

Maryland Commission on Aging
North Laurel Community Center, 9411 Whiskey Bottom Road, Laurel Maryland
February 25, 2019
Minutes

Members Present:

Rose Maria Li, Chair
John Haaga
Hon. Jordan Harding
Jay Magaziner (by phone)
Dot Principe
George Rebok
David Roth
Mary Ellen Thomsen

Members Absent:

Marianne Hyang Nam Brackney
Joy Hatchette
Carmel Roques

Staff:

Rona E. Kramer, Secretary of the Maryland Department of Aging
Rosanne B. Hanratty, Staff to Commission

Guests:

Jeffrey Myers, Assistant Attorney General, Principal Counsel, Maryland Department of Aging

Greetings:

Dr. Li greeted those in attendance and introduced the list of proposed topic areas (appended) that the Commission might address in its deliberations and in which it might make recommendations that would be useful to the Department. The list was compiled based on input from Commissioners from prior meetings, and in consultation with the Secretary about Departmental priorities. Dr. Haaga expressed that Commissioners welcome guidance from Secretary Kramer about areas that the Commission could address that would be most helpful to the Department.

Secretary's Remarks:

Secretary Kramer reported that Caryn Lasser had been named the Deputy Secretary of Aging. Deputy Secretary Lasser was most recently the Deputy Chief of Staff to Allan Kittleman, the former Howard County Executive. Secretary Kramer also reported that Pam Sidle had been named the Chief of Staff for the Department and that the Director of Operations and Fiscal Services had recently left the Department to assume another position in state government.

Mayor Harding asked whether pay was an issue in staffing changes. Secretary Kramer stated that state salaries are lower than those of some local government agencies and that state hiring is a lengthy process, with some candidates having accepted other positions in the interim.

She said that the Department has initiated efforts to further improve its grants management through enhanced use of eCivis, a grants management software system. While the system has been utilized by the Department for some time, the Department had not made maximal use of the system's features.

Secretary Kramer summarized action during the 2019 legislative session. She said that hearings on the operating budget had gone well, with no recommendations for changes of any items in the budget. However, changes could occur during conference committee deliberations.

Secretary Kramer also said that, as of the Commission meeting date, five Communities for Life (CFLs), Keswick, Broadmead, Ocean Pines, Talbot County, and Allegany Counties, are in operation and that an application for an additional community is under review. She noted that if counties operate a CFL, local funding may be added to other funding supporting the CFL. Dr. Rebok asked about the Department's needs in terms of evaluation of the CFL program. Secretary Kramer stated that none of the data from the providers are proprietary so that data collection and evaluation are feasible and desirable. She also said that the Department's Durable Medical Equipment initiative continues to move forward, pending availability of funds.

Ms. Thomsen inquired about the status of the Senior Call Check program. Secretary Kramer responded that sufficient enrollment for a pilot (i.e. 1000 enrollees) had yet to be reached. She said that despite marketing efforts by the Department at senior fairs etc., there had been difficulty in persuading eligible older adults of the program's benefits and their current need for the service. Some acknowledged that it might prove useful in the future but did not want to enroll when they believe they were functioning well. She said that the Department's experience with Senior Call Check had similarities to its experience with under-subscription of a demonstration project on medication management, which paid for the services of a pharmacist to do home visits for medication management.

Dr. Rebok observed that some older adults might view Senior Call Check as a service to which they would subscribe at a more advanced age and Dr. Li suggested marketing the service to caregivers as well as potential users.

Research Activities Impacting Public Health—Commissioners Jay Magaziner and David Roth:

As newly appointed members of the Commission, Drs. Magaziner and Roth gave brief summaries of their backgrounds, academic affiliations and research interests.

Dr. Magaziner is the Chair of the Department of Epidemiology and the Director of the Center for Research on Aging at the University of Maryland School of Medicine. The Center is virtual and is interdisciplinary across, among others, medicine, nursing, pharmacy, social work and law. Dr. Magaziner said that to advance research in aging, such research must be cross-cutting even

if the researcher's focus is in the basic sciences. The Center includes approximately 135 faculty across campuses and other programs and centers.

He stated that his own research has centered on recovery from acute illnesses, with a substantial focus on the outcomes of treatment for hip fractures. Hip fractures are particularly disabling for older adults. His work and that of the Division of Gerontology include the Baltimore Hip Studies, the goal of which is to analyze the recovery process and identify strategies to optimize recovery.

Other components of the Center for Research on Aging include the School of Pharmacy, which has a specific aging-focused practice and the School of Nursing, which has studied the biology of aging across the lifespan. It also includes training initiatives such as a program on the epidemiology of aging and a doctoral program in gerontology. The Center brings in about \$62 million annually in external research funding.

Dr. Haaga inquired about the involvement of the University of Maryland, College Park School of Public Health in the Center's work. Dr. Magazine said that the Center works cooperatively with the School of Public Health and that there are ongoing efforts to bring the School and Center closer together. Mayor Harding asked if the University of Maryland's Legacy Leadership Program which places participants in any department participating in the program and of which Mayor Harding is a graduate, is still active. Secretary Kramer informed him that it is and Dr. Magaziner said that he will make contact with the program coordinators.

Dr. Roth is a professor in the Division of Geriatric Medicine and Gerontology of the Johns Hopkins School of Medicine and the Director of the interdisciplinary Center on Aging and Health at Johns Hopkins University. He said that, similar to the University of Maryland's Center for Research on Aging, the Hopkins Center is a collaborative hub. The Center has several National Institute on Aging (NIA) funded projects, including the Claude D. Pepper Older Americans Independence Center which focuses on frailty and interventions to counteract it. The Center on Aging and Health houses the Roybal Center for Translational Research with an emphasis on better understanding and strengthening the informal support resources of vulnerable older adults, particularly those with physical or cognitive impairments.

Dr. Roth noted that his research on social isolation and connection has confirmed an attitude among some older adults that they may have need for a support network, advanced care planning and services in the future but that they do not see a need for establishing. As such, Dr. Roth said that he could identify with Secretary Kramer's observations on the challenges of persuading eligible older adults of the Senior Call Check program's benefits and their current need for the service.

As well, it collaborates with the Johns Hopkins Alzheimer's Disease Resource Center for Minority Aging Research (Principal Investigators: George Rebok and Roland Thorpe). Dr. Haaga noted significant NIA funding targeted for research into Alzheimer's Disease and that NIA commissions external reviewers to evaluate applications.

Ms. Principe observed that her membership on the Commission facilitates her ability to access the most current information on research and services for older adults and on the activities of the Department of Aging. She and Dr. Roth agreed upon the need for older adults to remain active and to foster social relationships. She cited the example of being made aware through a previous presentation by Dr. Frank Lin to the Commission, of the need for evaluation of one's hearing. She also cited the need for community physicians to become informed about, and adopt the most current treatment practices, such as recommendation for early testing of hearing, that she has learned about at Commission meetings. She said that her own mother had died of Alzheimer's Disease and the importance of an understanding of the most current research about the disease, for example the correlation of hearing loss and dementia.

Mayor Harding noted the need for increased public relations about the Commission's and Department's work and of the need for information to be conveyed about research to audiences such as local commissions on aging. He stated that his visits to various facilities have confirmed the debilitating effect of fractures and the importance of successful rehabilitation from fractures. Dr. Magaziner said that the Hip Fracture Study and programs have indicated that there is no single approach that will maximize healing and rehabilitation after fractures. He noted the importance of maintaining bone health through such approaches as muscle-strengthening exercises.

**Overview of the Guardianship Process and the Role of the Maryland Department of Aging—
Jeffrey Myers, Assistant Attorney General and Principal Counsel, Maryland Department of
Aging:**

Secretary Kramer introduced Mr. Myers with observations that he has served the Department for over two decades and that he has a wealth of institutional knowledge and that he consistently enhances his knowledge and works tirelessly in service to the Department and older adults.

Mr. Myers acknowledged the concerns and media coverage about the use of private guardianship to exploit seniors, which had generated some of the Commission's interest in learning about guardianship processes in protections against abuses of guardianship in Maryland. He said that Maryland law identifies two types of guardianship: guardianship of the person and guardianship of property. A person may have one or both.

Mr. Myers said that the Department is involved with public guardianship, not private guardianship and that there is no public guardianship program created by statute. Instead it is embedded in the guardianship statutes in the Estates and Trusts article. Public agencies are not authorized to serve as guardians of property.

Local Departments of Social Services deal with guardianship of the person for those under 65 and the Secretary of the Department of Aging and Directors of local Area Agencies on Aging (AAAs) deal with guardianship of the person for those 65 and over.

[\[https://aging.maryland.gov/Pages/Guardianship.aspx\]](https://aging.maryland.gov/Pages/Guardianship.aspx) Directors of AAAs are frequently designated as guardians of the person, particularly if the person requiring guardianship (ward) lacks funds. Staff persons in these bodies may be designated to do the day-to-day work of guardianship if this designation is recorded with the courts. The numbers of people requiring public guardianship is growing but the funding for guardianship programs is not. In addition to oversight provided by the courts, Adult Public Guardianship Review Boards oversee all public guardianships [\[http://dhs.maryland.gov/office-of-adult-services/adult-public-guardianship/\]](http://dhs.maryland.gov/office-of-adult-services/adult-public-guardianship/) Because there is no system of public guardianship for property in Maryland, a de facto “cottage industry” has arisen to meet the need for guardianship of the property when there is no suitable or willing guardian. This “cottage industry” is controlled by attorneys. Facilities such as nursing homes may have attorneys on retainer to file guardianship petitions. Such guardianships may be necessary, for example, to permit nursing homes to obtain Medicaid benefits for reimbursement for the resident’s stay. Attorneys are governed by a Code of Ethics and complaints about attorneys may be filed with the Attorney Grievance Commission so there is some protection against abuses.

Mr. Myers stated that anyone may file a petition with a court alleging that an allegedly disabled person requires guardianship, and may nominate themselves to serve as guardian. The petition must be supported by certificates from two different physicians within the previous two years that provides evidence that the person is disabled and that this disability results in the requirement that the person requires a guardian of the person and/or property.

[\[https://courts.state.md.us/sites/default/files/import/family/forms/ccgn019.pdf\]](https://courts.state.md.us/sites/default/files/import/family/forms/ccgn019.pdf) Only powers necessary to meet the immediate needs of the person are to be given to the guardian.

Maryland provides counsel for all persons for whom a guardianship of the person application is filed. These attorneys are under contract with the Maryland Department of Human Services.

Guardians of the person and property must complete a training program.

[\[https://www.courts.state.md.us/family/guardianship/guardianofdisabledpersontrainingprogram\]](https://www.courts.state.md.us/family/guardianship/guardianofdisabledpersontrainingprogram)

Guardians must report annually to the courts.

Dr. Haaga inquired about the presence of quality control over guardianship, citing the example of poor persons accused of crimes who are unable to secure competent legal counsel and may have had post-conviction reversals based upon poor representation. In addition to the Attorney Grievance Commission cited earlier, Mr. Myers noted that recourse may also include filing a complaint with the Judicial Commission. Dr. Roth asked about how medical and financial powers of attorney (POAs) interface with guardianship. Mr. Myers stated that having POAs in place greatly reduces the likelihood that a person will require a guardian. He urged seniors to have advanced directives and POAs in place ahead of any need for them. However, he acknowledged that these are feasible and useful only if the person has a suitable agent to appoint. For example, the agent must be trustworthy. A felon or someone in active addiction may not be an appropriate agent and the absence of a POA might be preferable to having an inappropriate or criminal agent. Dr. Rebok asked if the frequency of guardianships and issues involving guardianships are increasing. Mr. Myers stated that while it is known that the number of guardianship cases is increasing for older adults and is decreasing for children, data about guardianship is incomplete and may be of varying quality because the data are kept at the

county level and there are no statewide or nationwide data systems. The American Bar Association does have some data available. Dr. Li inquired about additional data sources for public guardianship in Maryland and Mr. Myers responded that the Department has some data on public guardianship over which the Department and the AAAs have jurisdiction.

Dr. Haaga stated that the Social Security Administration's (SSA) representative payee program is exploding in size and that it provides no real protection for those beneficiaries who have representative payees. He asked about how this intersects with guardianship of the person and property. It was noted that the SSA requires a separate representative payee application and does not recognize appointment of a guardian as an automatic representative payee. Little research exists on SSA representative payees and the system presents thorny issues for the SSA because it is believed there are a substantial number of abuses and misappropriations by representative payees.

Secretary Kramer noted that there are many starting points for the guardianship process and many entities that have vested interests in appointment of guardians. She also noted that the increasing number of wards with behavioral health issues may be especially challenging in terms of focus and effort expended by guardians. Mr. Myers noted that the increasing number of older adults who are not mobile and who may be in facilities such as assisted living facilities also present challenges in terms of having their needs met.

Mr. Myers reported that Mary Ellen Barbera, Chief Judge of the Maryland Court of Appeals appointed a task force to examine issues surrounding the Maryland guardianship system. Several recent developments relating to guardianship have occurred in Maryland, including the publication of new rules, revised forms and required training for attorneys and lay guardians.

[<https://courts.state.md.us/family/guardianship/guardianshipinformationforcourts>].

Other resources may be found at:

<https://www.mdcourts.gov/family/guardianship/courtappointedguardians>

New Business:

Dr. Li noted the necessity for appointment of new legislators to the Commission because of election results and retirements. In addition, she stated that she would like to devote additional time to discussion of the list of topics of interest at the next meeting and identified two as being particularly relevant: elder abuse and substance use and abuse. Mayor Harding requested that he be given some time on the next agenda to speak about public relations and informed the Commission that he would like to invite a state senator to an upcoming meeting, if guests are welcome. He was informed that Commission meetings are open meetings and that any members of the public may attend. Secretary Kramer thanked Commissioners for the time, interest and expertise they bring to their roles on the Commission.

Adjournment:

The meeting was adjourned at 12:05 PM

Minutes prepared by Rosanne B. Hanratty

APPENDIX

MARYLAND COMMISSION ON AGING TOPICS OF INTEREST FOR 2018-2019

February 25, 2019

1. **Impact of Substance Use on Seniors** – Appropriate role for MDOA and AAAs in how best to reach senior demographic and meet the unique needs of seniors? What have other state units on aging and AAAs done? How best can Maryland move forward? Programs? Training?
2. **Elder Abuse**—role of MDOA and AAAs in addressing and preventing elder abuse of all types: withholding of services, physical abuse, financial abuse- –how do MDOA and AAA interface with those with roles in addressing abuse such as law enforcement, State’s attorney, Maryland Departments of Health and Human Services, and departments of social services? What data do these groups and the MDOA gather? Invite a panel discussion?
3. **Guardianship Program**—Jeff Myers, Principal Counsel, MDOA, is addressing the Commission on February 25, 2019.
4. **Hearing Loss as a Public Health issue**--Frank Lin presented on November 26, 2018. Department is working to schedule follow-on meetings.
5. **Strengthening Informal Caregiver Capacity/Shifting**--Maryland Access Point can refer people to programs run out of AAAs.

CROSS-CUTTING APPROACHES to Commission Charge:

How might the Commission bring to bear its capacity for research and program evaluation in a way to benefit MDOA, including examining existing or evolving programs and new programs/initiatives?

Are there new programs that the Commission should recommend?