

Larry Hogan
Governor

Rona E. Kramer
Secretary



Boyd K. Rutherford
Lt. Governor

DEPARTMENT OF AGING

March 5, 2018

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401 - 1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401 - 1991

RE: MSAR #6505, HU § 10-310, Annual Report for the Interagency Committee on Aging Services (IAC)

Dear President Miller and Speaker Busch:

The Maryland Department of Aging (Department) respectfully submits this letter and attachment to serve as the report for the Interagency Committee on Aging Services (IAC) for 2016 and 2017 as required under Human Services Article § 10-310.

The IAC did not meet in 2016 or 2017 as Maryland Access Point (MAP) has superseded the Committee. MAP is Maryland's statutorily designated Aging and Disability Resource Center and has established itself as a national model integrating multiple human service agencies and serving as the gateway to public and private services.

The enclosed document explains the Department's efforts in 2016 and 2017 to work with state and local partners to identify and address the needs of older adults.

Please do not hesitate to contact my office if you have any questions.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Glick".

Bonnie Glick
Deputy Secretary

Enclosure

cc: Sarah Albert, Department of Legislative Services

Maryland Department of Aging - Interagency Coordination

The Maryland Department of Aging (Department) regularly communicates with State and Local partners to improve coordination, identify and address gaps in services, and better utilize existing resources. The Department of Aging and its sister state agencies have promoted a culture of interagency coordination to identify and work together to resolve long-standing issues impacting older adults, individuals with disabilities, and their families and caregivers. This includes working on a regular basis with the Departments of Health, Human Services, and Disabilities. In addition, the Department regularly works with the Department of Transportation, Department of Housing and Community Development, and the Department of Veterans Affairs, among others, to ensure services are coordinated and issues are addressed promptly. Staff at all levels within the Department interact with other state agencies on a daily basis to prevent duplication and resolve problems.

The Department works in partnership with local Area Agencies on Aging (AAAs) through bimonthly meetings and regular communication to ensure Department programs meet the needs of the growing population. Each year, AAAs submit an Area Plan to analyze the needs of older adults in their communities and outline their proposed programming and budget for the year ahead. Public hearings help guide the AAAs to identify priorities and gaps impacting older adults.

At the state level, the Department welcomes feedback from citizens, stakeholders, and other interested individuals. In 2016, the Department prepared Maryland's 2017-2020 State Plan on Aging as required by the federal government. The Department held multiple public hearings to identify and work to address issues raised by community members ensuring the State Plan is reflective of the needs of citizens and stakeholders.

Separately, multiple coordinated state efforts are also addressing critical issues impacting older adults, government, and non-governmental partners from transportation to employment to long-term care. Developing an interagency infrastructure is most notable through Maryland Access Point which is discussed in detail.

The Department's collaborative efforts within state government and in instituting local interagency partnerships have garnered national acclaim. Staff from the Department have been asked to present at a national conference and train other states to replicate Maryland's successes. Regular communication with state and local agencies, stakeholders, and consumers is critical to ensuring the needs of Maryland's older adults are met. The Department is proud of its interagency efforts and looks forward to continued collaboration to make future improvements.

Selected Areas of Collaboration

- The Department worked alongside partners in the Departments of Health, Human Services, and Disabilities to discuss the potential of a statewide Durable Medical Equipment Reuse Program.
- The Department participates in the State Coordinating Committee for Human Services Transportation and the Motor Vehicle Administration's Older Driver Safety Forum to ensure older adults have access to safe, effective transit options.
- To address challenges of senior employment, the Department participates in the Governor's Workforce Investment Board with state agencies and business leaders.
- The Department of Housing and Community Development's Accessible Homes for Seniors Program, which provides financing for improvements such as grab bars, ramps, and the widening of doorways, is coordinated with Maryland Access Point to simplify enrollment for older adults.
- As a member of the Maryland Behavioral Health Advisory Council, the Department of Aging co-chairs the Adults and Older Adults committee to address growing behavioral health needs among older adults. The committee provides recommendations to the full Council with strategies to improve services for the adult and older adult population as part of a coordinated and integrated system that includes prevention, early intervention, recovery, and cost-effective strategies.
- Through the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities, the Department guides efforts to reduce abuse and promote residents' rights alongside advocates, private providers, and state agency partners.

Maryland Access Point

Guiding the improved coordination of services for consumers is the Maryland Access Point/No Wrong Door (MAP/NWD) model. As the centerpiece of a broader delivery system reform effort, MAP/NWD includes programs and services to shift toward a community-based services and person-centered model. Initiatives such as Money Follows the Person, Options Counseling, and the Veteran-Directed Home and Community-Based Services Program demonstrate the growing collaboration among different state and local agencies. Through these activities, the Department and its statutory responsibility for providing information, planning, and access assistance has evolved to work with new

partners, and adopt customer service philosophies regarding self-direction and person-centered planning to serve populations that traditionally were not constituents of the Area Agencies on Aging (AAAs).

The “No Wrong Door” approach uses partnerships and coordination among state and local agencies to serve a common and diverse constituency through a seamless access system that provides objective information and assistance through joint databases, cross training, common standards and certifications, and the creation of formal agreements for cross referral and joint support. MAP/NWD reflects a national shift that is built upon the well-established and respected AAA network and its Information and Assistance, State Health Insurance Assistance, and Caregiver programs. Maryland state-level agencies that form the NWD operational infrastructure include the Department, the Department of Disabilities, the Department of Health (Medicaid community long term services programs; Developmental Disabilities Administration; Behavioral Health Administration; Public Health) and the Department of Human Services (Family Investment Administration; Adult Services).

These agencies along with other state partners have worked together for decades to connect individuals to appropriate services, and make referrals to affect an individual’s ability to remain independent. MAP consistently supports individuals with referrals to the local health department for functional eligibility assessment, local department of social services for financial eligibility determinations, and assistance with identifying other health-related social-needs, such as home energy support and SNAP (food stamps). The Department of Aging and its NWD partners are now moving into an era where multiple aligned efforts seek to drive those at risk for institutionalization toward community options, develop service plans aligned with the person’s self-identified goals, and consideration of personal resources and private pay services prior to public programs.

These efforts include:

- Requiring local MAPs to work with partners to establish formal referral and communication protocols to streamline the critical pathway from intake to access to services.
- Reconsidering data collection through the Shared Human Services IT project (MD THINK) that will connect local staff across agencies and maintain files that “follow the person” and not by agency. This project involves identifying commonly collected data elements, requirements to integrate different applications, connections to a centralized client data bank, and establishing appropriate firewalls and safeguards to comply with HIPAA and other privacy laws. Participating

agencies include DHS, DoIT, MDoA, and DJS. Additionally, DLLR, DHCD, and MDH are envisioned as connecting their respective applications to the central database.

- Training is currently occurring through MDoA and is aligned with other training requirements, such as by DDA and MDH partners, to provide person-centered planning certification to local staff and Medicaid case managers (now known as supports planners).
- Modifying operational protocols which are still evolving collaboratively as new IT systems, screening and assessment tools for eligibility determinations, and new staff roles are implemented. For example, a statewide toll free phone number (1-844-MAP-LINK) was established in 2014 so that individuals could use one phone number throughout the state, a feature that is especially useful for non-local family caregivers.
- Relaunching the MAP website with a more consumer-friendly information library and intuitive geographic search capability of the nearly 13,000 provider listings in the resource directory (www.MarylandAccessPoint.info). This re-launch was implemented in close collaboration with various public, private, and non-profit stakeholders and consumer focus group feedback.
- Inclusion of non-governmental agencies and consumers in the planning and feedback process. For example, the Alzheimer's Association of Maryland-Greater Maryland Chapter, Mental Health Association of Maryland, Brain Injury Association of Maryland, seven regional Centers for Independent Living, Maryland Center for Developmental Disabilities (Kennedy Krieger Center for Excellence), and University of Maryland and Johns Hopkins have been engaged to assist with the transformation, in some instances as relevant stakeholders and in other cases as contracted vendors.

The No Wrong Door/MAP system in Maryland is envisioned as an infrastructure that will continuously be "in progress" as it is intended to be an adaptive system that evolves to meet changing populations, needs, and goals. Immediate impacts involve the shift to holistic consumer support in a person-centered manner that promotes self-direction. The long-term impact to the State is better cost containment through evidence-based targeting of individuals at high risk for institutionalization and diversion to lower cost community programs, including State programs such as Senior Care and Congregate Housing.

Identifying Service Gaps

The Department is building off these infrastructure changes to address a number of concerns. Through surveys conducted by the Caregiver Support Coordinating Council at DHS and AARP, a review of currently collected data indicates increased demands and needs for community resources including:

- Education: increased education on how to stay in the home or community;
- Caregiver supports: respite, caregiver education (e.g. managing difficult behaviors), social interactions, remote caregiver monitoring;
- Community services: home modifications, prescription medication monitoring, reminders, identifying public-private partnerships that may provide lower cost services and products for individuals just above eligibility requirements for public programs; and
- Provider training (e.g. personal assistance providers, case managers).