI Marshall served 111 missions and 9,000 guests.

Pathfinder volunteers also assist with Operation Welcome Home to welcome and greet arriving military flights. Volunteers help decorate the lobby with patriotic signs and banners. They also prepare goodie bags for the troops, many of whom are hungry, thirsty and tired from their travels and will be waiting for a connecting flight. Events average twice a week. It is estimated that they will have greeted over 40,000 troops in 2009.

MAA works closely with the United Service Organization (USO) at BWI Marshall. The USO International Gateway Lounge serves as a "home away from home" to military personnel traveling through BWI Marshall. Complimentary amenities include snack bar, sleeping room

and family room. Many volunteers are seniors and/or veterans. They serve over 60,000 guests a year.

MAA supports the Glenn L. Martin Museum at Martin State Airport. Space is provided at one of the airport hangers where senior volunteers invite the public to visit a part of the State's aviation heritage.

MAA purchased a new fleet of buses used in its parking shuttle services that are low-floor for easy access to seniors and persons with disabilities, including priority seating.

MAA continues to work closely with the Transportation Security Administration, airlines and airline skycaps to provide wheelchairs and other accommodations for seniors.

With the completion of BWI Marshall's \$1.4 billion expansion and improvements program, many new amenities have been added to make travel to and at the terminal building easier for seniors, including additional moving sidewalks, more flight information displays and accessible bathrooms.

MAA is renovating the Hourly Garage pavements, on all levels, to accommodate our patrons, especially the elderly and disabled. Cover plates are being installed over all expansion joints to reduce the possibility of trip hazards.

The BWI Marshall Fire and Rescue Department provided station and equipment tours promoting community services for disabled seniors from St. Elizabeth Nursing Home in Baltimore. Seniors toured the station, talked to on-duty personnel, watched fire equipment demonstrations and were provided with fire safety information.

BWI Marshall's ongoing concession renovation program has taken into consideration the needs of seniors in menu selections and merchandising. Special seating, large print menus and personal assistance are provided upon request.

### **Maryland Port Administration**

The Maryland Port Administration's mission is to stimulate the flow of waterborne commerce through the State of Maryland in a manner that provides economic benefit to the citizens of the State. As such, the MPA leases and oversees marine terminals, and its mission does not specifically lend itself to support programs for the aging and disabled.

Cruise Maryland at the Port of Baltimore offers a new, easily accessible cruise terminal featuring Royal Caribbean International, Norwegian Cruise Lines, Carnival Cruise Lines and Celebrity Cruises. Each of these featured cruise lines offers programs and services that support specific travel needs of senior citizens and other individuals that may need special accommodations.

MPA recently opened its Environmental Education Center at Masonville. The Environmental Education Center has accommodations for special needs including one room designated as an "area of refuge" which is built with enhanced capabilities to withstand calamities such as a fire.

**Maryland Transit Administration**

First, the Elderly Individuals and Individuals with Disabilities (Section 5310) Program provides federal capital assistance to private non-profit organizations that provide specialized transportation services for the elderly and persons with disabilities. The Section 5310 grant provides 80 percent of the cost of the equipment purchased, while the remaining 20 percent is provided by the applicant. In Maryland, the funds allocated to the State are awarded through a competitive selection process managed by the Interagency Committee on Specialized Transportation.

In FY 2009, there were a total of 33 vehicles awarded to non-profit agencies with a total cost of \$1,996,320. The following agencies received the designated number of vehicles:

Action In Maturity	One 8/2 vehicle
Appalachian Parent Association, Inc.	One 10/2 vehicle
ARC of Northern Chesapeake Region	One 10/2 vehicle
Ardmore Enterprises Inc.	One 12/2 vehicle
Associated Catholic Charities/Ta Gallagher Services	One 8/2 vehicle
Charles County Nursing & Rehabilitation Center, Inc	One 12/2 vehicle
Chesapeake Care Resources, Inc.	One 16/2 vehicle
CHI Centers, Inc.	One 12/2 vehicle
Daybreak Adult Day Services, Inc.	One 10/2 vehicle
Delmarva Community Services, Inc.	Three 12/2 vehicles
Dorchester County Commission on Aging, Inc.	One 12/2 vehicle
Dove Pointe, Inc.	Two 10/2 vehicles
Easter Seals Greater Washington Baltimore Region	One 10/2 vehicle
Family & Children’s Services of Central Maryland	One 8/2 vehicle
Friends Aware, Inc.	One 16/2 vehicle
LifeBridge Health, Inc	One 12/2 vehicle
Melwood Horticultural Training Center	One 12/2 vehicle
MOSAIC Community Services	One 16/2 vehicle
Progress Unlimited, Inc.	One 12/2 vehicle
Shelter ElderCare Foundation, Inc.	One 12/2 vehicle
Somerset Community Services Inc.	One 12/2 vehicle
Spring Dell Center, Inc	One 16/2 vehicle
The ARC of Carroll County	One 12/2 vehicle
The ARC of Prince George’s County	One 8/2 vehicle
United Cerebral Palsy of Central Maryland	One 16/2 vehicle
United Cerebral Palsy of Southern Maryland	One 8/2 vehicle
Washington County Community Action Council	Two 16/2 vehicles
Worcester County Commission on Aging, Inc.	One 10/2 vehicle
Worcester County Developmental Center, Inc.	One 12/2 vehicle

Second, the Statewide Special Transportation Assistance Program (SSTAP) is a program created by State statute that provides general purpose transportation for both elderly persons and persons with disabilities. The funds available to the SSTAP are annually apportioned – 60 percent

equally among the counties (including Baltimore City) and 40 percent in proportion to their respective percentages of the State's combined elderly and disabled population utilizing the 2000 Census data. In FY 2009, Locally Operated Transit Systems (LOTS) transported a total of 669,991 seniors and persons with disabilities, a 2 percent increase over FY 2008.

Despite increase demand for the services, funding has been unchanged for several years and local funding has increased, as a result, about 22 percent from FY 2006 to FY 2007 and 10 percent from FY 2007 to FY 2008. This has resulted in a total of a 48 percent increase in local funding over the last four years.

Third, the Senior Rides Program (SRP) is a program created in statute that awards grants to program that use primarily volunteer drivers who drive their own vehicles to provide door-to-door transportation for low-income to moderate-income seniors who have difficulty accessing or using existing transportation systems. Organizations eligible to apply for SRP funding are government agencies, nonprofit entities and faith-based agencies that provide transportation services. At this time \$100,000 is being apportioned annually to support this project.

FY 2009 was the fourth year of the Senior Rides Program and the second year that the program operated as a permanent program. Six of the participating grantees have received awards and are continuing to make strides in developing and growing their programs, servicing the North

Baltimore City area, Anne Arundel, Baltimore, Frederick, Charles, Howard and St. Mary's counties.

FY 2009 SRP grantees are as follows:

Action in Maturity, Inc.	\$16,346
Baltimore County Dept. of Aging, CountyRide	\$17,250
Ministers Alliance of Charles Co. & Vicinity	\$18,250
Neighbor Ride, Inc.	\$24,430
Partners in Care	\$31,837
St. Mary's County Dept. of Aging	\$17,000

The FY 2009 grant awards totaled \$125,113, slightly exceeding the allotted \$100,000. The difference was made up in other grant funding through the MTA.

During FY 2009, a total of 1,177 unique seniors received transportation service, enabling them to make more than 20,681 one-way trips, to a variety of destinations. Many of the trips would likely not have been made if the SRP did not exist.

FY 2009 grantees provided 19 percent more one-way trips than the second year, 24 percent more senior-ride miles and 10 percent more senior-ride hours as compared to FY 2008. The table below compares the two years in terms of trips provided and miles and hours accumulated.

	FY 2008	FY 2009	% Increase
One-Way Trips	17,429	20,681	19%
Senior-Ride Miles	198,120	245,982	24%
Senior-Ride Hours	21,216	23,237	10%

The SRP successfully provides volunteer transportation to seniors. It proves to be an innovative volunteer-based program that aids in meeting the transportation needs of the senior population. This program has proven to be quite effective in providing needed one-on-one transportation services for seniors and could be expanded if more funding becomes available.

Fourth, the JARC (Section 5316) & New Freedom (Section 5317) Programs are authorized under the provisions set forth in the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), which was enacted on August 10, 2005. These provisions authorize the US Secretary of Transportation to apportion funds to each state for grants to these programs. The Governor of Maryland has designated the MTA as the recipient to administer these Federal Transit Administration (FTA) funds.

The JARC Program provides funding for transportation services that connect welfare recipients and other low-income individuals to employment and employment-related activities and for transporting residents of urbanized and non-urbanized areas to suburban employment opportunities.

The New Freedom Program provides funding for expanding the transportation mobility options available to persons with disabilities beyond the requirements of the Americans with Disabilities Act of 1990.

During Fiscal Years 2008 and 2009, the MTA awarded \$1,022,383 in JARC funding and \$292,055 in New Freedom funding. The JARC and New Freedom Programs are two-year funding programs. The following grantees were awarded funding for programs that specifically address transportation programs and services for seniors:

- **Baltimore County Dept. of Aging** – New Freedom award: \$245,225. Project: Partners in Nursing Home Transition - New paratransit service for disabled and senior populations being moved out of nursing homes. The service will fill transportation needs to enable them to live at home.
- **Delmarva Community Services, Inc./Delmarva Community Transit Upper Shore** – JARC award: \$123,500. Project: One Stop Service Center (Talbot, Caroline, and Kent Counties) - Designed to enhance and expand transportation services delivered to low-income individuals, persons with disabilities, senior citizens and persons from the Hispanic community.
- **Delmarva Community Services, Inc** – JARC & New Freedom award: \$180,000. Project: One Stop Service Center (Dorchester) - The prime objective is to develop a one-stop service center focusing on transportation issues and other social concerns of low-

income individuals, persons with disabilities, senior citizens and persons from the Hispanic community.

- **Harford Transit** – New Freedom award: \$263,100. Project: Harford Transit Extender Service - New evening and weekend paratransit service for seniors and income eligible wage earners through a screening partner.
- **Washington County Community Action Council, Inc. (CAC)** – New Freedom award: \$120,602. Project: Community Access Transit (CAT) - Provides a coordinated human service transportation program targeting the elderly, people with low incomes, and individuals with disabilities residing in Washington County.

Fifth, MTA offers a number of federal and State funded programs that serve the elderly, persons with disabilities, and the general public. One program in particular that is the core of transportation services statewide is the Section 5311 program (capital and operating assistance program) which supports general public rural transit services. A significant portion of this service is door-to-door service that supports elderly transit needs. The overall general public S. 5311 program provided over 719,062 rides in FY 2009 and many of these trips included the elderly.

Sixth, the MTA offers a reduced fare for senior citizens on MTA Local Bus, Metro Subway and Light Rail. The one-way fare for senior citizens is 55 cents (+ 40 cents for Express Bus). The unlimited ride day pass for senior citizens is \$1.20. The unlimited ride monthly pass for seniors is \$16.50 (+ 40 cents for Express Bus ride). Senior citizens riding MARC services pay half the regular fare. Commuter bus offers variable discounts depending on the zone and type of ticket purchased.

In FY 2009, over 182,226 Reduced Fare Program Monthly Passes (for senior citizens and persons with disabilities) were sold. This was a 5.7 percent increase over FY 2008.

Representatives from MTA's Reduced Fare Office "Senior Outreach Program" visited 90 senior centers, apartment complexes, schools, churches, and various senior expos/health fairs in FY 2009. Overall, the Reduced Fare Certification Office issued over 5,000 Senior Photo ID's through walk-ins at its Downtown Baltimore office and the outreach program.

Finally, the MTA is the lead agency for the State Coordinating Committee for Human Services Transportation (SCCHST), created through an Executive Order in October 1997. The SCCHST has been working to determine transportation needs of Maryland's elderly, disabled, and low-income citizens, identify State resources invested in meeting these needs, and develop strategies to better coordinate human transportation services transportation in the State through a Five Year Human Services Transportation Plan. The Coordinating Committee includes representatives from other State agencies, human service providers, planning organizations, and local transit systems and transportation providers. Coordination of funding and services has been a primary focus of the committee.

In FY 2009, Beverley K. Swaim-Staley, Secretary of Transportation, met with other executive-level representatives from appointed State agencies to discuss moving forward with the work of the State Coordinating Committee for Human Services Transportation. The meeting agenda included a review of the Executive Order, a list of accomplishments to date, issues of coordination and a review of the Five Year Plan. A meeting is scheduled for January 2010 to begin working on the aforementioned topics.

### **Maryland Motor Vehicle Administration (MVA)**

The Motor Vehicle Administration (MVA), for more than a decade, has been engaged in the development of a comprehensive response to the growth of older citizens who rely on personal cars for essential transportation through a program of specialized customer services and programs for seniors. These efforts include ongoing medical evaluations by the Medical Advisory Board (MAB) of drivers referred to the Administration out of concern for medical driving health, research and research collaboration, support and hosting of quarterly symposia on related developments, the development of a plan to address driving safety among elderly operators, and participation in the Maryland Highway Safety Plan. Brief descriptions follow:

#### **MVA Customer Services and Programs for Senior Citizens**

- **MVA's Mobile Bus Office (MVA Bus).** The MVA Bus, which travels throughout the State of Maryland, visits two different senior and assisted living locations on a monthly basis: Leisure World – a retirement community in Silver Spring and Friendship Heights – an assisted living center in Chevy Chase. The average customer age is 75. Among the services offered by the MVA Bus are:
  - Vehicle Registration
  - Return Tags
  - Driver's License Renewal
  - Application for or renewal of a Maryland Identification Card
  - Voter Registration
  - Application for Disabled Parking Placards and/or Plates
  - Organ Donor Designation
- **Free Maryland Identification Card.** A Maryland identification card is available without charge to non-drivers over 65 years of age with satisfactory proof of identity and Maryland residency. Seniors not yet 65, but who are disabled, may also be eligible for free Maryland identification cards.
- **Conversion from Driver License to Identification Card.** Beginning in Spring 2008, the MVA established a program to allow drivers, who are physically unable to visit an MVA branch office, to voluntarily convert their Maryland driver's license to a Maryland identification card by obtaining a physician certification. For seniors 65 and older, this will be a free conversion.



- **Vehicle Emissions Inspection Program (VEIP) Exemption for Senior Citizens.** A request for exemption from VEIP may be obtained if the motor vehicle is (1) driven less than 5,000 miles per year and, (2) all of its owners are at least 70 years of age.
- **Maryland's Guide for Drivers Over 55.** This publication has been written to help the older, more experienced driver continue his/her good driving habits and maintain their independence. This handbook focuses on topics such as assessing and compensating for physical limitations, the effects of medication on driving and preventive maintenance of vehicles. Copies of the handbook are made available for use by organizations that serve the elderly and is also available on the MVA website.

### **Medical Advisory Board (MAB)**

Since 1947, the MVA has benefited from its MAB, which is made up of physicians appointed by the Motor Vehicle Administrator from whom the Administration requests an *advisory opinion* regarding the medical fitness to drive of any licensee or license candidate about whom the MVA has reason for concern.

While advice may be sought on any driver, many persons referred to the MVA for health reasons are senior citizens. The MAB collects and considers information from the subject driver's own physician, a questionnaire completed by the driver, driving records, crash reports, formal referrals from law enforcement or other parties, occupational therapists specializing in driver rehabilitation, and MVA-specified tests to form a medical judgment and advisory opinion on that driver's fitness to drive.

Maryland MVA's MAB is considered a model for the nation and is key to the Administration's continued promotion of *Safe Mobility for Life*, the MVA's goal of keeping drivers behind the wheel as long as possible consistent with driver and public safety.

### **Maryland Research Consortium on the Older Driver**

The MVA created, promoted and hosts the Maryland Research Consortium on the Older Driver (Maryland Research Consortium or MRC) with a membership in excess of 250 representatives from federal, State and local government agencies, social service organizations, service providers, medical practitioners, researchers from the various fields of gerontology, vision, and medicine generally, injury prevention, and transportation, as well as private parties.

The American Association of Motor Vehicle Administrators, the National Highway Safety Administration, and the Government Accountability Office of the U.S. Congress, among others, have recognized the Maryland Research Consortium for the important function it has played in the promotion of safe driving for older Americans.

## **Older Driver Safety**

The MVA has hosted groundbreaking research, noted internationally, the attained goal of which was to develop a set of screening procedures that could be employed in an MVA/DMV setting to identify drivers at elevated risk of at-fault crash involvement.

The NHTSA-funded *Maryland Pilot* screened approximately 2,000 volunteers and led to the screening process (known as the Functional Capacity Test or FCT) currently used by MVA's MAB and which is the heart of the proposed *Older Driver Safety Plan*. A second data collection on half the original population took place five years later, which is undergoing analysis at this time. The goal of this research is screening for cognitive loss at license renewal, education and advice on issues frequently confronting drivers as they age, and promotion of informed self-regulation among older drivers.

The MVA is currently collaborating with the *SEE Clinic* in Salisbury, Maryland under the direction of Dr. Sheila West of Johns Hopkins University in a longitudinal study of older drivers drawn from among Maryland licensees, and we anticipate other efforts that are nearing launch.

## **Maryland Highway Safety Plan (MHSP)**

The MVA's contribution to the MHSP involves three efforts:

- Promotion, among the medical community of the State, of the American Medical Association's policy guidance on physicians and their elderly patients who drive. That guidance states that it is appropriate for the older driver's physician to consider driving health as part of normal practice. During 2008, 18 outreach sessions were conducted by the MAB physicians at senior centers, hospitals and medical schools to provide information on safety issues related to older drivers.
- Collaboration with the National Highway Traffic and Safety Administration (NHTSA) on that agency's guide to law enforcement officers on proper response to health-compromised older drivers.

## **Maryland State Highway Administration (SHA)**

As the population ages, improvements made for people with disabilities also affect people whose mobility may change as they grow older.

The SHA continues to push forward with the design and implementation of American with Disabilities Act (ADA) compliant sidewalks. The percentage of compliant sidewalk increased almost 5% to a total of 57% compliancy of SHA's total sidewalk system (as compared to the 2006 baseline). Features such as driveways, ramps and many bus stop landings also continue to be upgraded.

SHA continues to provide updates to the Federal Highway Administration (FHWA) on efforts to meet the requirements of the ADA and Sec. 504 of the Rehabilitation Act of 1973. As of July

2009, updates have changed from quarterly to annually, due to FHWA's satisfaction with SHA's efforts and commitment to addressing the ADA.

SHA continues activities on the statewide installation of Accessible Pedestrian Signals (APS). At this time, 487 APS projects have been installed or are under construction. This includes both retrofit projects as well as new traffic signals. Additionally, approximately 160 are scheduled for design through 2010 and approximately 270 have been identified but will be constructed as part of other State or developer projects with schedules and funding to be determined.

SHA also continued its mandatory ADA Awareness training for all SHA employees, as well as consultant and contractor technical training. More than 93% (in excess of 3,000) SHA's staff have attended training and efforts have started to integrate this into on-line training module to address the remaining and future employees.

The SHA has also completed its Self Evaluation Plan for Public Rights of Way. This includes public outreach, with the last of the statewide public meetings being held in February 2009. The SHA is finalizing its Transition Plan, which is the prioritization and scheduling document to address deficiencies.

The Office of Highway Design (OHD) continues to utilize and enhance the ADA Portal to assist with the prioritization of projects. The prioritization criteria include the location of government services, locations of places of public accommodation (healthcare facilities, senior centers, etc.), access to transit, the presence of pedestrian incidents, and public input.

Finally, SHA has initiated and/or completed the design and construction of several projects to bring our existing facilities into full ADA compliance, largely using dedicated retrofit funding. Currently, 44 projects have been completed, 54 are in design and 17 are in construction. These numbers represent the ongoing efforts in 14 of the 23 Maryland counties.

### **Older Driver Safety**

The *Seniors on the M.O.V.E (Mature Operators Vehicular Education)* continues to be a primary intervention program, including components on driver ability assessment, driver ability enhancement, occupant protection and medication management. A lower resource intervention program, *Seniors on the M.O.V.E.*, was developed and pilot tested in 2009 to serve as a more economical and lower resource intensive program when compared to the original *Seniors on the M.O.V.E.* program. This program would allow for alternative, less resource intensive program to be implemented by organizations and agencies that implement older driver safety programs. The goal for FFY2010, is to train more individuals to implement the *Seniors on the M.O.V.E.* program across the state

CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles "fit" them, and reviews issues that are critical to older driver safety, especially occupant protection. The CarFit program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community. The CarFit program, in coordination with the AAA Foundation for

Traffic Safety, will be implemented across the state through Community Traffic Safety Program Coordinators.

The Maryland Highway Safety Office will continue its involvement in the Maryland Research Consortium (MRC) meetings to focus on Older Drivers and promotion of promising practices and programs.

The State Highway Administration continues to distribute educational materials aimed at senior citizens. These include material from the Seniors on the MOVE and CarFit programs. Material includes but, not limited to, driver self-assessments, personalized CarFit customer reports, Older Driver Safety BINGO Cards, Driving Safely While Aging Gracefully booklets, and Family Conversations magazines produced by The Hartford, Roadwise Review DVD produced by AAA Public Affairs, Drivers 55 Plus Checklist and How to Help an Older Driver: A Guide for Planning and Safe Transportation both produced by AAA Foundation for Traffic Safety.

Finally, SHA distributed an updated older driver public service announcement (PSA), which was produced in 2009, focusing on the important tips for enhanced, safer driving for older drivers. The PSA aired on Comcast channels, the Weather Channel and Hallmark Channels.

APPENDIX N

MAJOR PUBLICLY FUNDED PROGRAMS FOR THE AGED ADMINISTERED BY THE STATE OF MARYLAND

The figures below represent the estimated dollar value of services provided to the elderly. These figures do not include indirect costs associated with the administration of programs. This Appendix will be updated annually as cost allocation methods improve.

	2007 Actual	2008 Actual	2009 Actual	2010 Appropriation	2011 Allowance	Percent Over/Under 2007
<b>Institutional Care:</b>						
Inpatient Hospital Care	85,785,844	75,985,453	96,740,677	77,309,554	68,707,700	
Nursing Facility Care	741,978,705	755,980,193	803,013,944	785,087,513	787,130,076	
State Chronic Care Facilities	22,522,576	23,407,930	15,078,312	14,669,892	15,222,112	
State Psychiatric Centers	13,918,722	13,462,615	10,287,097	8,979,941	9,114,949	
	864,205,847	868,836,191	925,123,030	886,046,905	880,174,837	185%
<b>In-Home Aid Services:</b>						
In-Home Aid Services	10,075,767	9,132,646	9,434,538	9,335,887	9,255,548	
Social Services to the Aged	7,488,177	6,534,809	7,426,827	7,351,509	7,258,541	
Home Delivered Meals	4,143,465	4,477,642	4,779,921	5,200,410	5,020,455	
Personal Care	11,682,047	11,823,042	12,494,204	12,058,541	13,436,412	
Gap Filling Services	9,767,791	9,692,837	9,597,556	9,566,864	9,690,170	
	43,157,247	41,660,977	43,733,046	43,513,212	44,661,126	3.48%
<b>Community Based Services:</b>						
Naturally Occurring						
Retirement Communities	500,000	500,000	458,990	450,000	450,000	
Medicaid Older Adults Waiver	66,744,552	72,573,417	78,370,791	76,492,504	80,991,054	
Day Care	32,200,398	30,814,110	35,524,950	36,508,807	37,317,016	
Congregate Meals	7,907,928	8,576,615	9,111,173	10,022,151	9,662,240	
Transportation	9,534,741	8,941,389	17,246,553	10,207,079	11,574,023	
Senior Employment	940,733	1,190,913	986,386	1,374,314	1,132,768	
Area Agency Programs	7,413,414	5,942,748	5,849,751	5,536,460	5,965,057	
Protective Services	9,106,832	8,821,461	6,997,471	6,844,564	6,777,536	
	134,348,597	137,360,653	154,616,065	147,435,879	153,869,694	14.53%
<b>Assisted Housing Arrangements:</b>						
Project Home	1,096,779	971,420	1,105,450	1,098,986	1,073,114	
Housing Contracts	4,787,581	4,912,232	4,739,630	4,506,363	4,506,363	
Charlotte Hall	12,531,724	11,182,207	12,505,391	13,170,372	12,003,114	
Domiciliary/Respite Care	4,078,556	4,055,978	4,497,612	3,730,307	3,728,210	
	22,494,640	21,121,837	22,848,083	22,506,028	21,310,801	-5.26%
<b>Screening/Evaluation/Referral:</b>						
Coordinated Screening Point	966,009	1,488,310	831,004	942,615	1,182,615	
Adult Evaluation & Review Services	5,307,400	5,468,571	5,833,366	7,395,339	7,095,940	
	6,273,409	6,956,881	6,664,370	8,337,954	8,278,555	3196%
<b>Other Benefit Programs:</b>						
Homeowners' Tax Credit and Renters' Tax Credit	38,049,442	37,745,406	41,492,282	37,868,000	45,838,076	
Medical Assistance	133,437,759	155,643,751	164,898,827	160,131,123	160,572,158	
Prescription Drug Assistance	9,188,006	11,384,765	9,684,379	13,344,864	13,367,760	
Food Stamps	24,562,057	30,660,266	40,221,678	33,844,941	46,837,846	
Energy Assistance	35,657,928	40,813,385	56,580,520	31,622,573	42,779,170	
Medicaid Payment of Medicare Premiums	123,694,665	128,019,250	130,440,948	155,983,999	161,899,201	
	414,589,856	404,266,823	443,318,634	437,795,500	476,294,211	14.88%
<b>Total</b>	<b>1,485,069,596</b>	<b>1,480,203,362</b>	<b>1,596,303,228</b>	<b>1,545,635,478</b>	<b>1,584,589,224</b>	<b>6.70%</b>

**Notes:**

Department of Human Resources Visitation Services costs are included in Respite Care category.  
Energy Assistance includes the Maryland Energy Assistance Program, the Universal Service Benefit Program,  
and the Strategic Energy Investment Program

InterAgency Committee on Aging Services

Olmsted Conference Room, 11<sup>th</sup> Floor  
Monday, February 9, 2009  
2:00 – 3:00 p.m.

AGENDA

- Introduction and welcome – Secretary Lawlah
- Departmental Updates – All
- Impact of Budget Reduction on Senior Services - All
- Legislative Update: HB 113 – Mike Lachance
- IAC Annual Report – Sandy Cobb
- Approval of November Minutes
- Other

Interagency Committee on Aging Services  
February 9, 2009  
Maryland Department of Aging

Minutes

Attendees

Secretary Gloria Lawlah, Department of Aging (MDoA)  
Jan Bryant, Department of Transportation (MDoT)  
Sandy Cobb, MDoA  
Kelli Cummings, Department of Disabilities (MDoD)  
Will Forbes, Department of Veterans Affairs  
Kara Hamilton, Department of Human Resources (DHR)  
W. Lee Hammond, Consumer Representative  
Mike Lachance, MDoA  
Mark Leeds, Department of Health and Mental Hygiene (DHMH)  
Nancy Palmer, Department of Housing and Community Development (DHCD)  
Stacy Rodgers, DHR  
Ilene Rosenthal, MDoA  
April Seitz, DHR  
Donna Smith, MDoA  
Christa Speicher, DHMH

The meeting opened at 2:00 p.m. with a welcome from Secretary Lawlah and introductions.

**Department Updates**

Department of Human Resources

Representatives from DHR noted that services for the protection of vulnerable adults and supportive services for individuals currently being served will not be affected by budget reductions. She also discussed the planned Adult Services Summit and noted that it will focus on collaboration and partnerships with other agencies who serve this population. Hoped for outcomes included delineating responsibilities and shaping our focus. The summit will include opportunities for cross-training as well as time for dialogue within interagency committees. Steve Lutzky of HCBS Strategies, Inc. will facilitate.

They also noted that they are looking closely at their mandate under statute and that some support that is needed to care for individuals is not clearly defined. DHR has to consider staffing and funds for services they have historically provided but that are not in their charge.

Department of Health and Mental Hygiene

DHMH is working on alternatives to the transition center concept initially proposed under Money Follows the Person. DHMH now believes that it can achieve the program goals and sustainability by building on existing infrastructure. A revised plan went to the stakeholder group last week that uses case managers already in place, creates a demonstration service, and pays Area Agencies on Aging for the work they are already doing under the Older Adults Waiver

(OAW). For the Living at Home Waiver (LAH), they have been doing this already and will continue. A new contract for case management for the LAH waiver is coming up soon and DHMH will consider changes. Mark noted that there is a need to build resources for independent living, program education and assistance.

A discussion was held about MMIS improvements and a briefing held with state agency stakeholders. A contractor is developing a needs assessment. They hope to release an RFP later this year and select a contractor by July 2010. It will be a 30 month process to implement a new system, which they hope will allow agencies to share information better than the current system allows.

There is not a lot new to report regarding Older Adult Waiver eligibility standards. DHMH is finding fewer problems and fewer denials on redeterminations. A new Medicaid Day Care Waiver has been implemented and DHMH has begun covering Adult Day Care as a waiver service under existing waiver programs.

#### Department of Housing and Community Development

The Accessible Homes for Seniors program has felt the market pinch. The Department intends to continue funding for the program. Between \$10 and \$80 million may come to the State for the Weatherization Program..

#### Department of Disabilities

They are working with several other departments on projects. There is no indication that the Attendant Care Program is in jeopardy given the current fiscal situation. The department is checking eligibility for services and asking more specific questions of clients to try to maximize the funding they have.

#### Department of Veterans Affairs

The group was informed about the aging and disabled veteran population. The biggest challenge to this population is access to services, and they are looking at reducing travel time and identifying a network of care. They have opened 3 new service and benefits offices in Hagerstown, Bel Air and St. Mary's County. They have also expanded Prince George's County.

Veterans Affairs is trying to partner with other agencies and communities in order to reach the veteran population. They have also been holding "musters," informational sessions to disseminate information to veterans.

#### Impact of Budget Reductions on Senior Services

Ilene Rosenthal noted that MDoA has seen a reduction in the assisted living subsidy, so enrollment has been closed to new individuals, as well as a reduction in Senior Information and Assistance. Our IT funding to the AAAs has also been reduced.

Stacy Rodgers noted that DHR's biggest challenge is the moratorium on intake of new cases except through Adult Protective Services (where their mandated charge is). Individuals currently being served will continue to receive services and DHR will lower cost through attrition. They



are completing analyses on all their services. Stacy noted that the agency lost an additional 250 positions across all divisions.

Mark Leeds reported that DHMH expects level funding for 2010. Nursing home reimbursement rates have been frozen at the current rate, as has personal care. Medicaid is expected to have a 0.9% increase.

#### Department of Aging

Ilene noted that the Department is wrapping up an evaluation of the Long-Term Care Ombudsman Program. Our consultant has issued a draft report and recommendations for the department and the local agencies. Recommendations included reorganization of local and state departments, requirements for certification, new regulations, and changes in the allocation schedules. MDoA will be reviewing the report over the next several months.

The Senior Medicare Patrol project received \$100,000 grant for two years to expand outreach into rural areas and for tribal elders.

MDoA is close to announcing selection of a vendor for the Maryland Access Point website. We expect to have the pilot operating in two counties in the next six months.

#### Legislative Update

Mike Lachance discussed House Bill 113, which proposes to add members to the IAC and assign the responsibility for developing a long term care plan including changes to Medicaid long term care policies, to this committee. The IAC will need additional staffing resources to implement this legislation if it passes. DHMH has proposed amendments to look at other ways of improving long term care .

#### Approval of November Minutes

Mark Leeds noted that he had changes, so approval of the November Minutes is deferred until the April meeting.

There being no further business, the meeting adjourned at 3:10 p.m.

Sincerely,

Sandy Cobb

InterAgency Committee on Aging Services

Maryland Department of Aging Conference Room, 10<sup>th</sup> Floor  
Monday, April 20, 2009  
10:00 – 11:00 a.m.

AGENDA

- Introduction and welcome – Secretary Lawlah
- Departmental Updates – All
- ADRC Programs – Mark Leeds
- Evidence Based Health Promotions Programs – Joè Gennusa, MDoA
- Legislative Update – Mike Lachance
- Medicaid Waiver Data – John Stewart, Richard Steinberg
- Approval of February Minutes
- Other

Interagency Committee on Aging Services  
April 20, 2009  
Maryland Department of Aging

Minutes

Attendees

Secretary Gloria Lawlah, Department of Aging (MDoA)  
Jan Bryant, Department of Transportation (MDoT)  
Sandy Cobb, MDoA  
Kelli Cummings, Department of Disabilities (MDoD)  
W. Lee Hammond, Consumer Representative  
Lisa Kornberg, Governor's Office of Deaf and Hard of Hearing (GODHH)  
Mark Leeds, Department of Health and Mental Hygiene (DHMH)  
Ilene Rosenthal, MDoA  
Devon Snyder, DHMH  
Richard Steinberg, Maryland Area Agencies on Aging  
John Stewart, Maryland Area Agencies on Aging  
Pat Sylvester, Department of Housing and Community Development (DHCD)

The meeting opened at 10:10 a.m. with a welcome from Secretary Lawlah and introductions.

Medicaid Waiver Update

Rick Steinberg and John Stewart presented the Maryland Association of Area Agencies on Aging perspective on the Older Adults Waiver and administrative funding needs. (See handout).

Departmental Updates

Ilene Rosenthal discussed the Money Follows the Person program and how the savings it generates will allow Maryland to improve program infrastructure and expand the initiative. The Nursing Home Diversion Grant and the Aging & Disability Resource Centers programs will work toward increasing the number of seniors who can remain in their community.

Mark Leeds noted that the Living at Home Waiver has more money for case management and is considered to be effective. He noted that there will always be situations where we serve those who are not living in institutions and DHMH is supportive of the alternative initiatives.

Ilene spoke on the stimulus funding and noted that \$1.6 million in senior nutrition is expected, with two-thirds being for congregate meals and one-third for home delivered meals. In addition, the Senior Community Service Employment Program (SCSEP) is getting 20 new positions.

Jan Bryant noted that MDoT got a lot of stimulus funding for road systems and repair. They hired a consultant to look at transportation from a global approach to better coordinate transportation for seniors and people with disabilities in Maryland.

Lisa Kornberg introduced herself and discussed the role of the Governor's Office for the Deaf and Hard of Hearing.

Pat Sylvester noted that DHCD is waiting for HUD to give them funding instructions. The tax credit is the primary program to increase housing options. They are expecting \$32 million and awards to 22 projects. Of that, 75% should be committed by the beginning of 2010. There is additional funding through the Treasury. Five million for homeless prevention and rapid housing is going to several counties. Finally, funding for weatherization and energy enhancement is being administered at the local level.

John Stewart & Mark Leeds (Ilene - this is where I left the room—do you have anything on their updates?)

#### Legislative Update

Mike Lachance reviewed the legislative session and issues on long-term care. He reviewed HB 113 and noted that it and its counterpart SB 761 were designed to support pursuit of a managed long-term care model. It is a comprehensive look at long-term care reimbursement and long-term care in general.

Lee Hammond noted that health care reform is a primary focus of the new administration in Washington and that Senator Grassley said it would be on the floor in July. Everything is on the table, but they have a general outlines of what they want to do. Senator Grassley is interested in quality of care rather than quantity.

#### Evidence Based Health Promotion Programs

Joe Gennusa presented information on Evidence Based Health Promotion programs. (See handout).

#### ADRC Programs

Mark Leeds discussed the partnerships between local service agencies and noted that the ADRCs are a vehicle for achieving goals and sustainability of programs. MFP supports the expansion of ADRCs and provides funding for website development. The ADRC initiative is intended to streamline eligibility and provide a single point of entry. Maryland needs to develop and maintain partnerships between all agencies to achieve these goals.

#### Approval of February Minutes

Mark Leeds moved to accept the February meeting Minutes and Kelli Cummings seconded the motion. The Minutes were approved as submitted. The next meeting is on June 8. This is the Executive Committee meeting with attendance by Department Secretaries.

#### Other

Ilene announced that the Governor's Office for the Deaf and Hard of Hearing, the Department of Veterans Affairs and the chair of the Commission on Aging are new members of the IAC.

Jan Bryant noted that she sits on the Empowerment Zone Commission that is looking at Naturally-Occurring Retirement Communities (NORCs) and how to bring services to them. Several committees have suggested that the IAC take the lead in advocating on this issue. There

is a huge need for more coordinated efforts and it could use an umbrella organization to handle the issues.

It was noted that the May 21 Adult Services Summit will give another opportunity to partner at the State and local level on common issues.

There being no further business, the meeting adjourned at 11:10 a.m.

Sincerely,

Sandra E. Cobb

InterAgency Committee on Aging Services

Maryland Department of Aging Conference Room, 10<sup>th</sup> Floor  
Monday, June 8, 2009  
2:00 – 3:00 p.m.

AGENDA

Executive Committee Meeting

- Introduction and welcome – Secretary Lawlah
- Adult Services Summit – April Seitz
- Departmental Updates – All
- Empowerment Zone Commission – Stephanie Hull
- Other

Interagency Committee on Aging Services  
June 8, 2009  
Maryland Department of Aging

Minutes

Attendees

Secretary Gloria Lawlah, Department of Aging (MDoA)  
Jan Bryant, Department of Transportation (MDoT)  
Sandy Cobb, MDoA  
Kelli Cummings, Department of Disabilities (MDoD)  
W. Lee Hammond, Consumer Representative  
Leonard Howie, Department of Labor, Licensing & Regulation  
Lisa Kornberg, Governor's Office of Deaf and Hard of Hearing (GODHH)  
Mark Leeds, Department of Health and Mental Hygiene (DHMH)  
Nancy Palmer, Department of Housing and Community Development (DHCD)  
Ilene Rosenthal, MDoA  
Stuart Rosenthal, Commission on Aging  
John Stewart, Maryland Area Agencies on Aging

The meeting opened at 2:00 p.m. with a welcome from Secretary Lawlah and introductions.

Adult Services Summit

April Seitz spoke about the Summit held May 21. The purpose of the Summit was to look at how services are being delivered to older adults and adults with disabilities in Maryland. It brought together public agencies such as DHR, Aging, Mental Hygiene, Housing, Veterans, DDA, and Disabilities. A report will be available on June 9 and the Departments involved will explore short and long-term steps. A copy will be distributed to this committee. Ultimately, DHR and MDoA have the major responsibility. Ilene noted that the IAC could oversee the initiative since it shares the interested parties. There seems to be consensus on information sharing, the eligibility process, and access to information and services.

Departmental Updates

April discussed the Lifespan Respite Care Act, a federal grant opportunity. She described respite as providing informal caregivers (usually family members) for older individuals or individuals with a disability the opportunity to take a break from their caregiving duties. Several State departments, i.e., DHR, DHMH, MDoA, offer respite services. The Act asks states to develop a coordinated system. There is an active Respite Care Coalition that holds an annual conference, as well as a Maryland Caregiver Support Coordinating Council. The Council wishes to help Maryland get funding and develop a proposal. DHR will probably be the applicant because they serve individuals across ages and abilities. DHR is expecting budget cuts for 2010 but not in the services for those who are most at risk.

Kelli Cummings noted that the Attendant Care Program Manager position will be filled shortly. A Housing Task Force was convened by Secretary Raggio to identify options and positively impact individuals with disabilities.

Lisa Kornberg noted that she is working with the AAAs and other agencies to help them with services to the deaf and hard of hearing community.

Leonard Howie noted that there are three specific areas where DLLR functions affect the aging population, 1) volunteers are key to the agency providing core services, and they intend to expand this program; 2) they deal with seniors in times of crisis like mortgage default (seniors who have refinanced) and overpayment of unemployment benefits (for which seniors tend to be the largest group affected) and 3) in the workforce system. DLLR has received \$36 M in ARRA funding and the local One Stop Career Centers will get about 7% of that to focus on the older workforce. On the disability side, they are implementing the second round of "secret shopper" investigations focusing on individuals with disabilities.

Jan Bryant explained that the Acting Secretary was looking at the existing Human Resources Transportation Committee that looks at transportation services for efficiency, particularly for older adults and those with disabilities. She also noted that for the 5310 grant for transportation programs for the elderly and persons with disabilities, they have had 35 applications and have funded 29. The top applications had both their first and second choice of programs funded, with grants ranging from \$45K to \$152K.

John Stewart reported that Baltimore City is looking at a 14% reduction in general funds. He also noted that many AAAs are concerned about ARRA funds because of the restrictions and the limited time to use the funding. The AAAs do not want to provide services to additional people, and then have to take them away. They would like to have clarification of the Money Follows the Person funding as well.

Stuart Rosenthal discussed how the Commission on Aging is trying to be an umbrella group for advocates and local Commissions on Aging. They are starting a list serve and would like to hear from those who have an interest in this project.

Lee Hammond noted that there are no new federal issues to speak of. Health care reform is the primary focus of the administration.

Mark Leeds reported that there would be minimal increases in DHMH programs. He discussed the enhanced match under ARRA, noting that it would be in effect from October 2008 through December 2010. He also reviewed HB782, which sets a "pay-for-performance" for nursing home reimbursements, noting that the stakeholder process will incorporate improvements. A report is due to the legislature on long term care reimbursement issue by 2010.

HB 113 has DHMH looking at long term care reform. This bill directs the department to review prior proposals and methods to ensure that quality long term care services are available, specifically care coordination and access to home and community-based services. An interim report that includes a work plan and timeline is due to the General Assembly on September 1, with the final report due December 1, 2010.



Money Follows the Person is ongoing. The procurement process is slow, but they are continuing to move people out of institutions and into home and community-based services. The last resident of Rosewood has been discharged.

Nancy Palmer discussed the stimulus money for the DHCD weatherization program, an additional \$61M for a three-year period. They are working with local agencies to develop training centers for workers. Most recipients for these services are homeowner seniors, but they are trying to expand the program to rental areas and are waiving the landlord contribution. In addition, DHCD is trying to tie energy improvements to these services to add extra funding options.

Ilene noted that MDoA has received slightly over \$1M from CMS to expand the Maryland Access Point (MAP) program to Carroll, Dorchester and Wicomico counties and to develop a hospital discharge capacity in all MAP sites. We also have a new opportunity to submit a proposal for further expansion of the ADRC..

MDoA is collaborating with the Alzheimer's Association on a grant targeting early onset and early stages of diagnosis. This is due in July. We also will be awarding stimulus funding to Area Agencies on Aging, including \$1.5 million for nutrition. Stephanie Hull noted that there is a new grant opportunity that is tied to nursing home diversion (which is now called "Community Living Program") with a veterans-directed HCBS component

Stephanie reported that the final draft from the Empowerment Zone Commission is due July 1. The recommendation will be to establish a program to provide technical assistance to groups who want to create a plan. There is currently no grant program to support this. Florida has this type of program and supports applicants. Jan Bryant noted that the State has services, but they are fragmented and it is difficult to see what is needed. It would be helpful to have a coordinator to staff the program if legislation is enacted.

There being no further business, the meeting adjourned at 3:20 p.m.

Respectfully submitted,

Sandy Cobb

InterAgency Committee on Aging Services

Maryland Department of Aging Conference Room, 10<sup>th</sup> Floor

Monday, November 9, 2009

2:00 – 3:00 p.m.

AGENDA

- Introduction and welcome – Secretary Lawlah
- Departmental Updates [Budget Reductions Affecting Seniors and Stimulus Funds] – All
- “Housekeeping” (future meeting dates for 2010 and due date for Annual Report submissions)
- Other

Interagency Committee on Aging Services  
November 9, 2009  
Maryland Department of Aging

Minutes

Attendees

Secretary Gloria Lawlah, Department of Aging (MDoA) Chair  
Sandy Cobb, MDoA  
Kelli Cummings, Department of Disabilities (MDoD)  
W. Lee Hammond, Consumer Representative  
Leonard Howie, Department of Labor, Licensing & Regulation  
Julie Schaeffer, Governor's Office of Deaf and Hard of Hearing (GODHH)  
Mark Leeds, Department of Health and Mental Hygiene (DHMH)  
Pat Sylvester, Department of Housing and Community Development (DHCD)  
Wilbert Forbes, Department of Veterans Affairs  
Janie McCullough, Maryland Area Agencies on Aging  
April Seitz, Department of Human Resources  
Mike Lachance, MDoA

The meeting opened at 2:00 p.m. with a welcome from Secretary Lawlah and introductions. In recognizing the budget deficit, the Chair asked Department Representatives to provide an update on their agency's activities during the last quarter.

Departmental Updates:

**Dept. of Human Resources** - April Seitz noted that reduced funding in the Adult Respite Care Program (\$1 million = 50% of programs funding) has impacted families caring for adults, including the DD population. She explained that the funding usually available can provide about 2 weeks of respite.

**Dept. of Disabilities** – Kelli Cummings noted that the Attendant Care program, serving adults up to 64 years old, has closed intake. (Served about 190 last year and only 150 this year). This program provides funds for up to 90% of the cost of an attendant care costs. The current waiting list is about 30.

**Dept. of Labor, Licensing, and Regulation** – Leonard Howie noted that DLLR is waiving any overpayments for Unemployment Insurance for persons 55 and older. The Division of Business, Labor and Industry sponsors 8 volunteers who provide excellent work during their 1 year term. The only problem is that it takes up to 5 months to orient them to their positions. In the “One Stop” Offices two centers (Anne Arundel and Baltimore Counties) have dedicated older worker counselors, funded by ARRA funds through SCESP. In total, DLLR has assisted over 23,000 older persons seeking jobs and successfully placed 5,400.

Mr. Howie also noted that passage of the Workplace Fraud Act, which impacts on independent contractors may be expanded as a result of a workgroup's recommendations.

**Dept of Veterans Affairs** – Deputy Secretary Forbes explained that DVA helps veterans file claims with the federal VA and helps them apply for interest free loans. The veteran population is quickly aging. WWII Veterans are dying at the rate of about 1,000 to 1,200 per day. There are currently about 23 million veterans but only 15% are receiving benefits from the VA.

They are working with employers in Corrections, Andrews AFB and \_\_\_\_.

Lighthouse for the Blind has a contract to assist veterans who have lost their sight. Other services provided to older veterans include the Charlotte Hall Veterans Home, Veteran Cemeteries, and Outreach services (they are hearing from many veteran spouses, including surviving spouses about bills left by the deceased Veteran. Unfortunately, many never applied for Veterans Benefits and it is difficult to help them). DVA is working with DHCD stimulus funding to help veterans become homeowners.

**Dept of Housing and Community Development** – Pat Sylvester noted that DHCD does not provide direct help to the elderly but many of its programs can and do serve seniors. A no interest loan fund can help elderly homeowners with home modifications. \$61 million provides Weatherization assistance. These programs are administered by local agencies. DHCD has received a large amount of ARRA funds: \$31.7 million for Tax Credits and \$79 million for exchange credits for developers. 11 of 38 current projects are elderly housing. Not all of the housing projects are fully leased yet. Victoria Park at Sassafras in Salisbury, as well as projects in Anne Arundel and Frederick Counties. In addition to DHCD's weatherization funds, the MD Energy Administration is making available funding for grants to existing rental housing.

**Md. Assn of Area Agencies on Aging** – Janie McCullough had nothing to report (this was her first meeting of the IAC).

**Office for the Deaf and Hard of Hearing** – Julie Schaeffer noted that her Office helps persons with hearing difficulties to access the TAP program (Technology Assistance Program).

**Dept of Health and Mental Hygiene** – Mark Leeds reported that for the first time in his memory, Medicaid's reimbursement rate for nursing homes was frozen. Subsequent reductions resulted in a 2% rate reduction in July and a second 2% reduction in August by the Board of Public Works. The "Pay for Performance" program has been delayed. HB 782/SB664 will implement a phased in funding stream with full implementation in 2012. DHMH is currently scoring nursing homes and identifying who the "winners" are as well as monitoring those homes in need of improvement. A study of LTC reimbursement generally is now being studied (from HB 113). Maryland is the only state that has a reimbursement system that is "cost-settled" (i.e. retrospective vs. prospective). A report is due in October of 2010. There is a great interest in home and community based care. A report in December 2010 will be submitted on this issue. Mr. Leeds expects that if health reform passes, there will be additional federal funding for the expansion of Medicaid, at least for the first few years. In closing, he noted that the current average rate for nursing home reimbursement is \$212.53/day. The high end rate is about \$700 and the low end \$180.

**Consumer Representative** – Lee Hammond noted that the Health Care Reform bill (H.R.3962) that has passed will save an estimated \$891 billion over ten years. There is a separate bill that addresses physician reimbursement that has a cost of \$250 billion. Components of the bill

include: Medicaid expansion for persons with income up to 150% of poverty (\$38 billion cost) to be paid by the federal government for the first 5 years and then 91% federal thereafter); an increase in physician primary care reimbursement; pilots regarding medical “homes”; tort reform (via a pre-court body). Mr. Hammond noted that the “cuts” in Medicare are not really cuts, though there is a target savings of 3% from fraud and abuse.

Other Business

Meeting dates for the IAC for 2010 are: February 8, May 10, September 13, and December 13.