



2017-2020 State Plan on Aging

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Rona E. Kramer
Secretary



September 22, 2016

The Honorable Larry Hogan, Governor
State of Maryland
100 State Circle
Annapolis, MD 21401

Dear Governor Hogan:

I am pleased to inform you that the Maryland State Plan on Aging under the Older Americans Act for October 1, 2016 through September 30, 2020, has been approved.

The State Plan outlines a number of significant activities that will serve as a guide to action for Maryland's aging service network during the next four years. Of particular note are the following initiatives and activities:

- Protect the rights of older adults and individuals with disabilities right to self-determination to live meaningful lives in all settings and make informed decisions;
- Work with public and private partners to refine the State's No Wrong Door/ADRC to be a more efficient, cost-effective, objective, and person-centered system;
- Increase the use of person-centered planning to prevent crises, identify services and effectively divert individuals into lower cost options;
- Improve the provision and quality of MFP Options Counseling (MFP OC) provided by AAA and their local CIL partners to promote and increase the accessibility of information on services and supports available in the community for individuals residing in nursing facilities; and
- Strengthen adult protection and abuse, neglect or exploitation prevention through outreach, education and advocacy.

The State Plan reflects a proactive strategy to deliver high quality, comprehensive services to meet the needs of older persons and their caregivers in Maryland.

The Atlanta Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the Maryland Department of Aging in the implementation of the State Plan on Aging. If you have questions or concerns, please do not hesitate to contact Constantinos "Costas" Miskis, Bi-Regional Administrator, at 404-562-7600. I appreciate your dedication and commitment toward improving the lives of older persons in Maryland.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edwin L. Walker".

Edwin L. Walker
Acting Assistant Secretary for Aging

Larry Hogan
Governor

Rona E. Kramer
Secretary



Boyd K. Rutherford
Lt. Governor

DEPARTMENT OF AGING

VERIFICATION OF INTENT

JKK The State Plan on Aging is hereby submitted for the State of Maryland for the period October 1, 201~~7~~⁸ through September 30, 2020, by the Maryland Department of Aging under provisions of the Older Americans Act of 1965, as amended. The State agency identified above has been given the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act, and is primarily responsible for the coordination of all State activities related to the Act, and serves as the effective and visible advocate for the elderly in the State of Maryland.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan, upon approval by the Assistant Secretary for Aging.

The State Plan on Aging for Federal Fiscal Years 2017 through 2020 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

Rona E. Kramer, Secretary
Maryland Department of Aging

7/19/16

Date

I hereby approve this State Plan on Aging and submit it to the United States Assistant Secretary for Aging for approval.

Larry Hogan, Governor
State of Maryland

8/2/16

Date

Maryland State Plan on Aging 2017-2020

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Executive Summary

Under the requirements of the Older Americans Act of 1965, as amended, every four years the Maryland Department of Aging (Department or MDoA) is required to submit a State Plan on Aging to the U.S. Department of Health and Human Services, Administration for Community Living (ACL). The Fiscal Year 2017-2020 State Plan on Aging details the efforts of the Department and the local Area Agencies on Aging (AAAs) to meet the needs of older adults. The State Plan process gives the Department the opportunity to review and evaluate its past performance and to identify innovative ways to continue to meet the changing needs of older adults, people with disabilities, and their caregivers. The Department continues to work collaboratively with all of stakeholders including citizens, caregivers, AAAs, and public and private organizations.

In developing services and programs under the State Plan, the Department takes into consideration the needs of the target population as expressed through multiple town hall meetings, an online survey, and written comments. The views of constituents are also represented through the public hearings hosted by the AAAs for the Area Plan process. Opinions of advisory councils, commissions on aging, and senior groups are reflected in the development of the State Plan on Aging.

Maryland's aging population provides multiple opportunities to engage residents and partners towards the collective goal of a high quality of life for older Marylanders in a fiscally responsible manner. Between 2015 and 2030, Maryland's 60+ population is anticipated to increase from 1.2 million to 1.7 million, a 40% increase. As advances in health and medicine are allowing citizens to live longer, the need for caregiving and other long term services and supports (LTSS) will increase dramatically.

Maryland's Aging and Disability Resource Center, Maryland Access Point (MAP), has established itself as a national model integrating multiple human service agencies and serving as the gateway to Medicaid and other community long-term services and supports. Older adults, individuals with disabilities, and their family members can connect to MAP to reach a variety of programs to meet individual needs. The signature Options Counseling planning service provides a proactive, prevention-focused initiative to increase consumer contact with and use of the health and human services network prior to crisis situations.

Level funding at both the state and federal levels requires the Department to evaluate and develop new solutions to continue providing low cost community based care while increasing the focus on health promotion and disease prevention to avoid costly nursing home institutionalization. On average, nursing home care costs more than \$72,000 per year for individuals supported by Medicaid while community based options can be provided at a fraction of the cost.

New strategies are needed to ensure Baby Boomers have access to health promotion and long-term services and supports to help them remain independent. Partnerships between the Aging Network and health care providers including the development of fee-for-service programs can expand services to the growing population.

Changes to Maryland's health care system provide many opportunities for collaboration with the Aging Network. The unique Medicare Hospital Waiver requires global budgeting for hospitals and a focus on population health. AAAs have earned a positive reputation as a trusted community partner and are providing health and social services in coordination with the hospitals. The Living Well Center for Excellence, an extension of a local AAA, administers the Chronic Disease Self-Management Program for the State and has engaged many hospitals in revenue-generating partnerships. Local MAP staff engage the hospitals to support discharge planning and prevent re-hospitalizations by developing action plans with the individual. There is a natural connection between the services Maryland's Aging Network provides (e.g. Home Delivered Meals, health insurance counseling, transportation, and housing) and the needs of the hospital and patients.

To effectively reduce hospitalizations and nursing home institutionalization, significant efforts must be directed towards health promotion to keep Marylanders active and healthy both before and after a medical event. Reducing and managing chronic disease, encouraging healthy eating, and promoting regular exercise are just some of the changes necessary.

Maryland looks forward to strengthening its existing volunteer programs and developing new avenues to support peer-to-peer volunteer opportunities. The new Volunteer Risk Program Management will support health insurance counseling and other programs that will create pathways to expand effective volunteerism.

The State also holds dear its responsibility to ensure citizens are free from abuse, neglect, and exploitation. The Long-Term Care Ombudsman Program has implemented a certification for both employed and volunteer Ombudsmen ensuring these advocates are held to a high standard. Financial exploitation remains a significant concern. New legislation has developed criminal and civil action pathways that will enable older citizens to choose the appropriate avenue to recover funds based on their individual situation. A close relationship with Adult Protective Services and Maryland's public guardianship program provide further support for individuals who have been abused.

The goals, objectives and strategies outlined in the Maryland State Plan on Aging represent both federal expectations as well as state priorities. The State Plan outlines the following goals that will direct the Department in its efforts to serve the target population between Fiscal Years 2017-2020:

Goal 1: Advocate to ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation.

Goal 2: Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community.

Goal 3: Create opportunities for older adults and their families to lead active and healthy lives.

Goal 4: Finance and coordinate high quality services that support individuals with long term needs in a home or community setting.

Goal 5: Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

Vision: *Live Well, Age Well*

Mission: *Establish Maryland as an attractive location for all older adults through vibrant communities and supportive services that offer the opportunity to live healthy and meaningful lives.*

Context

Glossary

- ❖ **AAAs** – Area Agencies on Aging
- ❖ **ACL** – Administration for Community Living
- ❖ **ADRC** – Aging and Disability Resource Center known in Maryland as Maryland Access Point (MAP).
- ❖ **Aging Network** – Federal, State, Local, and Non-Profit Providers of Older Americans Act Services
- ❖ **Baby Boomers** – Individuals born between 1946-1964
- ❖ **Caregiver** – A family member or paid helper who regularly looks after grandchildren, an individual with disabilities or an older adult
- ❖ **DHMH** – Maryland Department of Health and Mental Hygiene
- ❖ **Individuals with Disabilities** – A person (18 to 59) who has a physical or mental impairment that substantially limits one or more major life activities
- ❖ **Maryland Access Point (MAP)** – Maryland’s Aging and Disability Resource Center
- ❖ **MDoA** – Maryland Department of Aging
- ❖ **No Wrong Door** – Multiple agencies coordinate to ensure that regardless of which agency people contact for help, they can access information and one-on-one counseling about the options available across *all* the agencies and in their communities
- ❖ **Older Adults** – Adults age 60 years of age or older (in accordance with OAA)
- ❖ **Older Americans Act (OAA)** – Federal law that funds critical services that keep older adults healthy and independent and protect their rights

History

- ❖ In 1959, the Department originated as the ***State Coordinating Commission on the Problems of the Aging*** (Chapter 1, Acts of 1959)
- ❖ It was renamed the ***Commission on the Aging*** in 1971 (Chapter 595, Acts of 1971)
- ❖ The ***Governor's Coordinating Office on Problems of the Aging*** was established by the Governor in 1974
- ❖ In 1975, the ***Commission on the Aging*** and the ***Governor's Coordinating Office on Problems of the Aging*** merged to form the ***Office on Aging***, a cabinet-level independent agency (Chapter 261, Acts of 1975)
- ❖ In July 1998, the Office was restructured as the ***Department of Aging***, a principal executive department (Chapter 573, Acts of 1998)

Statutory Base

Two statutes serve as the primary base for the Department operations: Human Services Article, Title 10, Annotated Code of Maryland and the federal Older Americans Act of 1965, as amended. The major duties assigned to the Department under these statutes are:

- ❖ Administer programs mandated by the federal government
- ❖ Establish priorities for meeting the needs of Maryland's senior citizens
- ❖ Evaluate the service needs of Maryland's older adults and determine whether or not programs meet these needs
- ❖ Serve as an advocate for older adults at all levels of government
- ❖ Review and formulate policy recommendations to the Governor for programs that have an impact on senior citizens

In addition, four statutory committees serve in an advisory capacity to the Department:

- ❖ ***Commission on Aging*** – This Committee is charged with reviewing and making recommendations to the Secretary of the Department with respect to ongoing statewide programs and activities. The Commission membership includes a State Senator and State Delegate appointed by their respective chamber leadership, and eleven citizens, including the Chairman, appointed by the Governor. At least seven members must be age 55 or older and membership should reflect geographic representation. Terms are for four years and rotate on a revolving four year cycle, with approximately four new appointments/reappointments annually. Members may serve two consecutive terms.

- ❖ *Financial Review Committee* – This Committee is mandated by statute (Human Services Article, Title 10, Subtitle VII, 10-463-464) to review any applications or potential financial issues referred by the Department concerning Continuing Care Retirement Communities. The Committee recommends specific actions to the Department. The seven member Committee is appointed by the Secretary of Aging, chooses its own Chairman, and is made up of two Certified Public Accountants (CPAs), two consumer representatives, two members knowledgeable in the field of Continuing Care and one member from the financial community. Terms of office are three years and members may serve consecutive terms.

- ❖ *Interagency Committee on Aging Services* –This Committee is charged with planning and coordinating the delivery of services to Maryland’s elderly population and is comprised of the Secretaries of the Maryland Departments of Aging; Disabilities; Health and Mental Hygiene; Housing and Community Development; Human Resources; Labor, Licensing, and Regulation; and Transportation; a representative of the Area Agencies on Aging; and, a consumer member.

- ❖ *Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities* –This Committee evaluates progress in improving the quality of nursing home and assisted-living facility care statewide. From the Department of Health and Mental Hygiene (DHMH), the Deputy Secretary of Health Care Financing reports annually to the Committee on the status of the Medicaid Nursing Home Reimbursement System. Annually, the Office of Health Care Quality at DHMH also reports to the Committee on implementation of the recommendations of the Task Force on Quality of Care in Nursing Facilities, and the status of quality of care in nursing homes. In the process of reviewing these reports, the Committee develops further proposals on how to improve nursing home care. Specific charges to the Committee include the mandate to evaluate the need for hospice care, mental health services and need for specialized services for persons suffering from dementia. The Committee is chaired by the Secretary of Aging and is composed of twenty-three members from across the spectrum of long-term services and supports and consumer/advocacy communities.

Roles of the Department

- ❖ In its *Advisory role*, the Department provides expert and objective guidance, technical assistance and education to the Aging Network, professional stakeholders, and citizens.
- ❖ In its *Advocacy role*, the Department adjusts and promotes policies to the State Legislature, the Governor, and other State Agencies that reflect the existing and changing needs of the population.
- ❖ In its *Administrative role*, the Department partners with the Aging Network and other stakeholders to oversee effective and accountable use of federal and state funds. The Department promotes and incorporates responsive management to support program and fiscal sustainability.

Structure of the Aging Network

The Older Americans Act (OAA) authorizes grants to States for community planning programs, as well as for research, demonstration, and training projects in the field of aging. The U.S. Administration for Community Living (ACL) funds States for nutrition, supportive home and community based services, family caregiver and elder rights programs. This funding flows to the local, community based networks of Area Agencies on Aging. Additionally, ACL awards competitive grants in a number of substantive areas for developing comprehensive and integrated systems for long-term services and supports (e.g. Aging and Disability Resource Centers and evidence based disease prevention and health promotion services.)

The Department receives general funds approved by the Maryland General Assembly, federal funds through the Older Americans Act, Medicaid, and other sources to carry out its mission.

The partnership between MDoA and the 19 local Area Agencies on Aging (AAAs) provides programs and services for older adults statewide. AAAs are local government or non-profit organizations designated by the Department under federal statutory authority to provide a range of services to meet the needs of the expanding older adult population as well as people with disabilities. Each AAA is required to submit an Area Plan for the delivery of services. Approval from the Department is based on AAAs having met State and federal statutory and regulatory requirements. State and federal funds are allocated to AAAs based on formulas developed by MDoA in cooperation with the AAAs.

AAAs receive additional funds through county and municipal support and other public/private contributions. AAAs provide services to older adults either directly or through contracts with other public or private organizations. While programs such as information & assistance and nutrition are available to all older adults, the increase in the numbers of older adults and limited public funds necessitate that services be directed first to those older adults in greatest social and economic need and those who may be at risk of institutionalization. A listing of AAAs and their Directors is provided in Appendix B.

Demographics

Maryland's booming aging population will place an unprecedented demand on health, social services, the workforce, and housing accommodations. In 2011, the Baby Boom generation, people born from 1946 to 1964, began to turn 65. As this large cohort ages, Maryland will continue to experience rapid growth in both the number of older adults and their share of the total population. Advances in medicine and longer life expectancy will also contribute to the continued growth of older adults in Maryland. By 2030, Maryland is projected to have over 1.6 million individuals age 60 and older. Well-planned health promotion initiatives and new partnerships with healthcare, private industry, and other non-governmental organizations are critical to stem the growing need of public long-term services and supports. Several demographic trends shape the Department's goals and priorities for services to older adults:

- ❖ **The number of older Marylanders is increasing.** Of the nearly 5.8 million people in Maryland in 2015, 18.35% were age 60 or over. This percentage is expected to increase to 25.4% of Maryland's projected population of 6.7 million by the year 2030.
- ❖ **Individuals between the ages of 80-84 are the fastest growing segment of the population.** This cohort will grow in number, statewide, from 96,437 in 2015 to 227,527 by the year 2040, a 136% increase.
- ❖ **The geographic distribution of Maryland's senior population will shift as the overall population distribution changes over the next 30 years.** In 2015, 63.8% of Maryland's older adults (60+) are estimated to reside in Baltimore City and in Anne Arundel, Baltimore, Montgomery and Prince George's counties. In 2040, these will remain the jurisdictions with the largest number of individuals over 60; however, the largest percentage increases in older adults will be Cecil, Charles, Frederick, Howard, and Somerset Counties.
- ❖ **The greatest number of the State's low income minority older adults live in Baltimore City.** In 2013, 38.12% of the State's 60+ low-income minority individuals lived in Baltimore City. The two counties with the next highest percentage of this population are Prince George's (17.82%) and Montgomery (15.47%). In 2013, 76,425 older Marylanders (7.1% of the total state 60+ population) lived in poverty as defined by the federal poverty guidelines. Minorities composed nearly half (48.1%) of the State's low income older adult population.
- ❖ **Many low-income older adults also live in rural areas.** In 2013, Allegany, Caroline, Dorchester, Garrett, Somerset, and Washington counties all had over 8% of their total older adult population residing in poverty.

Maryland's 60+ Population Projections by Jurisdiction, 2015-2030

Jurisdiction	2015	2020	2025	2030	Percentage Change (2015 to 2030)
Allegany Co.	19,045	20,310	21,424	21,794	14.43%
Anne Arundel Co.	111,338	129,782	147,220	156,423	40.49%
Baltimore City	108,589	116,857	122,162	120,424	10.90%
Baltimore Co.	185,057	206,565	223,621	232,169	25.46%
Calvert Co.	18,012	22,499	27,230	29,846	65.70%
Caroline Co.	7,133	8,412	9,704	10,567	48.14%
Carroll Co.	37,411	45,520	53,637	58,555	56.52%
Cecil Co.	21,231	25,661	30,716	34,619	63.06%
Charles Co.	26,274	33,895	43,269	51,007	94.13%
Dorchester Co.	8,728	9,889	11,056	11,647	33.44%
Frederick Co.	47,708	60,171	73,179	82,165	72.22%
Garrett Co.	8,053	9,015	9,883	10,267	27.49%
Harford Co.	53,137	62,857	71,903	77,362	45.59%
Howard Co.	57,428	71,364	84,460	93,275	62.42%
Kent Co.	6,623	7,731	8,947	9,716	46.70%
Montgomery Co.	205,841	235,193	264,175	285,446	38.67%
Prince George's Co.	152,657	177,327	200,120	214,167	40.29%
Queen Anne's Co.	12,077	14,695	17,411	19,122	58.33%
Somerset Co.	5,601	6,210	6,739	6,800	21.41%
St. Mary's Co.	19,301	24,253	30,001	34,188	77.13%
Talbot Co.	13,494	15,342	16,961	17,790	31.84%
Washington Co.	33,000	38,072	43,582	47,406	43.65%
Wicomico Co.	21,317	25,021	28,109	29,774	39.67%
Worcester Co.	17,740	20,255	23,085	24,850	40.08%
Total	1,196,795	1,386,896	1,568,594	1,679,379	40.32%

Source: U.S. Census, Maryland Department of Planning, July 2014 Revised January 2015.

Maryland's 60+ Population Projections by Age & Gender, 2015-2040

Year	Age	Male	Female	Total	% of Total State Population
2015	60-64	167,413	190,408	357,821	5.95%
	65-69	134,798	157,035	291,833	4.86%
	70-74	91,020	110,973	201,993	3.36%
	75-79	59,163	76,774	135,937	2.26%
	80-84	38,998	57,439	96,437	1.60%
	85+	37,055	75,719	112,774	1.88%
	Total		528,447	668,348	1,196,795
2020	60-64	189,818	212,741	402,559	6.47%
	65-69	148,759	176,906	325,665	5.23%
	70-74	115,959	142,492	258,451	4.15%
	75-79	74,790	97,991	172,781	2.78%
	80-84	44,047	62,187	106,234	1.71%
	85+	41,034	80,172	121,206	1.95%
	Total		614,407	772,489	1,386,896
2030	60-64	177,413	201,954	379,367	5.74%
	65-69	176,824	208,538	385,362	5.83%
	70-74	148,046	182,124	330,170	4.99%
	75-79	106,897	143,161	250,058	3.78%
	80-84	72,192	103,217	175,409	2.65%
	85+	56,527	102,486	159,013	2.40%
	Total		737,899	941,480	1,679,379
2040	60-64	163,207	180,815	344,022	4.99%
	65-69	146,199	173,973	320,172	4.65%
	70-74	141,257	176,117	317,374	4.61%
	75-79	129,791	172,073	301,864	4.38%
	80-84	93,852	133,675	227,527	3.30%
	85+	86,042	153,676	239,718	3.48%
	Total		760,348	990,329	1,750,677

Source: U.S. Census, Maryland Department of Planning, July 2014 Revised January 2015.

Maryland's 2013 Population, Selected Age Groups

	Total Persons	60+	65+	75+	85+
Allegany Co.	74,395	18,215	13,540	6,500	1,905
Anne Arundel Co.	544,425	99,155	67,050	27,420	7,345
Baltimore City	621,445	106,860	73,400	33,740	9,825
Baltimore Co.	812,260	169,980	121,040	60,940	20,850
Calvert Co.	89,330	15,350	10,235	4,205	1,245
Caroline Co.	32,870	6,435	4,580	2,000	530
Carroll Co.	167,260	33,280	22,915	10,120	3,235
Cecil Co.	101,435	18,450	12,470	5,025	1,390
Charles Co.	148,955	22,305	14,745	5,725	1,635
Dorchester Co.	32,615	8,215	5,915	2,645	835
Frederick Co.	236,670	40,545	27,515	11,980	3,765
Garrett Co.	30,015	7,235	5,455	2,315	685
Harford Co.	246,665	46,300	32,085	13,585	3,990
Howard Co.	293,820	47,115	31,520	12,250	3,825
Kent Co.	20,130	6,000	4,500	2,155	720
Montgomery Co.	989,475	182,625	125,510	58,530	20,480
Prince George's Co.	873,480	132,915	86,765	33,125	8,950
Queen Anne's Co.	48,165	10,660	7,600	2,975	825
St. Mary's Co.	107,080	16,220	11,460	4,640	1,335
Somerset Co.	26,345	5,190	3,750	1,615	395
Talbot Co.	37,860	12,475	9,325	4,240	1,215
Washington Co.	148,435	30,525	21,740	10,335	3,050
Wicomico Co.	99,685	18,725	13,290	6,010	1,945
Worcester Co.	51,480	16,035	12,265	5,365	1,250
Total	5,834,300	1,070,810	738,670	327,440	101,225

Source: Administration for Community Living, agid.acl.gov. Data Source: ACL Special Tabulation -American Community Survey 2009-2013 (MDs21003) Accessed March 11, 2016. Rounding may affect totals.

Focus Area (Critical Issues/Trends)

❖ Elder Justice

Maryland strives to empower older adults by educating them about options, resources, and tools to aid their self advocacy. The State's Senior Legal Assistance Program is crucial in providing access to legal advice, counseling, and representation. Outreach efforts have included education on current scams, *Money Smart for Older Adults* seminars, and a variety of protective measures that stress the importance of preplanning and documenting wishes through advance directives and powers of attorney.

During 2015, Maryland's Legal Assistance Program provided 20,879 service hours of legal assistance to clients. This was approximately a 20% increase over 2014. Issues that presented the greatest challenges for meeting clients' needs included the growing number of complex cases that require significant time to resolve, early intervention, and resource reductions. Looking forward, MDoA seeks to build a stronger statewide legal services network through grants and opportunities that support efforts to help more people, standardize data collection, modernize policies, and provide innovative training to achieve a seamless and coordinated system of legal services.

The Long Term Care Ombudsman Program plays an instrumental role in advocating for the rights and well being of long term care facility residents. Certified staff and volunteers serve as advocates who promote the rights of the more than 47,000 individual nursing home and assisted living residents and their families. Ombudsmen visit facilities to promote quality of care, work to ensure residents understand their rights, and are a voice for residents who cannot speak for themselves. Ombudsmen also address systemic issues that affect quality of care.

Annually, the Aging Network recognizes World Elder Abuse Awareness Day through educational events that widely distribute information to increase awareness of abuse. Awareness sessions provide strategies to recognize and prevent abuse and to know what to do if they become a victim of abuse.

The Public Guardianship Program serves adults 65+ who have been deemed by the court to lack the capacity to make or communicate responsible decisions concerning their daily living. Maryland law requires that the Secretary of Aging or the Director of a local AAA be appointed by the court as a guardian when there is no other person or organization willing and appropriate to be named. This program protects and advocates through case management provided by specialists of the program.

Senior Medicare Patrol is another resource in the comprehensive picture of elder rights in the state. This program addresses fraud and abuse in the Medicare program and is providing exciting opportunities for outreach and training on issues of health care identity theft.

Maryland, like the rest of the nation, is encountering an increase in people targeted for scams and financial exploitation. The U.S. Senate Special Committee on Aging recently released a report on the *Top 10 Scams Targeting Our Nation's Seniors*. Maryland ranked third in the nation for reporting fraud to the Aging Committee's Fraud Hotline in 2015. However, the State has difficulty obtaining solid outcomes on scams. While the State is actively engaged in scam awareness training and outreach, the resources and documentation of cases vary greatly across the State. Local providers are facing challenges when helping clients who have experienced scams. Clients are reluctant to report scams because the criminal complaint process can be overwhelming or because the scam is embarrassing or frightening.

MDoA continues its work through public and private partnerships to provide comprehensive training to providers. In addition, through the State network of elder rights advocates, MDoA will continue to work to identify best practice approaches to replicate across the State in an effort to unify practices in combating elder abuse, exploitation and neglect.

The Department successfully leveraged effective collaboration among, the Office of the Attorney General, the State's Attorney Offices, and the legislative branch to produce groundbreaking laws that combat elder abuse and protect elder rights. Maryland is the only state in the nation to criminalize the use of undue influence to take money and other assets from older adults. This law has enabled prosecutors to obtain successful outcomes. The State requires bank, credit union, and wire transfer employees to undergo training to assist them in identifying financial abuse and to better understand the reporting process. Furthermore, tellers are now mandatory reporters of suspected financial exploitation to Adult Protective Services. Maryland followed California, becoming the second state in the nation, to take action against older adults being exploited through wire transfers.

Maryland was the first state to establish strict guidelines on reverse mortgage loans, providing strong protections for senior homeowners. During the 2016 legislative session, Maryland passed a law giving the Attorney General's Office authority to file a civil action to recover assets in exploitation cases of older adults. MDoA is now poised to build on these bold legislative accomplishments to move Maryland's Elder Rights agenda toward greater accessibility for those in greatest need. Through ongoing efforts to triage the handling of complex legal cases and through the continued training of ombudsmen, the Department aims to slow the growth of those needing guardianship.

❖ Health and Wellness

The Department is committed to embedding evidence-based practices to address Nutrition and Health Promotion using the following approaches:

Promoting Healthy Eating

Client-focused education and policy will incorporate the newly issued Dietary Guidelines, emphasizing the prevention of diet-related chronic diseases, with focus areas including:

- Following a healthy eating pattern across the lifespan
- Choosing a variety of foods, with nutrient density within calorie limits
- Limiting calories from added sugars and saturated fats, and reducing sodium intake
- Shifting to healthier food and beverage choices
- Supporting healthy eating patterns

Addressing Food Insecurity & Malnutrition

- Unique in the nation, the Department is launching a home delivered meals prioritizing system based on risk for food insecurity, as a result of an academic-governmental partnership. Types of need will be distinguished in order to provide the most effective service approach and also to ensure efficient resource allocation.
- In FY 2015, MDoA initiated a Commodity Food Supplemental Program called *My Groceries to Go!* In Maryland, with the support of the AAAs, we consistently achieve an 85% redemption rate for the Senior Farmers Market Nutrition Program. These United States Department of Agriculture (USDA) food programs target low-income seniors, with programming innovations that provide relevant client education and healthy foods.
- Beginning in FY 2016, the Department will engage key stakeholders to create nutrition and health-related community interventions to address malnutrition. The vision is to bring together businesses, healthcare agencies, professional groups and community organizations to develop tools that will positively impact malnutrition-related population health outcomes.

Enhancing Opportunities for Physical Activity and Exercise

Regardless of physical abilities, people of all ages can participate in some form of physical activity. Lack of physical activity and exercise is related to increased risk for chronic conditions, reduced quality of life and increased healthcare costs.

The Department, Maryland's Living Well Center of Excellence, and DHMH will build on existing infrastructures to expand the types of evidence-based health promotion programs. Leveraging hospital partnerships to provide chronic disease self management in the community, MDoA will continue to develop innovative collaborations to fund and deliver medication management, falls prevention, and behavioral health programming statewide.

❖ Aging in Place

There is no greater desire than the one to age in place. Long term services assist individuals and their family caregivers to meet health, personal, and social needs. While most long term services assist people with activities of daily living like dressing, bathing, and toileting, they may also help with meeting other needs, such as transportation, socialization, and home modifications. Long term services may be provided at home, in the community, in assisted living, or in nursing facilities.

MDoA prioritizes its services and outreach efforts towards older adults at highest social and economic need, including minority, rural, low-income and limited English proficiency older adults. The Department also identifies individuals at high risk for institutionalization for person-centered planning assistance in order to prevent or delay nursing facility placement.

The Department has a long history of supporting older adults with home and community-based services, especially through its work with Medicaid community long term programs, and administration of State-funded programs, such as Senior Care, Congregate Housing Services, and assisted living subsidies. Unfortunately, the need is greater than current resources can support, frequently leaving nursing facility placement as the only available option. The Aging Network continues to address this challenge by effectively partnering with sister agencies, increasing outreach efforts, and shifting towards a business model.

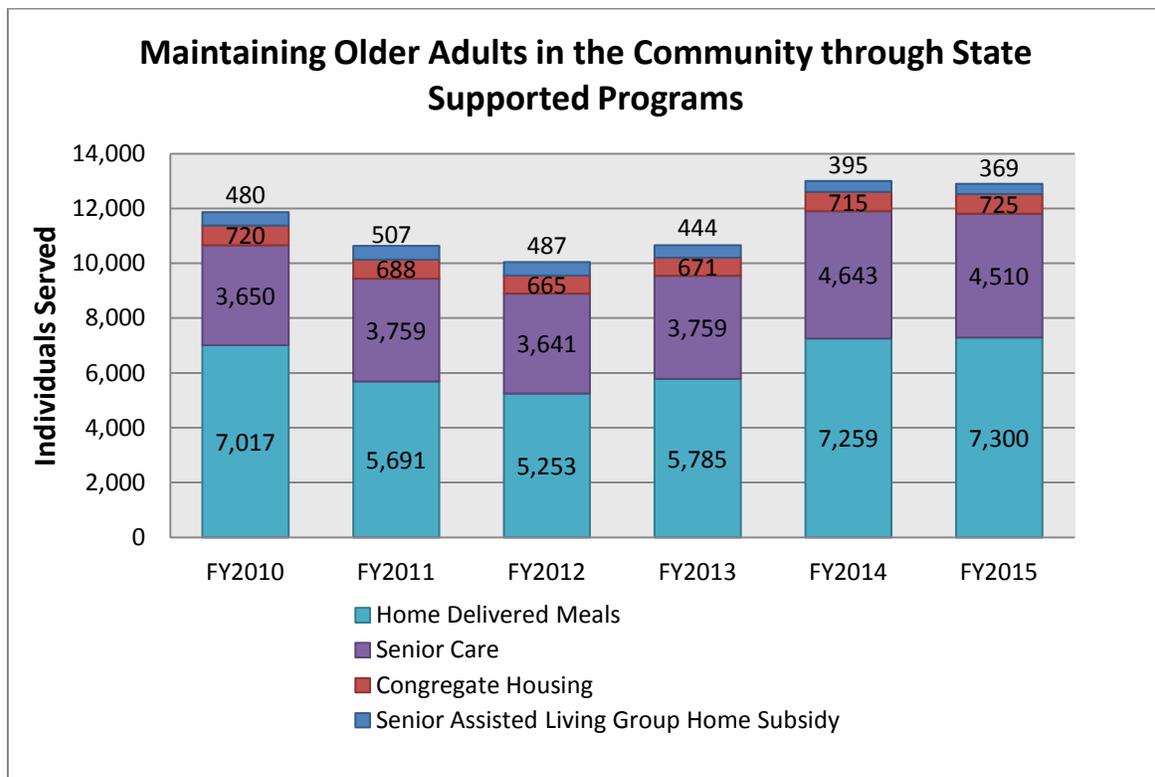
The Department, in partnership with the state Medicaid Agency and the Department of Disabilities, is committed to shifting the focus of Medicaid and State long term services dollars toward community-based settings. The Department and the AAAs are central partners in all of Maryland's efforts to transition and divert both Medicaid and non-Medicaid individuals from long term facilities.

The MAP/No Wrong Door model is the centerpiece of a broader delivery system reform effort that includes Money Follows the Person, Options Counseling, and the Veteran-Directed Home and Community-Based Services Program. These initiatives demonstrate the growing collaboration among different state and local agencies to shift toward a community-based services and person-centered model. In doing so, the Department, as with other State Units on Aging, has assumed responsibility for providing information, planning and access assistance to populations that traditionally would not be considered constituents of the Aging network. The "No Wrong Door" (NWD) 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 has built upon the well-established and respected AAA network and its Information and Assistance, State Health Insurance Assistance Program (SHIP), and caregiver programs.

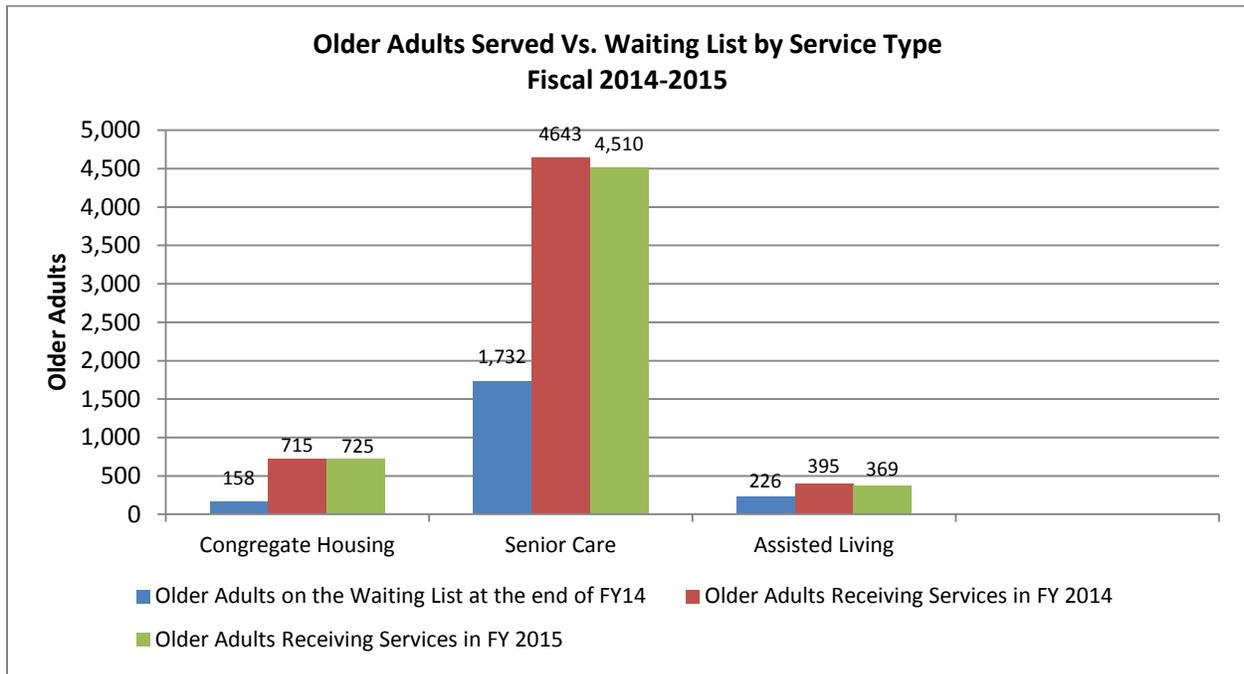
Maryland’s long term supports and services system has undergone a major systems transformation that capitalized on a multitude of federal initiatives, including Money Follows the Person, Aging and Disability Resource Center/No Wrong Door, Veterans-Directed HCBS Program, Options Counseling, Balancing Incentive Program, and Community First Choice Option. The Department is now moving into an era where evidence-based risk screening tools, intake and triage across multiple programs, and close referral protocols with partners will seek to drive those at risk for institutionalization toward community options, develop service plans aligned with the person’s self-identified goals, and consider personal resources and private pay services prior to public programs.

The next phase is integrating long-standing programs such as Senior Care, Congregate Housing, and assisted living subsidies, into the transformed model and its new principles and metrics. Integration will require the Department to ensure consistency in policies and practices, maintaining the traditional identity and purposes of the programs, and collecting better data to show the relationship between these community programs to Medicaid and their effectiveness at diverting or delaying individuals from nursing facility placement.

The chart below illustrates the total number of older adults receiving community-based support services through the Department's programs and Medicaid community programs.



The following chart illustrates the number of individuals being served by Congregate Housing, Senior Care, and Assisted Living Subsidy programs compared with the number on the waiting lists.



❖ Partnerships and Expansion of Service Population/Sustainability

MDoA serves Maryland’s older adult and disability population as part of a comprehensive statewide system. Several sister state agencies also provide important services that support older adults, persons with disabilities, and their families. The Department partners with these agencies to expand outreach, ensure access to their programs and services, and make policy recommendations as appropriate or necessary.

- Department of Health and Mental Hygiene
- Department of Human Resources
- Department of Disabilities
- Department of Transportation
- Department of Agriculture
- Department of Housing and Community Development
- Office of the Deaf and Hard of Hearing
- Department of Veterans Affairs

The Department is an active participant and leader in collaborating with various groups involved in transforming health, home and community based services, and evolving traditional programs to better serve the new generation of older adults and persons with disabilities. The resulting outcomes of these collaborations will be performance and incentive based consumer programs, better outreach on safety issues, reduced costs and streamlined access, greater community-based support, and technology infrastructure improvements that will raise the Maryland Aging and Disability networks to the next level. For example, MDoA staff are closely working with the below groups.

- Maryland Dual Eligibles Workgroup
- Maryland Coalition on Mental Health and Aging
- State Coordinating Committee for Human Services Transportation
- Interagency Council on Homelessness
- State Advisory Council on Quality Care at the End of Life
- Office of Home Energy Programs, Interagency Workgroup to Reform Energy Assistance
- Maryland Vehicle Administration, Interagency Group on Older Driver Safety
- Money Follows the Person Demonstration Stakeholder Advisory Group
- Caregiver Coordinating Council
- Maryland Advisory Council on the Deaf and Hard of Hearing
- Statewide Shared Human Services IT Platform

Behavioral health is a growing concern among Maryland’s aging population. Older adults can present a multitude of behavioral health needs such as substance abuse, depression, and mental illness. Suicide impacts older adults at a higher rate than almost any other age group in Maryland. Almost 20% of people over the age of 55 experience mental disorders that are not part of “normal aging” however, only about 10% of these individuals get treatment. MDoA partners with the Mental Health Association of Maryland and other key partners to provide mental health first aid certification training and suicide prevention education to Aging Network staff. Furthermore, MDoA and the is an active member of the Behavioral Health Advisory Council and co-chairs the Adult and Older Adult subcommittee to promote good mental health practices and better address emerging behavioral health issues. The Department and its partners will evaluate current approaches to Behavioral Health and support new, cost-effective approaches including telehealth.

The State of Maryland has embarked on an aggressive campaign to reduce total Medicare expenditures, improve population health measures especially as related to chronic disease, and to reduce hospital readmissions. The effort is driven, in part, to maintain the State’s unique Medicare Waiver that allows Maryland to set its own Medicare reimbursement rates as long as Medicare expenditures are held below the national average. As a result, an “All Payer Model” is used to hold hospitals to a single “global budget” and they are incentivized to meet certain performance measures related to the All Payer Model’s goals. As part of this effort, the

State has encouraged increased collaboration to improve care coordination and hospital transitions. Local coalitions of health systems, hospitals, physician practices, long-term care, and other providers, as well as public agencies and community-based organizations have been formed.

MDoA and the Aging Network will continue collaborating to support the reduction of total cost of care through efforts identified below:

- Coordinate outreach, education, and assistance across hospital catchment areas, especially in those locations where individuals may access multiple providers.
- Continue to partner with health systems to expand chronic disease self-management and nutrition services.
- Increase the number of formal partnerships between health systems and MAPs to better coordinate hospital to home transitions and connect the individual to community services as appropriate.
- Train a private sector workforce to be proficient in person-centered planning and assistance, as required by CMS.

Available Medicare and Medicaid claims data may be used to better identify potential health system partners and awareness activities by considering:

- High cost/high user counties and high cost conditions requiring long term services and/or family caregiver support based upon cost data.
- Prevalence of chronic conditions in each jurisdiction.
- Health conditions that lead to 3+ inpatient discharges.

Counties with Highest Medicare/Medicaid Expenditures in Descending Cost Order

High User/High Cost	5+ Chronic Diseases/High Cost
Baltimore City	Baltimore City
Baltimore	Baltimore
Prince Georges	Prince Georges
Anne Arundel	Anne Arundel
Montgomery	Montgomery
Harford	Harford
Howard	Frederick
Frederick	Carroll
Washington	Howard
Carroll	Washington

❖ Emergency Preparedness

Maryland's emergency preparedness and response network utilizes state and local governments, non-profits, and private business to ensure all Marylanders remain safe during emergencies. The Department works closely with State partners including the Maryland Emergency Management Agency to effectively coordinate the response of the local AAAs and to identify and support unmet needs. Maryland utilizes the Emergency Support Function structure to prepare and respond to emergencies with the Department of Aging participating in ESF-6 (Mass Care and Sheltering). Local AAAs are connected with their local Emergency Management Agencies and outline their emergency preparedness plans in their Area Plan. State and local exercises simulate emergencies and identify strengths and weaknesses in emergency responses. The Department continues to encourage local AAAs to participate in local preparedness activities. Due to Maryland's unique geography, multiple jurisdictions are vulnerable to a variety of emergencies including, but not limited to, blizzards, hurricanes, extreme heat/cold, flooding, and nuclear disasters. Regular preparedness and communication with partners can mitigate the impact of these emergencies.

During emergencies, MDoA maintains regular communication with AAAs and encourages AAAs to take an active role in their local Emergency Operations Centers. All State agencies have a Continuity of Operations Program (COOP) Plan and AAAs are encouraged to prepare a COOP Plan as well to continue the delivery of services to older adults and individuals with disabilities to the greatest extent possible.

New efforts to incorporate Geographic Information System (GIS) mapping into emergency response for seniors has proven an effective tool to deliver services to those most in need. State and local agencies have identified the location and size of long-term care facilities and senior housing facilities to accelerate responses to these areas and prioritize power restoration whenever possible. Moving forward, the Department plans to:

- Provide an updated list of independent senior housing facilities each year to the Maryland Emergency Management Agency to improve situational awareness through GIS mapping.
- Participate in trainings by the emergency community and other state agencies to identify best practices to support emergency preparedness for older adults and their families.
- Continue to engage local AAAs to take an active role in their local Emergency Operation Center during emergencies and to participate in local exercises.
- Coordinate with state and local efforts regarding sheltering, food, and power restoration.
- Maintain close relationships with electric utilities to provide listings of designated senior housing sites for power restoration prioritization.

❖ Effective and Responsive Management

The Maryland Department of Aging is committed to serving as an accountable, transparent, and responsible steward of the taxpayer's dollar. Beginning in 2015, the Department's efforts have centered on delivering efficient and high-quality services to the AAAs and constituents. Many reforms that focus on seamless continuity have already been instituted and the Department continues to identify possible process improvements, including auditing, grants management, and training. By collaborating with the Governor's Grants Office, the Department is working to utilize a Grants Management System that will improve and centralize grant applications and modifications, payment tracking, and audit findings.

Guided by MDoA's commitment to be consistent across all jurisdictions and program areas, the Department is instituting best practices including regular communication between program and fiscal staff, technical assistance, and regular training of AAA staff and volunteers.

As seniors and their caregivers turn to online resources to identify and research service options, the Department is committed to improving ease of access. The MAP website is on the forefront of the ADRC initiative by providing multiple user-friendly tools. In addition to ongoing improvements to the Department's website through regular evaluation and updates, MDoA is strategically building a social media presence. The Department is beginning to utilize Google Analytics to better understand and guide future investment of resources.

In 2015, the Department took advantage of a shared services model by centralizing Information Technology and Human Resource functions to most effectively utilize personnel resources. In collaboration with the Department of Budget Management, MDoA leadership is taking the opportunity to recruit, hire, and retain staff with specialized skills and knowledge to support agency needs including data analysis, medication management, and business development.

MDoA continues to promote integration among a variety of state agencies and organizations to seamlessly deliver individualized, person-centered services to improve independence and quality of life. The Department is focused on innovative and sustainable opportunities to serve new and emerging populations.

Programs and Services

Program/Service	Description
OLDER AMERICANS ACT (OAA)	Federal law enacted in 1965, establishing a federal, state, and local infrastructure that organizes and delivers home and community based programs and supports including home delivered meals and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers support. More than half of the annual operating budget of the Maryland Department of Aging is supported by OAA funds, described in detail in the Titles below.
Title III B	<p>Supportive Services enables older adults to access services that address functional limitations, promote socialization, continued health and independence, and protect elder rights. Together, these services promote the ability to maintain the highest possible levels of function, and participation in the community. Programs include but are not limited to:</p> <ul style="list-style-type: none"> • Information and Assistance • Personal Care, Homemaker, and Chore Services • Adult Day Care • Case Management • Transportation • Legal Assistance • Outreach
Title III C1	Congregate Meals provide socialization and health nutrition options at senior centers throughout the state. Trained staff provide nutrition education and counseling to older adults to support healthy eating.
Title III C2	Home Delivered Meals offer homebound older adults the ability to remain in their home with a daily meal delivered. Staff and volunteer meal delivery drivers regularly interact with participants and can connect individuals to other services through Maryland Access Point.
Title III D	Health Promotion and Disease Prevention promotes preventative programs that emphasize health, wellness, and physical activity. Many of Maryland’s local network of Area Agencies on Aging offer evidence-based activities, including chronic disease and diabetes self management, falls prevention workshops, health screening, education, physical fitness, exercise, and medication management.
Title III E	The National Family Caregiver Support Program (NFCSP) provides services to adults who provide in-home and community care for people 60 and older or grandparents and relatives age 55 and older who serve as caregivers for children 18 and younger or for children of any age who have disabilities. The program offers information about services, how to access assistance including case management, education, training, support services, individual counseling, respite care, and supplemental services.

Program/Service	Description
Title V	The Senior Community Service Employment Program (SCSEP) provides training and employment assistance to eligible workers 55 and older through participating host agencies. The program enables participants to update skills while receiving a weekly stipend with the goal of permanent employment placement.
Title VII	Elder Abuse Prevention supports programs and services that protect older adults from abuse and provide public education, training, and information about elder abuse prevention.
Title VII	The Long Term Care Ombudsman Program advocates for residents of nursing homes and assisted living facilities. Ombudsmen promote rights and provide information to residents and their families, by visiting facilities, promoting quality of care and providing a voice for those who are unable to speak for themselves. Ombudsmen also address systemic issues and support people who want to transition into the community.
Maryland Access Point	MAP is Maryland’s Aging and Disability Resource Center and core of the State’s No Wrong Door system. MAP is a trusted starting point for individuals of all ages, abilities and incomes to access information, person-centered planning support, and assistance connecting to long term services and supports. MAP is a central component in Maryland’s effort to reduce costly institutionalization of people with long term care needs and divert them to lower cost community options. MAP has a dedicated website, statewide toll free number and local offices at every Area Agency on Aging. Each AAA has co-located staff from its regional Center for Independent Living.
STATE REGULATORY PROGRAMS	
Continuing Care	The Continuing Care Act authorizes the Maryland Department of Aging to regulate Continuing Care Retirement Communities (CCRCs) and Continuing Care at Home (CCAH) Programs. CCRCs offer a combination of housing and services that include levels of healthcare right on sight, freedom from heavy chores and the demands of home maintenance.
STATE GENERAL FUND PROGRAMS	
Public Guardianship Program	Serves adults 65 and older deemed by a court of law to lack capacity to make or communicate daily responsible decisions on their own behalf. The program provides protection and advocacy on behalf of the older adult through case management provided by guardianship specialists of the program.
Senior Center Capital Improvement Funds	Capital improvement funds are available to local governments to supplement the costs of new construction, conversions, renovations, acquisitions and capital equipment needed to develop senior centers.

Program/Service	Description
Senior Center Operating Funds	Limited operating funds are available to senior centers to encourage innovative programming. A portion of the funds are reserved for economically distressed jurisdictions.
Senior Care	Provides coordinated, community based, in-home products and services for older adults with medical conditions who require help with bathing, dressing, chores, etc. and may be at risk of nursing home placement. When services are not available by other means, this program provides personal care, chore service, adult day care, financial assistance for medications, medical and nutritional supplies, respite, and emergency response systems.
Congregate Housing Services Program	A level of housing between independent living and institutionalization which combines housing with daily meals, weekly housekeeping, onsite service management, and personal assistance as needed. The program is offered in senior apartment buildings designated for low and moderate income residents and may be operated by local housing authorities, non-profit organizations, or housing management companies.
Senior Assisted Living Group Home Subsidy Program	Provides low and moderate income older adults subsidies for assisted living services in 4 to 16 bed group homes licensed by the Department of Health and Mental Hygiene. The subsidy offers assisted living for people who might otherwise be placed in nursing facilities and covers the difference between the participant's monthly income and the approved assisted living fee. The maximum individual monthly subsidy is \$650.
Naturally Occurring Retirement Communities (NORC)	Grants to community based organizations to provide service coordination to concentrated areas of low-income older adults facing problems of declining health, isolation, financial hardship, and language barriers to support community living.
STATE MEDICAID PROGRAMS AND SERVICES	
Medicaid Supports Planning Services	Provides assistance with accessing and coordinating Medicaid and non-Medicaid funded home and community-based services and supports in developing a comprehensive plan for community living for applicants and participants of the Home and Community-Based Options Waiver, Community First Choice, Community Personal Assistance Service program, and the Increased Community Services program. The Area Agency on Aging network is one of several Medicaid enrolled Supports Planning providers that an applicant or participant can choose as their assigned provider for supports planning services.
Money Follows the Person (MFP) Options Counseling	Provides information to individuals about long-term community services and supports that are available through Medicaid. Additionally, options counseling includes application assistance to Medicaid eligible individuals who choose to transition back into the community through a Medicaid home and community-based waiver program. MFP Options Counseling is provided by the Area Agencies on Aging in partnership with the local Centers for Independent Living (CILs).

ADDITIONAL DEPARTMENT PROGRAMS AND INITIATIVES	
Farmer's Market Nutrition Program	Fresh fruits and vegetables can be purchased from local farmers statewide with coupons made available to low income older adults. AAAs offer nutrition education to enhance the program.
Commodities Supplemental Food Program (<i>My Groceries to Go!</i>)	Provides monthly boxes of pantry staples to older adults who qualify based on their income. These staples help to address challenges of food insecurity that many older adults face and build nutritious diets and contribute to healthy lives. The program is currently piloted in Baltimore City and is a partnership of the U.S. Department of Agriculture, Maryland Department of Aging, the Baltimore City Area Agency on Aging, and the Maryland Food Bank.
State Health Insurance Assistance Program (SHIP)	Confidential, unbiased, one-on-one counseling and decision support are offered about Medicare, Medigap, Advantage, Prescription Drug plans, and long term care insurance. Highly trained, certified volunteer counselors assist with complex issues, claims and appeals, applications and annual open enrollment decisions.
Senior Medicare Patrol (SMP)	Educates older adults and caregivers how to detect, report and prevent Medicare waste, fraud and abuse. The program works to reduce health care identify theft and the loss of federal and state funds due to error, scams, and deception.
The Low Income Subsidy and Medicare Savings Plans: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)	Medicare beneficiaries who qualify based on income can apply for financial help with out of pocket Medicare costs including premiums, co-payments, deductibles and prescription drugs. Volunteers provide outreach, education and application assistance.
Veterans Home and Community Based Services Program	A federal partnership initiative between ACL and the Veterans Administration to engage local ADRCs to provide support planning and self-direction coaching support to veterans with a high level of care who wish to reside in their home. Select Maryland AAAs and CILs provide planning assistance and self direction coaching.

Goals, Objectives, Strategies & Performance Measures

Goal 1: Advocate to ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation.

Objective 1.1: Improve the quality of care and quality of life of the 47,000+ residents of nursing homes and assisted living facilities

Strategies:

- Promote the retention and training of volunteers to extend the outreach of advocacy services of residents in long term care facilities across the state of Maryland.
- Continue regular visitation and outreach to nursing facilities and increase visitation to assisted living facilities.
- Increase the profile of the State Long Term Care Ombudsman Office through continued outreach and community education.
- Participate and support efforts in the Elder Justice Regional Taskforce.

Objective 1.2: Protect the rights of older adults and individuals with disabilities right to self determination to live meaningful lives in all settings and make informed decisions.

Strategies:

- Develop No Wrong Door/MAP workflow and operational protocols with legal services, Ombudsman, and guardianship programs by collaborating with program staff to provide consumers with information and access to services.
- Educate consumers through outreach to encourage legal documentation of personal preferences through advanced planning directives and powers of attorney.
- Explore and promote supportive decision making.
- Uphold documented decisions of advance directives and involve wards in the decision making process as appropriate.
- Provide services that legally document wishes such as advance directives and power of attorney.
- Develop and offer training opportunities to consumers and professionals from different fields.
- Empower residents of long-term care facilities by assisting them in exercising self-advocacy and developing individualized plans to resolve complaints and issues.

Objective 1.3 Provide timely legal interventions to reach individuals in need of services.

Strategies:

- Expand education and awareness of legal assistance services through targeted marketing strategies and new print materials.
- Create new messaging to encourage early initiation of legal services.
- Use innovative approaches and locations to target and disseminate marketing messages.
- Develop new partnerships to strengthen the statewide legal assistance service system.

Objective 1.4: Educate older adults and individuals with disabilities to protect themselves against abuse, neglect, and exploitation.

Strategies:

- Conduct elder rights protection training for consumers, providers dealing with victims and professionals well positioned as first responders of abuse, exploitation, and neglect.
- Promote awareness through World Elder Abuse Awareness Day (WEAAD) events.
- Work with stakeholders to identify and duplicate best practices across the State to reach and assist older adults regarding elder abuse.

Objective 1.5: Educate professionals and consumers to recognize and report waste, fraud, and abuse in the Medicare program.

Strategies:

- Provide training to Aging Network staff and volunteers to improve knowledge of errors and encourage individual reviews of Medicare Summary Notices.
- Develop a marketing strategy to educate targeted populations.
- Develop waste, fraud and abuse messages to include in one-on-one and group Medicare counseling sessions annually.
- Implement a new data collection system for the Senior Medicare Patrol Program.

Performance Measures, Goal 1:

- Increase the number of assisted living facilities visited quarterly by long-term care ombudsmen.
- Increase in the number of volunteers in long-term care ombudsman program.
- Increase the number of trained professionals who can identify, assist, and report instances of elder abuse, exploitation and neglect.
- Decrease the rate of growth of guardianship cases relative to the overall population.
- Expand dissemination of legal services messaging and resources for advance planning.
- Track the number of outreach sessions performed by the legal assistance program.
- Increase the reporting of complex Medicare fraud cases.

- Achieve an increase in fraud messaging provided during Medicare counseling sessions.
- Increase the number of Medicare beneficiaries educated about reviewing Medicare Summary Notices.

Goal 2: Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community.

Objective 2.1: Work with public and private partners to refine the State’s No Wrong Door/ADRC to be a more efficient, cost-effective, objective, and person-centered system

Strategies:

- Convene on a regular basis agency partners and stakeholders authorized via the ADRC and Interagency Committee on Aging statutes to review, coordinate, plan, and refine the State’s NWD/ADRC system.
- Maintain MAP as a visible, trusted, and objective source of information, assistance, and access portal for long term services and supports by on-going updating of the searchable online MAP website resource directory.
- Ensure ease of access to MAP staff and services by jointly developing and implementing with other programs and partners, such as SHIP, Senior Centers, and health systems, a formal set of referral protocols between MAP and each partner/program.
- Complete formal requirements necessary in order for an organization or agency to be considered a MAP/No Wrong Door partner.
- Ensure an efficient workflow that includes the use of evidence-based risk screening tools such as the interRAI Level 1, person-centered planning, and service access.
- Collaborate with other programs and services, such as Nutrition, Caregiver Support, and State programs to use the interRAI Level 1 Screen as a common evidence-based intake and assessment tool to gather core information, in addition to specific information required by each program or service.
- Promote consumer choice and self-determination through the increased use of person-centered written Action Plans.
- Develop effective partnerships that are aligned with Maryland’s Hospital All Payer Model goals and any new managed care model implemented in the State to bridge acute care, primary care, and facility or community-based LTSS services.

Objective 2.2: Sustain a statewide base competency level for MAP staff providing person-centered planning and care transitions assistance.

Strategies:

- Provide brief professional learning opportunities via webinar on a wide variety of topics.
- Use a federally approved person-centered planning curriculum to maintain a baseline of staff competency required to provide Options Counseling.
- Increase education to professionals about a variety of available assistive technologies and promote their use as a method to reduce the need for personal assistance or family caregiver support.
- Develop and implement a self-sustaining disability awareness and sensitivity training to be used as a core education requirement for all MAP staff.

Objective 2.3: Increase the use of person-centered planning to prevent crises, identify services, and effectively divert individuals into lower cost options.

Strategies:

- Identify personal and community resources prior to utilizing public services.
- Locate critical pathways through which individuals access nursing facilities and provide person-centered planning assistance to divert individuals, as appropriate and requested, into lower cost community options.
- Encourage MAP staff to increase the use of written action planning and integrate the interRAI Level 1 Screen into the person-centered planning process.
- Partner with providers to identify multi-tiered pricing options that may be appropriate for individuals financially ineligible for public services.
- Research and integrate online tools into action plans, such as medication reminders and calendars, to promote self-direction and decrease reliance on public services and staff.

Objective 2.4: Develop a private pay package of services, including Options Counseling as a service, for individuals financially ineligible for public services.

Strategies:

- Create a private pay pricing structure that is combined with a menu of services to support individuals in their home.
- Partner with other public programs and respected providers to study the feasibility of buy-in options and bulk-purchasing to offer lower cost services and goods to individuals creating service plans through the Options Counseling process.
- Develop marketing and outreach campaign to educate individuals who are ineligible for public programs.

Objective 2.5: Maintain SHIP as a visible, trusted, and unbiased source of expert counseling and assistance on health care insurance and prescription drugs for Medicare beneficiaries.

Strategies:

- Target recruitment of volunteers to reach retired professionals and to serve underserved rural areas.
- Develop marketing and outreach to improve the visibility of the program.
- Engage business and non profits to leverage support and resources to increase visibility and expand services.
- Work with Maryland Health Connection and State Medical Assistance Program to properly transition people from those programs to Medicare.
- Target diverse audiences including the new to Medicare beneficiaries, disabled populations, and low income beneficiaries to increase volunteerism and promote counseling, and assistance services.
- Host a statewide event to amplify the visibility and valuable role of SHIP during the Medicare Annual Open Enrollment Period.

Objective 2.6: Improve data collection, analysis, and reporting to demonstrate the value of the SHIP and SMP Programs.

Strategies:

- Implement the new statewide SMP data collection system and provide updated policies and training.
- Collaborate with federal partners to identify the best tools to analyze program data.
- Maintain dashboards for SHIP to inform targeted populations and service delivery.
- Work with MAP to develop and implement referral protocols to skilled experts in SHIP.
- Document annual open enrollment activities and impact.

Objective 2.7: Enhance the quality of Medicare counseling and assistance.

Strategies:

- Increase the number of training opportunities and SHIP counselors engaged in learning complex issues and new information.
- Cross train Aging Network staff and volunteers to incorporate SHIP, MIPPA, and SMP information in standardized training curricula.
- Implement a new framework for volunteer risk management in the SHIP and SMP programs and increase the focus on volunteer management and training needs.
- Redesign and implement a new SHIP counselor certification program.
- Expand exposure to non-English speaking population through translated SHIP and SMP print materials.

Objective 2.8: Create a dementia capable system of professionals who can identify individuals with dementia and understand challenges to communicate, plan, choose, and access services for themselves and family caregivers.

Strategies:

- Review existing intake, triage, and enrollment systems to ensure that there are adequate opportunities and tools for staff to identify individuals with dementia and related needs.
- Partner with other agencies and non-governmental organizations that may serve as an entry point for individuals with dementia and develop referral systems to ensure those individuals and their families are referred to MAP for holistic support, planning, and assistance.
- Educate health professionals in the dementia field to refer newly-diagnosed individuals and their families to MAP for planning assistance.
- Identify and analyze for potential implementation evidence-based methods, such as Savvy Caregiver, Powerful Tools, and REACH II, by which MAP-Options Counselors may provide time-limited, targeted support of caregivers of individuals with dementia.
- Partner with the Alzheimer’s Association to provide training to Aging Network, to understand behaviors exhibited by individuals with dementia so that they may more appropriately communicate with them.
- Offer educational opportunities for family caregivers of individuals with dementia.
- Improve the visibility and use of skilled experts and advocates to support the desire of citizens to remain in their home or community for as long as safe or appropriate.
- Bring greater awareness to innovative programming statewide, including memory café workshops and virtual dementia tours to increase supports and resources for those who seek them.
- Promote training opportunities that inform subject matter expertise of NFCSP staff and support for those seeking to make choices.

Objective 2.9: Improve the performance of AAAs providing Medicaid Supports Planning Services to ensure that applicants and participants receive assistance with accessing Medicaid and non-Medicaid funded home and community-based services and supports.

Strategies:

- Hire additional staff to provide ongoing technical assistance and training to AAA supports planners.
- Conduct monitoring and oversight activities to ensure timely and accurate completion of required supports planning tasks.
- Collaborate with Medicaid on a regular basis on the Department’s monitoring results and remediation steps.

Objective 2.10: Improve the provision and quality of MFP Options Counseling (MFP OC) provided by AAA and their local CIL partners to promote and increase the accessibility of information on services and supports available in the community for individuals residing in nursing facilities.

Strategies:

- Monitor the timeliness and completion of MFP OC by generating monthly reports.
- Request quality improvement plans from AAAs, as needed, to ensure the timely provision and completion of MFP OC and submission of OC invoices.
- Propose additional Medicaid funding to those AAAs in jurisdictions where they have received a greater number of MFP OC referrals than what was estimated in the previous fiscal year.
- Endorse training opportunities to staff; including MFP Options Counselors and local ombudsmen that promote person-centered planning, self-direction, and community-based independent living.

Performance Measures, Goal 2:

- Increase SHIP and SMP volunteers by 20%.
- Increase distribution of targeted SHIP and SMP outreach materials.
- Raise the number of security background checks for SHIP and SMP volunteers statewide.
- Capture accurate SHIP data especially during the Annual Medicare Open Enrollment Period.
- Implement a SHIP customer satisfaction survey to determine customer requirements, expectations, and approval.
- Increase dementia training opportunities for a diverse range of programs.
- Increase the number of AAA Supports Planning Agencies that are determined to be in compliance with the supports planning requirements set forth by DHMH.
- Conduct two or more annual trainings on topics such as Medicaid program policies and procedures, overview of community-based service delivery, person-centered planning, and self-direction.
- Improve the timely provision of MFP OC by the AAAs and their local CIL partners.
- Increase the number of completed MFP OC provided to nursing home residents.
- Improve the timely submission of MFP OC invoices from the AAAs to ensure their contracted local CILs partners receive payment on a consistent basis.
- Annually ensure that NWD staff have the skills, expertise, and certification required to provide person-centered counseling.
- Conduct quarterly training presentations on the overall NWD system. Maintain written standards and protocols for staff doing Person-Centered Counseling.

Goal 3: Create opportunities for older adults and their families to lead active and healthy lives.

Objective 3.1: Provide meals and related nutrition services in congregate settings to contribute to an older individual's overall health and well-being.

Strategies:

- Collaborate with public and private partners to develop business approaches and foodservice systems that reflect the quality and unique outcomes of the nutrition program.
- Establish uniform policies for food safety and reporting food borne illness.
- Provide standardized, high quality sanitation training for local programs statewide.
- Maintain menu policies that meet or exceed Older Americans Act requirements, which include the current Recommended Daily Intakes and Dietary Guidelines for Americans.
- Explore ways to increase flexibility in meal options and service that keep pace with the growing older adult population's evolving expectations.
- Maintain the number of meals provided through technical assistance and best practice dissemination to increase cost efficiencies, reduce cost per meal, and improve resource management.

Objective 3.2: Serve frail, homebound, or isolated individuals who are age 60 and over, and their spouses, with wholesome meals, safety checks, and social interaction.

Strategies:

- Target home delivered meal recipients at risk for food insecurity and institutionalization.
- Analyze the Aging Integrated Database and local surveys to determine the meal satisfaction, impact on health, contribution to remaining at home, and socialization of congregate meals participants.
- Explore ways to increase person-centered meal options and delivery which reflect the home delivered meals program's positive effect on maintaining seniors in the community and the importance of the program to impact healthcare costs.
- Enhance existing professional competencies for staff and to ensure quality service delivery which address the unique needs and abilities of meal recipients.

Objective 3.3: Provide low-income seniors access to healthy foods and nutrition education.

Strategies:

- Maintain maximum caseload participation in the *My Groceries to Go!* Commodity Supplemental Food Program.
- Expand enrollment in *My Groceries to Go!* to homebound participants.
- Maintain a high statewide Senior Farmers' Market Nutrition Program redemption rate and encourage best practices by allocating checks to highest performing AAAs.
- Provide evidence-informed nutrition education, which encourages participants to enhance nutrition and health related self management practices.

Objective 3.4: Increase the availability of promising and evidence-based programs and practices that empower individuals to improve the quality of their health, independence and well-being.

Strategies:

- Foster academic, public-private, and healthcare partnerships that promote increased access, funding, and development of evidence-based health promotion programs.
- Develop funding mechanisms through state level collaboration and support innovative statewide health promotion initiatives.
- Participate in councils, stakeholder groups, and related forums to transform health, home and community based services, and traditional programs, to better serve future generations.
- Address the negative impacts of malnutrition and falls through the development of training modules and awareness campaigns.
- Advise and support the Living Well Center for Excellence to develop funding and partnership opportunities, and to support new health promotion initiatives.

Objective 3.5: Support the health-related and social needs of older adults and their families through a broad range of senior center activities, including evidence-based and inter-generational programs.

Strategies:

- Promote increased offerings of evidence-based health, wellness, and social programs at local senior centers.
- Identify programming that encourages multi-generational interactions, including those that support caregivers and grandparents.
- Expand the reach of successful programs through the use of technology, such as online videos, live-casting, statewide educational webinars.
- Partner with agencies to expand educational services such as energy conservation courses and CarFit for safe driving.

Objective 3.6 Increase and enhance volunteer participation in Aging Network programs statewide.

Strategies:

- Expand volunteer recruitment activities.
- Standardize volunteer competencies.
- Implement a volunteer risk management program, beginning with SHIP and SMP, to achieve consistent volunteer program operations.
- Recruit professionals in various fields, including health professionals, educators, attorneys, insurance brokers, grants managers, writers, federal retirees, and others for volunteer opportunities.
- Enhance volunteers' knowledge of the Aging Network and services to serve as ambassadors in the community.
- Continue volunteer development to identify and detect abuse and to protect the rights of older adults.

Performance Measures, Goal 3:

- Achieve a 90% or higher rate of congregate meals participants who rate the overall services good to excellent.
- Increase the percentage of home delivered meal participants who live alone by a minimum of 2% each year.
- Perform bi-annual reviews of the cost-effectiveness of food-safety programs by AAAs.
- Incorporate dietary guidelines as a mandatory component of state menu.
- Include the revised "My Plate for Older Adults" into each AAA's nutrition education outreach campaigns.
- Reduce variance in meal costs among AAAs.
- Maintain at least 95% of 2,400 cases per month for *My Groceries to Go!* Commodities Supplemental Food Program.
- Expand *My Groceries to Go!* to multiple jurisdictions.

Goal 4: Finance and coordinate high quality services that support individuals with long term needs in a home or community setting.

Objective 4.1: Build a self-sustaining Person-Centered Planning training by leveraging the federally-approved curriculum and State-developed collateral topics into a professional training center with fee-based courses.

Strategies:

- Research existing private pay programs offering similar trainings to ensure market capacity and need.
- Offer courses in multiple formats.
- Develop a pricing structure that will sustain the costs related to the trainings.
- Identify and reach professional staff who may be interested in improving skills related to supporting client self-direction.
- Offer a continuing series of free online trainings for those who complete the training.

Objective 4.2: Identify and develop programs, services, and options at various pricing levels to serve individuals accessing MAP who are ineligible for public services.

Strategies:

- Develop Options Counseling as a stand-alone fee-based service.
- Create a pricing structure with a menu of long term services that will support individuals of all income levels who are receiving Options Counseling.
- Use a public-private partnership to study the feasibility of buy-in options and bulk-purchasing to offer lower cost services and goods to individuals creating service plans through the Options Counseling process.
- Develop marketing and outreach campaign to educate individuals who are ineligible for public programs about these services.
- Contract directly with health systems to support individuals transitioning back to their home or community.

Objective 4.3: Expand home and community based programs for veterans.

Strategies:

- Recruit additional Maryland counties to provide the Veteran Directed Home and Community Based Services (VD-HCBS) program to veterans in their jurisdiction.
- Promote Options Counseling upon interaction with veterans to promote self-direction and person-centered planning and move away from traditional case management.
- Coordinate among all aging-network programs to provide targeted outreach to veterans.

Objective 4.4: Improve operational efficiencies and establish evidence-based standards in state funded home and community based programs.

Strategies:

- Explore cost effective mechanisms that will increase the capacity to serve growing number of program participants.
- Develop program-specific measures that demonstrate the programs' effectiveness in keeping individuals in the community and avoiding costly institutionalization.
- Standardize the assessment process for participant enrollment through the implementation of the InterRAI Level 1 screening tool.
- Study cost sharing options to expand the program.

Objective 4.5: Develop a Medication Management program that will support older adults living independently.

- Research existing Medication Management programs.
- Conduct pilot programs in various areas of the state.
- Provide training for volunteers to assist participants in their own homes.

Performance Measures, Goal 4:

- Encourage community based service coordination that connects a large concentration of low-income older adult immigrants facing problems of declining health, isolation, and financial hardship and language barriers.
- Ensure awareness of service supports that include information and assistance, assessment, case management, and advocacy.
- Extend the current agreement with the Perry Point VA Medical Center and enter into new contracts with the Martinsburg and Washington, DC VA Medical Centers.
- Increase the number of veterans enrolled in the VD-HCBS programs
- Implement cost sharing programs for MDoA means-tested home and community based programs.
- Implement the InterRAI Level 1 screening tool for MDoA means-tested home and community based programs, including Senior Care, Senior Assisted Living Group Home Subsidy, and Congregate Housing Services Program.

Goal 5: Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

Objective 5.1: Strengthen relationships with current state and local partners.

Strategies:

- Continue working with a number of state and local agencies to expand outreach, ensure access to their programs and services, and make policy recommendations as appropriate or necessary.
- Evaluate the efficacy of current commissions, task forces and work groups.
- Convene key stakeholders and potential partners to identify potential revenue streams.
- Coordinate with agencies and organizations that assist long-term care residents with addressing their individual and common concerns.
- Work with long term care facility staff to promote individualized, person-centered care to improve the quality of life of residents.
- Continue partnering with non-profit entities that serve older adults through professional development and state and federally funded programs.

Objective 5.2: Engage local hospital systems and other healthcare providers to coordinate post hospitalization services.

Strategies:

- Support local efforts to place MAP specialists in hospital settings.
- Train hospital staff on services and programs available in the community.
- Engage in building best practices for discharge and care plan development.
- Engage hospital administration in developing best practices to support high need, high cost population.
- Work with the Health Services Cost Review Commission to ensure the unique needs of older adults and individuals with disabilities are considered.

Objective 5.3: Establish vibrant partnerships with local higher education institutions to utilize expert knowledge to support the next generation of older adults.

Strategies:

- Coordinate with community colleges and vocational programs to promote and encourage training in the aging field including caregiving, medication management, and community health.
- Utilize the knowledge of local researchers to develop and improve programs and services to keep older adults healthy and independent.

Performance Measures, Goal 5:

- A shared understanding of the network's definition and expectations of person-centered care.
- Establish a training model for hospital discharge planners and other key staff.
- Increase participant enrollment in evidence-based health promotion and disease prevention programs.
- Decrease the number of hospital readmissions through partnerships between the Aging Network and hospitals.
- Annually review boards, commissions, and task forces to ensure efficient use of staff resources.
- Increase the number of qualified caregivers through partnerships with higher education institutions.

INTRASTATE FUNDING FORMULA (IFF)

Requirement:

OAA, Sec. 305(a)(2)

"States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

Following the guidelines of the Older Americans Act, as amended, the Maryland Department of Aging's formula is based on the AAAs population of low income and minority older adults. The formula is applied using the most recent census data from the American Community Survey Special Tabulation on Aging retrieved from the Administration for Community Living.

In allocating Older Americans Act funds to the State's 19 AAAs, the Maryland Department of Aging will use the 45-45-10 funding formula weights as follows:

- 45 percent weight to a jurisdiction's relative share of the State's total elderly population;
- 45 percent weight to a jurisdiction's relative share of the State's total low-income elderly population;
- 10 percent weight to a jurisdiction's relative share of the State's total low-income, minority population;

A base of \$125,000 for each jurisdiction is used for allocating Title IIIB, IIIC1, IIIC2, and IIIE funds and a base of \$9,000 is used in allocating Title IIID funds. These bases act as an equalizer for rural jurisdictions with low populations.

This funding formula appears in previous State Plans and was approved by the Assistant Secretary of Aging.

State Hold Harmless Funding

State Hold Harmless funding determinations were revised for FY 2016 to reflect the difference in Older Americans Act funding due to population changes. For FY 2016, each AAA which lost funds between the FY 2016 anticipated allocation and FY 2015 allocation received the difference through a State Hold Harmless allocation. The Department will continue this methodology in future years.

FY 2017 Estimated Federal Older Americans Act Allocations

	Title IIB	Title IIC1	Title IIC2	Title IID	Title IIIE	Title VII Omb.	Title VII Elder Abuse	TOTAL
Total per Title	\$5,354,597	\$7,086,326	\$3,674,145	\$337,509	\$2,369,963	\$357,116	\$102,645	\$19,282,301

AAA/County	IIB (Supportive Services)	IIC1 (Congregate Meals)	IIC2 (Home Delivered Meals)	IID (Evidence Based Health Promotion)	IIIE (National Family Caregiver Support Program)	VII (Ombudsman)	VII (Elder Abuse Prevention)	Total
Allegany	\$ 96,967	\$ 128,327	\$ 66,535	\$ 9,000	\$ 42,918	\$ 8,194	\$ 2,355	\$ 354,296
Anne Arundel	\$ 407,228	\$ 538,929	\$ 279,426	\$ 19,465	\$ 180,240	\$ 26,257	\$ 7,547	\$ 1,459,092
Baltimore City	\$ 1,017,365	\$ 1,346,391	\$ 698,082	\$ 43,573	\$ 450,289	\$ 43,677	\$ 12,554	\$ 3,611,930
Baltimore Co	\$ 774,536	\$ 1,025,028	\$ 531,460	\$ 33,978	\$ 342,812	\$ 65,916	\$ 18,946	\$ 2,792,678
Calvert	\$ 60,860	\$ 80,542	\$ 41,760	\$ 9,000	\$ 26,937	\$ 3,184	\$ 915	\$ 223,197
Carroll	\$ 130,458	\$ 172,649	\$ 89,516	\$ 9,000	\$ 57,741	\$ 13,048	\$ 3,750	\$ 476,163
Cecil	\$ 86,559	\$ 114,553	\$ 59,394	\$ 9,000	\$ 38,311	\$ 5,295	\$ 1,522	\$ 314,634
Charles	\$ 105,230	\$ 139,262	\$ 72,205	\$ 9,000	\$ 46,575	\$ 6,743	\$ 1,938	\$ 380,953
Frederick	\$ 167,584	\$ 221,782	\$ 114,991	\$ 9,996	\$ 74,173	\$ 14,072	\$ 4,045	\$ 606,643
Garrett	\$ 36,615	\$ 48,456	\$ 25,124	\$ 9,000	\$ 16,206	\$ 3,309	\$ 951	\$ 139,661
Harford	\$ 185,891	\$ 246,011	\$ 127,553	\$ 10,720	\$ 82,276	\$ 11,221	\$ 3,225	\$ 666,896
Howard	\$ 180,113	\$ 238,364	\$ 123,588	\$ 10,491	\$ 79,719	\$ 15,412	\$ 4,430	\$ 652,117
MAC	\$ 237,541	\$ 314,364	\$ 162,992	\$ 36,000	\$ 105,136	\$ 15,782	\$ 4,536	\$ 876,351
Montgomery	\$ 822,696	\$ 1,088,765	\$ 564,507	\$ 35,881	\$ 364,128	\$ 56,643	\$ 16,281	\$ 2,948,902
Prince George's	\$ 649,962	\$ 860,167	\$ 445,982	\$ 29,056	\$ 287,676	\$ 37,537	\$ 10,789	\$ 2,321,169
Queen Anne's	\$ 42,664	\$ 56,461	\$ 29,274	\$ 9,000	\$ 18,883	\$ 1,736	\$ 499	\$ 158,517
St. Mary's	\$ 73,480	\$ 97,244	\$ 50,419	\$ 9,000	\$ 32,522	\$ 6,492	\$ 1,866	\$ 271,023
Upper Shore	\$ 127,662	\$ 168,949	\$ 87,597	\$ 27,000	\$ 56,504	\$ 8,892	\$ 2,556	\$ 479,160
Washington	\$ 151,187	\$ 200,082	\$ 103,740	\$ 9,349	\$ 66,916	\$ 13,706	\$ 3,939	\$ 548,919
Total	\$5,354,597	\$7,086,326	\$3,674,145	\$337,509	\$2,369,963	\$357,116	\$102,645	\$19,282,301
MAC	\$ 237,541	\$ 314,364	\$ 162,992	\$ 36,000	\$ 105,136	\$ 15,782	\$ 4,536	\$ 876,351
Dorchester	\$ 43,420	\$ 57,462	\$ 29,793	\$ 9,000	\$ 19,218	\$ 2,651	\$ 762	\$ 162,306
Somerset	\$ 36,209	\$ 47,919	\$ 24,845	\$ 9,000	\$ 16,026	\$ 2,158	\$ 620	\$ 136,778
Wicomico	\$ 90,833	\$ 120,209	\$ 62,326	\$ 9,000	\$ 40,203	\$ 7,236	\$ 2,080	\$ 331,886
Worcester	\$ 67,079	\$ 88,773	\$ 46,027	\$ 9,000	\$ 29,689	\$ 3,737	\$ 1,074	\$ 245,380
USA	\$ 127,662	\$ 168,949	\$ 87,597	\$ 27,000	\$ 56,504	\$ 8,892	\$ 2,556	\$ 479,160
Caroline	\$ 36,209	\$ 47,919	\$ 24,845	\$ 9,000	\$ 16,026	\$ 2,553	\$ 734	\$ 137,286
Kent	\$ 36,209	\$ 47,919	\$ 24,845	\$ 9,000	\$ 16,026	\$ 2,640	\$ 759	\$ 137,399
Talbot	\$ 55,244	\$ 73,111	\$ 37,907	\$ 9,000	\$ 24,451	\$ 3,699	\$ 1,063	\$ 204,474

*Allocations are contingent upon the Maryland Department of Aging receiving a Notice of Award from the federal Administration for Community Living (ACL). Tentative allocations are based upon the total award received to date in FY 2016 and census data from the 2009-2013 American Community Survey (Census Bureau), provided by ACL.

**Titles IIID and VII are based on individual formulas.

FY 2017 AREA PLAN STATE GRANT ALLOCATIONS

AAA	Guardianship	State MAP Information & Assistance	VEPI	State Ombudsman	State Nutrition	State Hold Harmless
Allegany	\$ 17,948	\$ 20,738	\$ 8,691	\$ 25,563	\$ 56,985	\$ 2,327
Anne Arundel	\$ 12,444	\$ 69,949	\$ 36,541	\$ 82,462	\$ 128,830	\$ -
Baltimore City	\$ 199,442	\$ 193,920	\$ 91,309	\$ 137,252	\$ 600,090	\$ 66,708
Baltimore Co.	\$ 125,771	\$ 105,829	\$ 69,512	\$ 207,706	\$ 177,565	\$ 21,767
Calvert	\$ 2,282	\$ 7,284	\$ 5,450	\$ 9,984	\$ 18,140	\$ -
Carroll	\$ 21,194	\$ 22,780	\$ 11,698	\$ 40,857	\$ 47,957	\$ 10,222
Cecil	\$ 6,940	\$ 14,654	\$ 7,757	\$ 16,635	\$ 36,248	\$ -
Charles	\$ 6,375	\$ 17,234	\$ 9,433	\$ 21,224	\$ 11,466	\$ -
Frederick	\$ 15,831	\$ 28,768	\$ 15,030	\$ 43,950	\$ 61,836	\$ -
Garrett	\$ 4,258	\$ 6,028	\$ 3,274	\$ 10,325	\$ 60,325	\$ 17,031
Harford	\$ 28,674	\$ 26,458	\$ 16,673	\$ 35,296	\$ 66,685	\$ 25,404
Howard	\$ 14,984	\$ 24,438	\$ 16,155	\$ 48,499	\$ 13,900	\$ 15,625
MAC, Inc.	\$ 18,230	\$ 46,600	\$ 21,031	\$ 49,364	\$ 210,328	\$ 80,954
Montgomery	\$ 70,025	\$ 123,336	\$ 73,835	\$ 177,761	\$ 174,068	\$ -
Prince George's	\$ 58,452	\$ 87,441	\$ 58,330	\$ 118,595	\$ 183,124	\$ -
Queen Anne's	\$ 2,565	\$ 7,613	\$ 3,817	\$ 5,445	\$ 23,476	\$ -
St. Mary's	\$ 9,762	\$ 9,680	\$ 6,583	\$ 20,237	\$ 48,387	\$ 1,997
USA, Inc.	\$ 13,149	\$ 21,030	\$ 10,077	\$ 27,848	\$ 75,880	\$ 14,176
Washington	\$ 12,867	\$ 31,220	\$ 13,558	\$ 42,797	\$ 75,637	\$ -
Total	\$ 641,192	\$ 865,000	\$ 478,756	\$ 1,121,801	\$ 2,070,929	\$ 256,211

Maryland's Area Agencies on Aging

Allegany County

Human Resources Development Commission

125 Virginia Avenue
Cumberland, MD 21502
301-777-5970
Director: Renee Kniseley

Anne Arundel County

Department of Aging and Disabilities

2666 Riva Road
Annapolis, MD 21401
410-222-4464
Director: Pam Jordan

Baltimore City

Division of Aging and Care Services

417 East Fayette Street
Baltimore, MD 21202
410-396-4932
Director: Heang Tan

Baltimore County

Department of Aging

611 Central Avenue
Towson, MD 21204
410-887-2594
Director: Joanne Williams

Calvert County

Office on Aging

450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606
Director: Susan Justice

Caroline, Kent, Talbot Counties

Upper Shore Aging, Inc.

100 Schaubert Road
Chestertown, MD 21620
410-778-6000
Director: Gary Gunther

Carroll County

Bureau of Aging and Disabilities

125 Stoner Avenue
Westminster, MD 21157
410-386-3800
Director: Christine Kay

Cecil County

Senior Services and Community Transit of Cecil County

200 Chesapeake Boulevard, Suite 2550
Elkton, MD 21921
410-996-5295
Director: David Trolio

Charles County

Aging and Senior Programs

8190 Port Tobacco Road
Port Tobacco, MD 20677
301-934-9305
Director: Dina Barclay

Dorchester, Somerset, Wicomico,

Worcester

MAC, Inc.

909 Progress Circle
Salisbury, MD 21804
410-742-0505
Director: Margaret "Peggy" Bradford

Frederick County

Department of Aging

1440 Taney Avenue
Frederick, MD 21702
301-600-1605
Director: Carolyn True

Garrett County

Area Agency on Aging

104 East Center Street
Oakland, MD 21550
301-334-9431
Director: Pam Hageman

Harford County Office on Aging

145 North Hickory Avenue
Bel Air, MD 21014
410-638-3025
Director: Karen Winkowski

Howard County

Office on Aging

6751 Columbia Gateway Dr, 2nd Floor
Columbia, MD 21046
410-313-6410
Director: Starr Sowers

Montgomery County

Department of Health and Human Services

401 Hungerford Drive, 3rd Floor
Rockville, MD 20850
240-777-3000
Director: Odile Brunetto

Prince George's

Department of Family Services

6420 Allentown Road
Camp Springs, MD 20748
301-265-8450
Director: Theresa Grant

Queen Anne's County

Area Agency on Aging

104 Powell Street
Centerville, MD 21617
410-758-0848
Director: Cathy Willis

St. Mary's County

Department of Aging & Human Services

41780 Baldrige Street
Leonardtwn, MD 20650
301-475-4200
Director: Lori Jennings-Harris

Washington County

Commission on Aging

535 E. Franklin Street
Hagerstown, MD 21740
301-790-0275
Director: Amy Olack

Maryland Senior Centers

Allegany County

Cumberland Senior Center

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

Georges Creek Senior Center

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

Frostburg Senior Center

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

Westernport Senior Center

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

Anne Arundel County

Annapolis Senior Center

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

Pasadena Senior Center

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

Arnold Senior Center

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

Pascal Senior Center

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

Brooklyn Park Senior Center

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

South County Senior Center

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

O'Malley Senior Center

1275 Odenton Road
Odenton, MD 21113
410-222-6227

Baltimore City

Action in Maturity

700 W. 40th Street
Baltimore, MD 21211
410-889-7915

Allen Senior Center

1401 Towson Street
Baltimore, MD 21230
410-685-6224

Forest Park Senior Center

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

Greenmount Senior Center

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

Harford Senior Center

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

Hatton Senior Center

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

John Booth Senior Center

2601-A E. Baltimore Street
Baltimore, MD 21224
410-396-8067

Cherry Hill – Rowing Center

3301 Waterview Ave.
Baltimore, MD 21230
410-396-2920

Myerberg Center

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

Oliver Senior Center

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

Sandtown Winchester Senior Center

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

Senior Network of North Baltimore

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

Waxter Center for Senior Citizens

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

Zeta Center for Health & Active Aging

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

Baltimore County**Arbutus Senior Center**

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

Ateaze Senior Center

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

Bykota Senior Center

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

Catonsville Senior Center

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

Cockeysville Senior Center

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

Edgemere Senior Center

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

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

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

Hereford Senior Center
510 Monkton Road
Summit Manor 2nd Floor
Hereford, MD 21111
410-887-1923

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

Liberty Senior Center
3525 Resource Drive
Randallstown, MD 21133
410-887-0780

Overlea Fullerton Senior Center
4314 Fullerton Ave.
Baltimore, MD 21236
410-887-5220

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

Parkville Senior Center
8601 Harford Road
Baltimore, MD 21234
410-887-5388

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

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

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

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

Victory Villa Senior Center
403 Compass Road
Baltimore, MD 21220
410-887-0235

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

Calvert County

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

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

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

Caroline County

Caroline Senior Center

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

Federalsburg Senior Center

118 N. Main Street
Federalsburg, MD 21632
410-754-9754

Carroll County

Mt. Airy Senior Center

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

South Carroll Senior Center

5928 Mineral Hill Road
Eldersburg, MD 21784
410-386-3700

North Carroll Senior Center

2328 Hanover Pike
Hampstead, MD 21074
410-386-3900

Taneytown Senior Center

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

Westminster Senior Center

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

Cecil County

Elkton Center

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

Charles County

Indian Head Senior Center

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

Richard R. Clark Senior Center

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

Nanjemoy Community Center

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

Waldorf Senior Center

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

Dorchester County

MAC Senior Center

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

North Dorchester MAC Senior Center

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

Frederick County

Brunswick Senior Center

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

Frederick Senior Center

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

Emmitsburg Senior Center

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

Urbana Senior Center

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

Garrett County

Flowery Vale Health & Wellness Center

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

Mary Browning Senior Center

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

Grantsville Senior Center

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

Friendsville Senior Center

947 Community Drive
Friendsville, MD 21531
301-746-5300

Harford County

Aberdeen Senior Center

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

Havre de Grace Senior Center

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

Edgewood Senior Center

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

Highland Senior Center

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

Bel Air/McFaul Activity Center

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

Veronica "Roni" Chenowith Fallston Activity Center

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

Howard County

Bain Center

5470 Ruth Keeton Way
Columbia, MD 21044
410-313-7213

Ellicott City 50+ Center

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

East Columbia 50+ Center

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

Glenwood 50+ Center

2400 Route 97
Cooksville, MD 21723
410-313-5440

Elkridge 50+ Center

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

Longwood 50+ Center

6150 Foreland Garth
Columbia, MD 21045
410-313-7217

North Laurel 50+ Center

9411 Whiskey Bottom Road
Laurel, MD 20723
410-313-0380

Kent County

Amy Lynn Ferris Adult Activity Center

200 Schaubert Road
Chestertown, MD 21620
410-778-2564

Montgomery County

Damascus Senior Center

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

Holiday Park Senior Center

3950 Ferrara Drive
Wheaton, MD 20906
240-777-4999

Gaithersburg/Upcounty Senior Center

80-A Bureau Drive
Gaithersburg, MD 20878
301-258-6380

Long Branch Senior Center

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

Margaret Schweinhaut Senior Center

1000 Forest Glen Road
Silver Spring, MD 20901
240-777-8085

White Oak Senior Center

1700 April Lane
Silver Spring, MD 20904
240-777-6940

Rockville Senior Center

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

North Potomac Senior Center

13860 Travilah Road
Rockville, MD 20850
240-777-4925

Prince George's County

Bowie Senior Center

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

Gwendolyn Britt Senior Activity Center

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

Camp Springs Senior Activity Center

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

John Edgar Howard Senior Center

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

Evelyn Cole Senior Center

5702 Addison Road
Seat Pleasant, MD 20743
301-386-5525

Langley Park Senior Activity Center

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

Greenbelt Senior Center

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

Laurel-Beltsville Senior Activity Center

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

Queen Anne's County

Grasonville Senior Center

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

Sudlersville Senior Center

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

Kent Island Senior Center

891 Love Point Road
Stevensville, MD 21666
410-604-3801

St. Mary's County

Garvey Senior Activity Center

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

Northern Senior Activity Center

29655 Charlotte Hall Road
Charlotte Hall, MD 20622
301-475-4002, ext. *3101

Loffler Senior Activity Center

21905 Chancellor's Run Road
Great Mills, MD 20634
301-737-5670, ext. 1658

Somerset County

Somerset Senior Center

8928 Sign Post Road
Westover, MD 21871
410-651-3400

Deal Island Senior Center

23275 Lola Wheatley Road
Deal Island, MD 21821
410-651-3400

Talbot County

Talbot Senior Center

400 Brookletts Avenue
Easton, MD 21601
410-822-2869

Washington County

Washington County Senior Activity Center

535 East Franklin Street
Hagerstown, MD 21740
410-742-0505

Wicomico County

Lucille Tull Dulany Senior Center

909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 166

Worcester County

Northern Worcester County MAC Senior Center

10129 Old Ocean City Blvd.
Berlin, MD 21811
410-641-0515

Pocomoke Senior Center

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

Ocean City Senior Center

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

Charles and Martha Fulton Senior Center

4767 Snow Hill Road
Snow Hill, MD 21863
410-632-1277

MARYLAND DEPARTMENT OF AGING
CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)

Asbury Methodist Village

201 Russell Avenue
Gaithersburg, MD 20877
Mr. Henry R. Moehring
Executive Director
(301) 330-3000

Asbury-Solomons Island

11100 Asbury Circle
Solomons, MD 20688
Mr. Andrew Applegate
Executive Director (410) 394-
3000

Augsburg Lutheran Home and Village

6811 Campfield Road
Baltimore, MD 21207
Mr. Glenn Scherer
Executive Director (410)
486-4573

Bayleigh Chase

501 Dutchman's Lane
Easton, MD 21601
Ms. Donna Taylor, NHA
Executive Director
(410) 822-8888

BayWoods of Annapolis

7101 Bay Front Drive
Annapolis, MD 21403
Mr. Frank McGovern
Executive Director (410) 263-
7297

Bedford Court

3701 International Drive
Silver Spring, MD 20906
Mr. Todd Margulies General
Manager (301) 598-2900

Blakehurst

1055 W. Joppa Road
Towson, MD 21204
Mr. Rob Perry
Executive Director

Broadmead

13801 York Road
Cockeysville, MD 21030
Mr. John E. Howl
Executive Director
(410) 527-1900
Fax No. (410) 527-0259

Brooke Grove

18100 Slade School Road
Sandy Spring, MD 20860
Ms. Eileen Alexander
Executive Director (301)
924-2811

Buckingham's Choice

3200 Baker Circle
Adamstown, MD 21701
Mr. Michael Conord
Executive Director
(301) 874-5630

Carroll Lutheran Village

300 St. Luke Circle
Westminster, MD 21158
Ms. Laura Sinnott
Executive Director
(410) 848-0090

Charlestown Retirement Community

715 Maiden Choice Lane
Catonsville, MD 21228
Ms. Clara Parker
Executive Director
(410) 247-3400 Ext. 8119

Collington Episcopal Life Care Community

10450 Lottsford Road
Mitchellville, MD 20721
Mr. Marvell Adams
Executive Director
(301) 925-9610

Diakon – Maryland

Ravenwood Campus
1183 Luther Drive
Hagerstown, MD 21740
Ms. Jodi Murphy
Executive Director
(240) 420-4119

Robinwood Campus

19800 Tranquility Circle
Hagerstown, MD 21742
Ms. Jodi Murphy
Executive Director
(800) 540-6285

Edenwald

800 Southerly Road
Towson, MD 21286
Mr. Sal Molite
Executive Director
(410) 339-6000

Fahrney-Keedy

8507 Mapleville Road
Boonsboro, MD 21713-1818
Mr. Stephen Coetzee
President/CEO
(301) 733-6284

Fairhaven

7200 Third Avenue
Sykesville, MD 21784
Mr. Robert Hays
Executive Director
(410) 795-8800

Friends House Retirement Community

17340 Quaker Lane
Sandy Spring, MD 20860
Mr. Kevin Harrington
Executive Director
(301) 924-5100

Ginger Cove

Annapolis Life Care
4000 River Crescent Drive
Annapolis, MD 21401
Dr. Edgar E. Mallick, Jr.
Executive Director
(410) 266-7300

Glen Meadows Retirement Community

11630 Glen Arm Road
Glen Arm, MD 21057
Mr. Pete Dabbenigno
Executive Director
(410) 592-5310

Goodwill Retirement Village

891 Dorsey Hotel Road
Grantsville, MD 21536
Mr. Kevin Miller
Executive Director
(301) 895-5194

Heron Point of Chestertown

501 Campus Avenue
Chestertown, MD 21620
Mr. Garret A. Falcone
Executive Director
(410) 778-7300

Home for the Aged - Frederick

115 Record Street
Frederick, MD 21701
Mr. Kevin M. Quirk
General Manager
(301) 663-682

Homewood at Williamsport

16505 Virginia Avenue
Williamsport, MD 21795
Mr. J. Richard Lenehan
Executive Director
(301) 582-1472

Ingleside at King Farm

701 King Farm Boulevard
Rockville, MD 20850
Ms. Christine L. Podles
Executive Director
(240) 499-9031

Maplewood Park Place

9707 Old Georgetown Road
Bethesda, MD 20814
Mr. Scott McAlister
General Manager
(301) 571-7400

Maryland Masonic Homes

300 International Circle
Cockeysville, MD 21030
Ms. Tammie Houck
Executive Director
(410) 527-1111

Mercy Ridge

2525 Pot Spring Road
Timonium, MD 21093
Mr. Thomas E. Clements
Executive Director
(410) 561-0200

National Lutheran Home & Village at Rockville

9701 Veirs Drive
Rockville, MD 20850
Mr. Jason Gottschalk
Executive Director
(301) 424-9560

North Oaks

725 Mount Wilson Lane
Pikesville, MD 21208
Mr. Mark Pressman
Executive Director
(410) 484-7300

Oak Crest Village

8800 Walther Boulevard
Parkville, MD 21234
Mr. Gary Hibbs
Executive
Director (410)
665-1000

Presbyterian Home of Maryland

400 Georgia Avenue
Towson, MD 21204
Ms. Susan F.
Shea Executive
Director (410)
823-4622

Riderwood Village

3150 Gracefield Road
Silver Spring, MD 20904
Mr. Chip Warner
Executive
Director (301)
572-8316

Roland Park Place

830 W. 40th Street
Baltimore, MD 21211
Ms. Teresa Snyder
President
(410) 243-5800

Vantage House

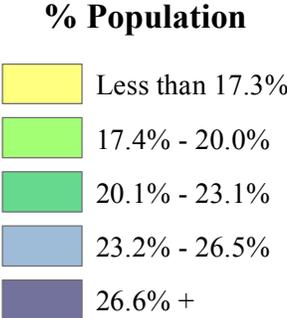
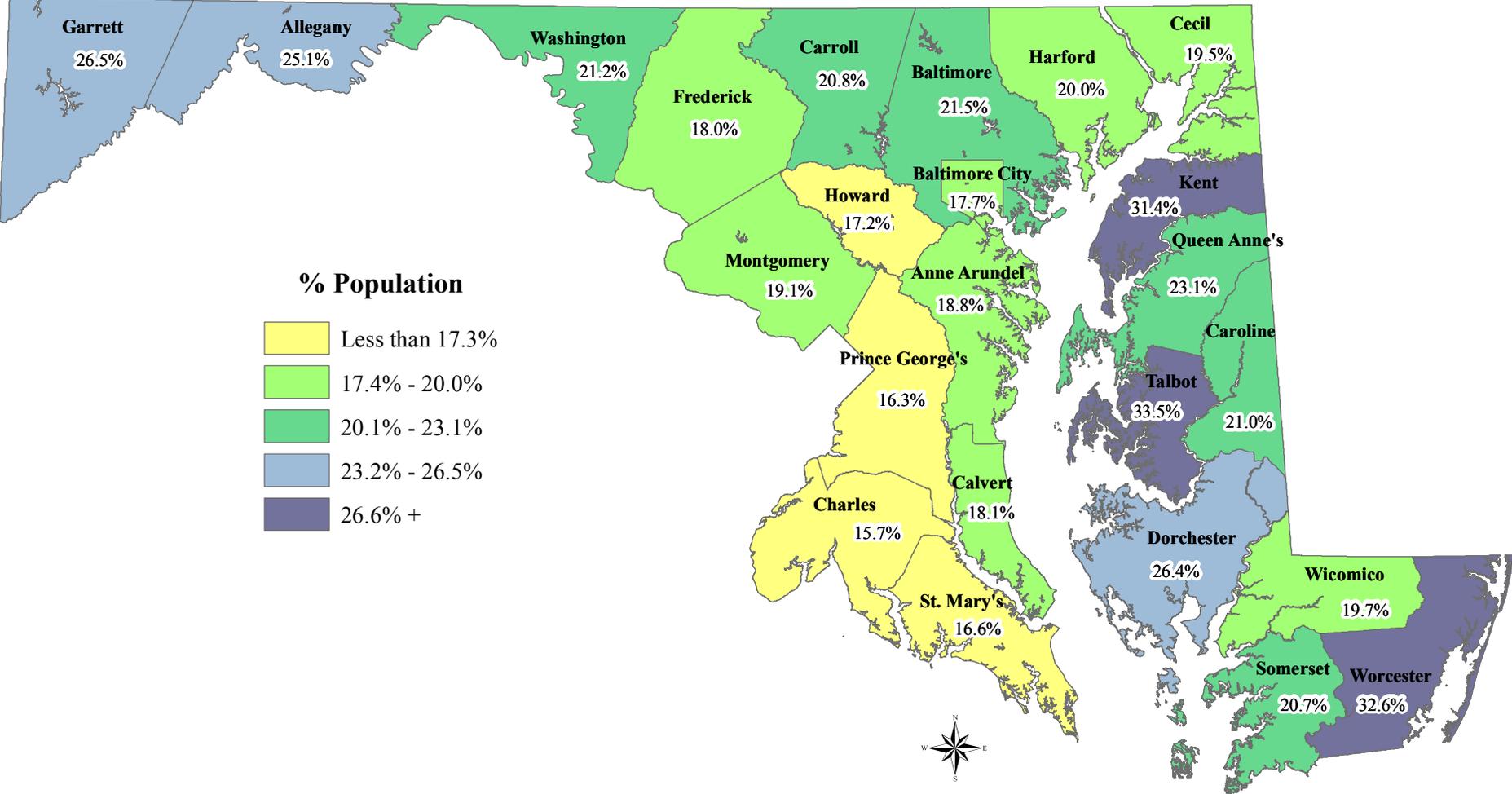
5400 Vantage Point Road
Columbia, MD 21044
Meriann Ritacco
Executive Director
(410) 964-5454

Under Construction – Opening 2016

Lutheran Village at Miller's Grant

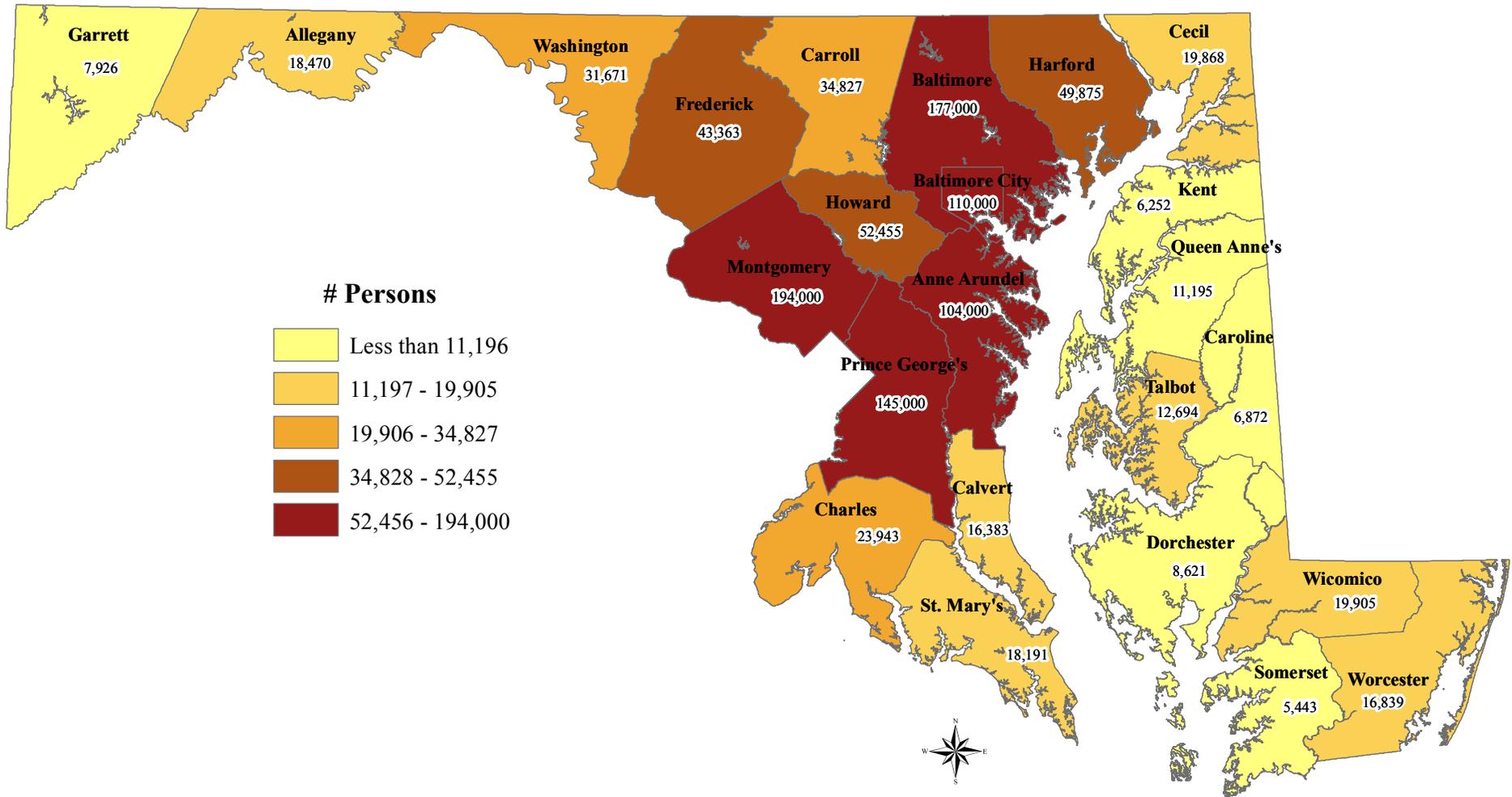
9531 Frederick Road
Ellicott City, MD 21042

2013 Estimates of Percent Population 60 and Older for Maryland's Jurisdictions



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

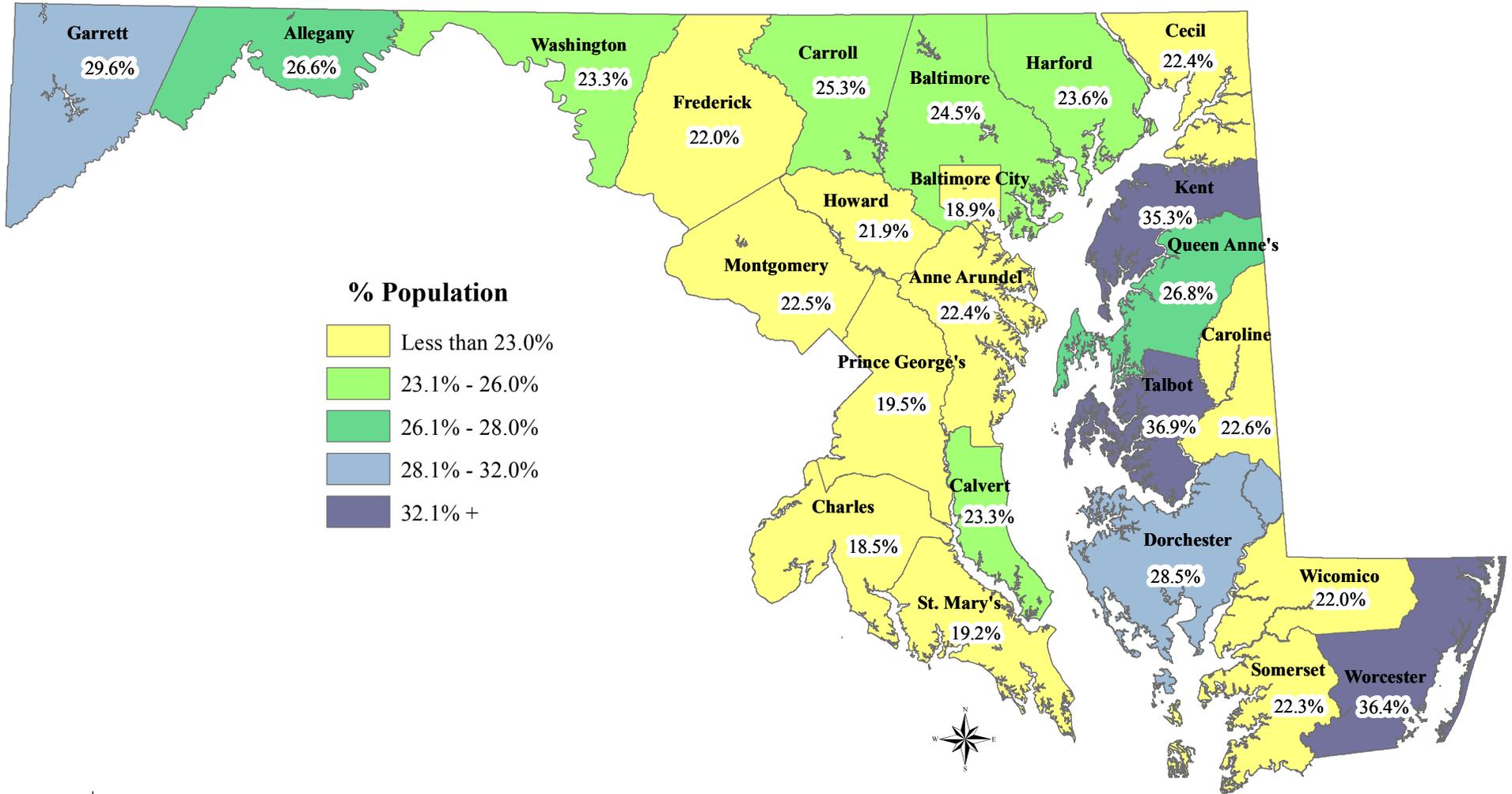
2013 Estimates of Persons 60 and Older for Maryland's Jurisdictions



Source: U.S. Census Bureau, Population Division

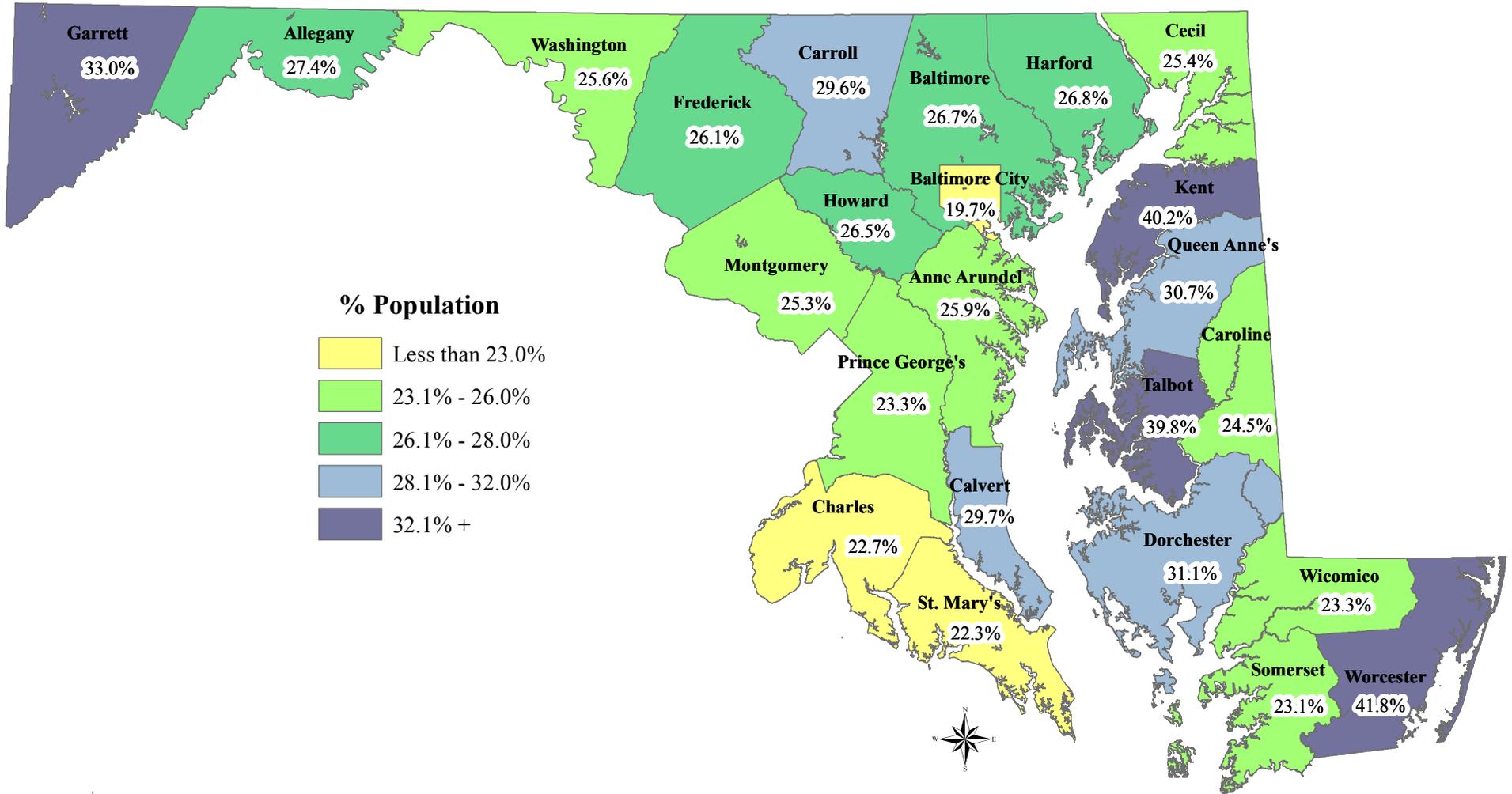
Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

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

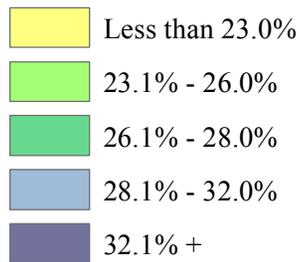


Source: Projections from the Maryland Department of Planning.
 Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

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



% Population



Public Comment

To assist in the development of the Maryland State Plan on Aging, older adults, caregivers, advocates, employers and services providers were invited to give feedback, input and comments on the draft Plan. Public input on the Plan came from Town Hall meetings, an online survey, and by email & letter.

Town Halls

Four town hall meetings were held across the state. These sessions are designed to provide an opportunity for stakeholders to offer public comment on Maryland's draft plan and general aging related matters.

May 19, 2016 - Talbot County Senior Center, 400 Brookletts Avenue, Easton, MD

May 25, 2016 - Bowie Senior Center, 14900 Health Center Drive, Bowie, MD

May 26, 2016 - Washington Co. Commission on Aging, 535 E. Franklin Street, Hagerstown, MD

June 1, 2016 - Bykota Senior Center, 611 Central Avenue, Towson, MD

At each town hall meeting, Maryland Department of Aging Secretary Rona E. Kramer welcomed participants, explained the purpose of the State Plan, and briefly discussed the importance of identifying sustainable solutions to continue to support Maryland's growing older adult population. Approximately 100 individuals attended the town hall meetings. Common topics shared by attendees included:

- Lack of qualified, trained paid caregivers
- Need for increased funding for Aging programs
- Importance of strengthening volunteer programs to improve training and retention
- Importance of maintaining the funding flexibility for Aging programs to meet the unique needs of individual communities
- Support for collaboration between jurisdictions and new partners
- Lack of reliable and affordable transportation, particularly in rural communities
- Need to improve coordination between state agencies
- Need to increase the emphasis on behavioral health for older adults and their caregivers

Public Comment Continued

Written Comments

Multiple written comments were received from other State agencies, non-profit partners, advocacy groups and interested citizens. Comments were supportive of the Department's goals and mission and urged the State to focus funding to areas with larger populations of low income older adults and to older adults without access to family caregiving. Comments also encouraged the State to work with Area Agencies on Aging to provide other resources when programs have significant waitlists.

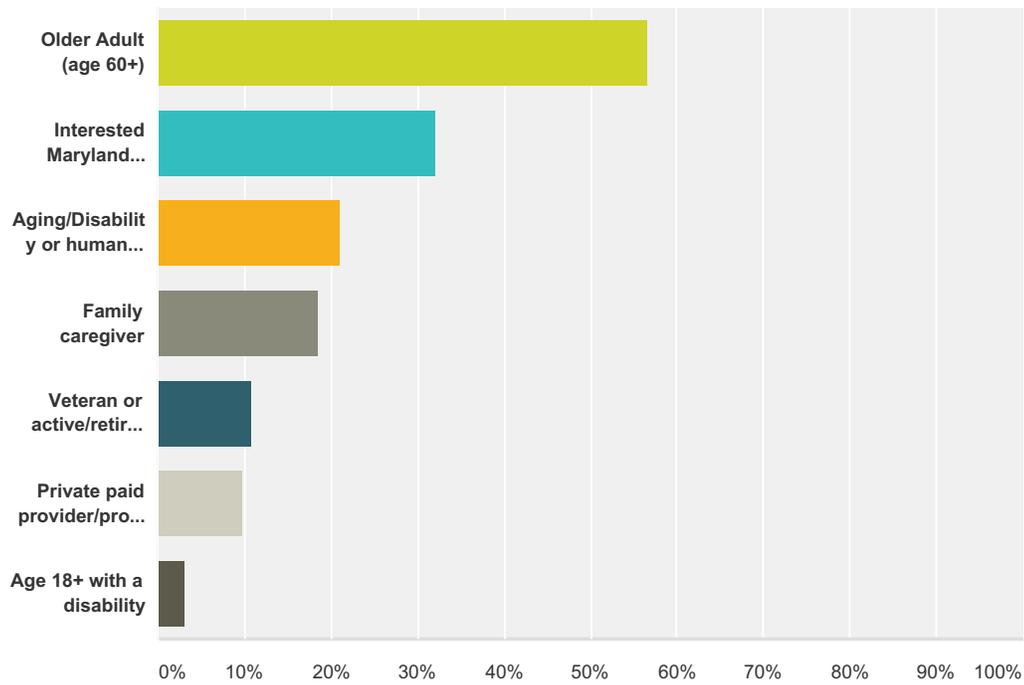
Online Survey

New for the FY 2017-2020 State Plan, the Maryland Department of Aging included an online survey to encourage more viewpoints on aging-related issues. The survey was posted to the MDoA website and shared through MDoA and partners' social media accounts. Over 1,000 responses were submitted and a snapshot is attached. Survey highlights include:

- Over 56% of the survey respondents were older adults (age 60+)
- Over half of the responses indicated that in home supports including caregiving, meals, chore services, and home modifications, would be the most helpful in allowing individuals to age in their own home.
- Inadequate savings/income is the largest concern respondents had about remaining independent as they age.
- Half of the respondents had personally or knew a loved one who had accessed aging services by a public or non-profit provider.

Q1 Please check the categories below that best apply to you.

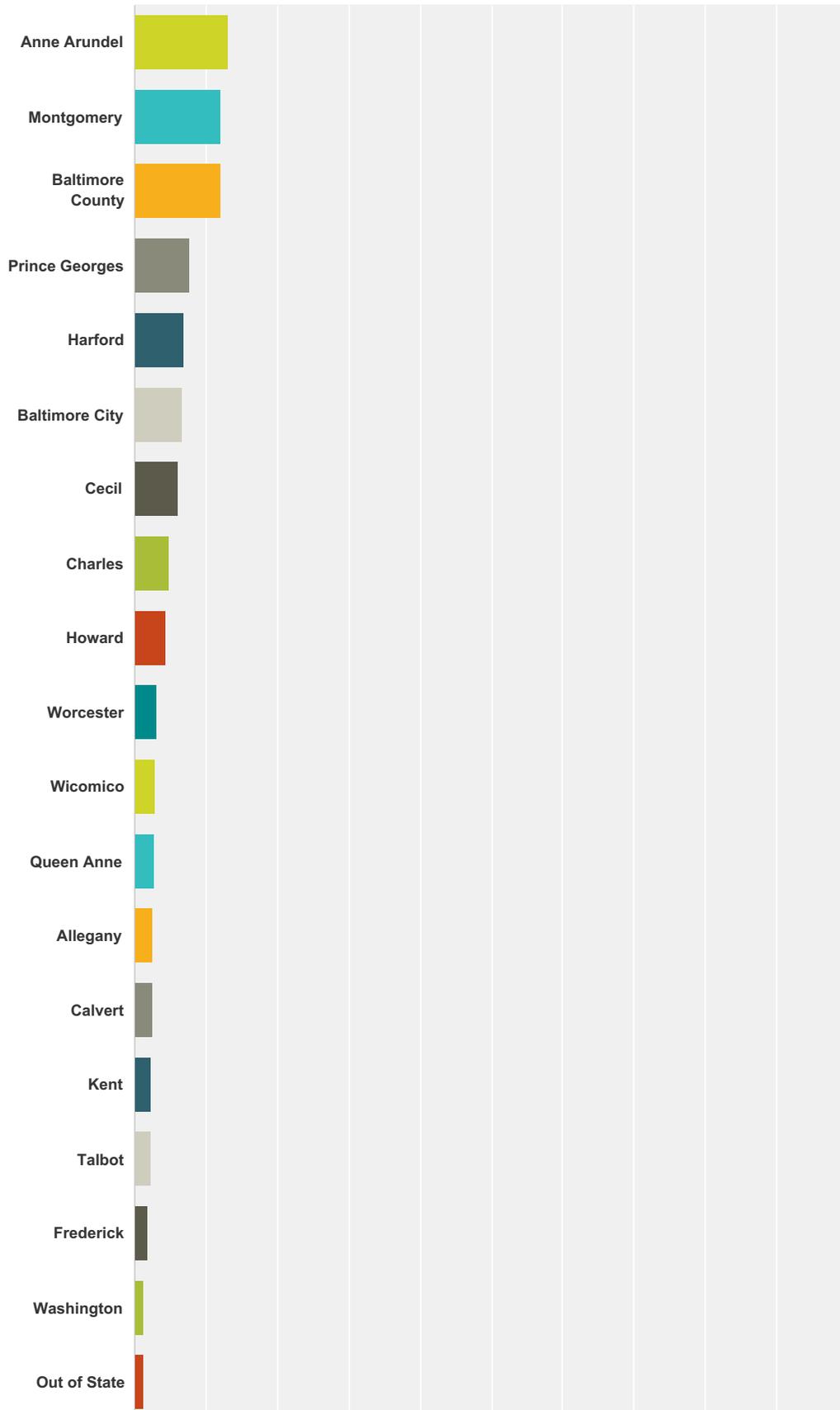
Answered: 1,037 Skipped: 0



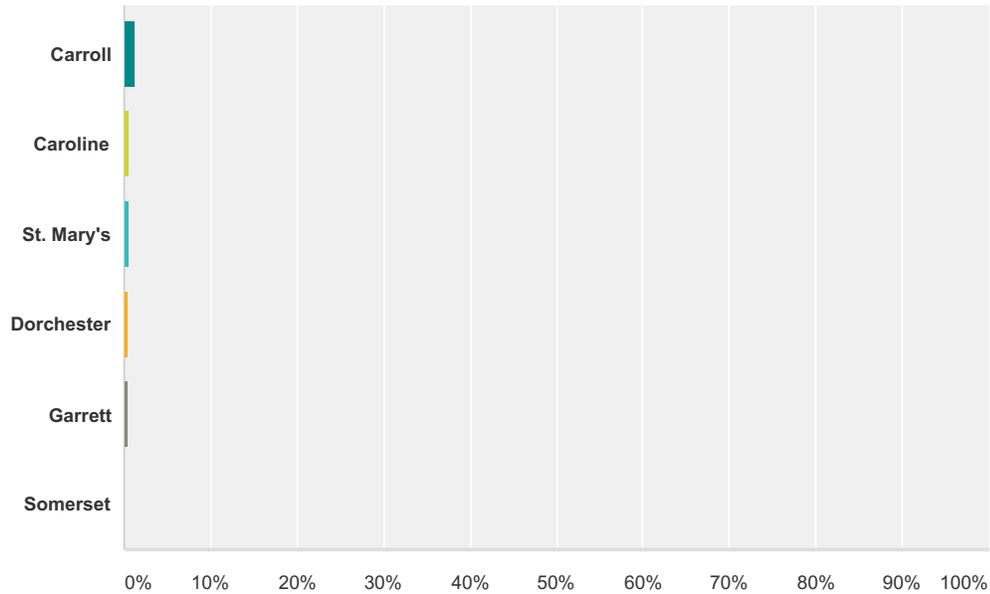
Answer Choices	Responses
Older Adult (age 60+)	56.51% 586
Interested Maryland resident	32.21% 334
Aging/Disability or human services professional (e.g. Area Agency on Aging staff, disability rights organization director)	21.02% 218
Family caregiver	18.61% 193
Veteran or active/retired military	10.90% 113
Private paid provider/professional of health, home, and/or community based services	9.74% 101
Age 18+ with a disability	3.09% 32
Total Respondents: 1,037	

Q2 Jurisdiction/County where you reside

Answered: 1,037 Skipped: 0



Department of Aging Survey for 2017-2020 State Plan



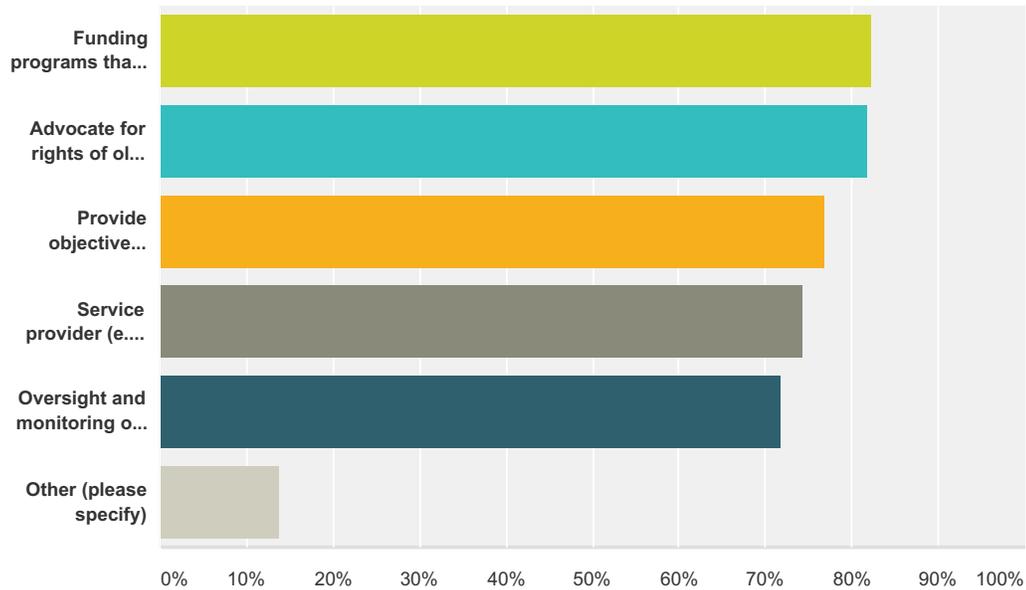
Answer Choices	Responses	
Anne Arundel	13.21%	137
Montgomery	12.15%	126
Baltimore County	12.05%	125
Prince Georges	7.71%	80
Harford	6.94%	72
Baltimore City	6.65%	69
Cecil	5.98%	62
Charles	4.82%	50
Howard	4.44%	46
Worcester	3.18%	33
Wicomico	2.89%	30
Queen Anne	2.70%	28
Allegany	2.51%	26
Calvert	2.41%	25
Kent	2.31%	24
Talbot	2.31%	24
Frederick	1.83%	19
Washington	1.35%	14
Out of State	1.25%	13
Carroll	1.25%	13
Caroline	0.58%	6

Department of Aging Survey for 2017-2020 State Plan

St. Mary's	0.58%	6
Dorchester	0.39%	4
Garrett	0.39%	4
Somerset	0.10%	1
Total		1,037

Q3 What do you believe the government’s role(s) should be in supporting older adults, individuals with disabilities, and their caregivers? Check all that apply.

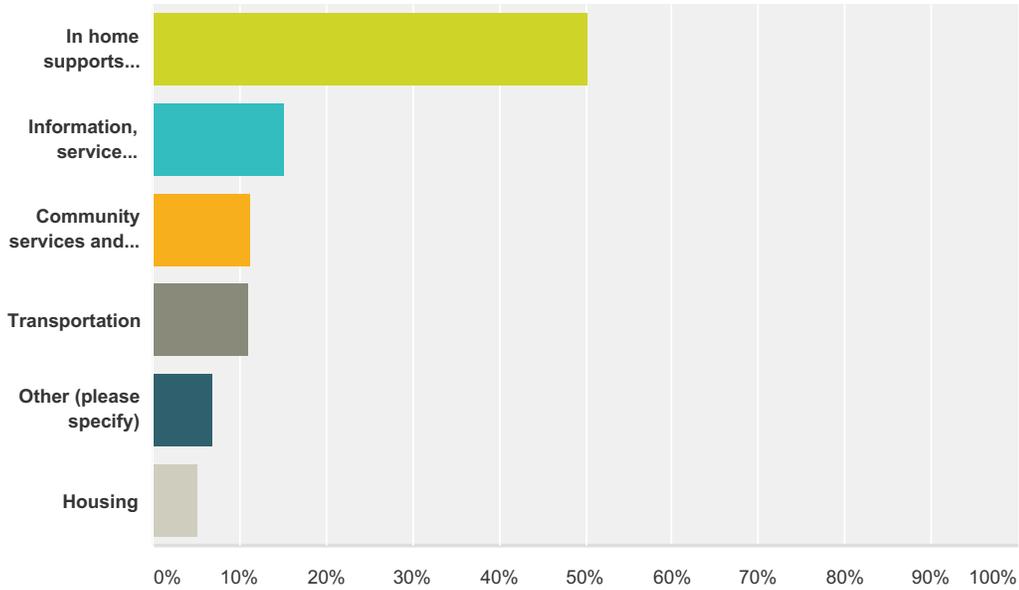
Answered: 948 Skipped: 89



Answer Choices	Responses
Funding programs that offer you aging and disability services	82.28% 780
Advocate for rights of older adults, individuals with disabilities, and family caregivers	81.75% 775
Provide objective information about resources to address your needs	76.90% 729
Service provider (e.g. home delivered meals, senior centers, educational classes, service coordination, transportation, etc.)	74.26% 704
Oversight and monitoring of public programs	71.84% 681
Other (please specify)	13.71% 130
Total Respondents: 948	

Q4 What do you think would be the most helpful in allowing you to remain in your own home as you age?

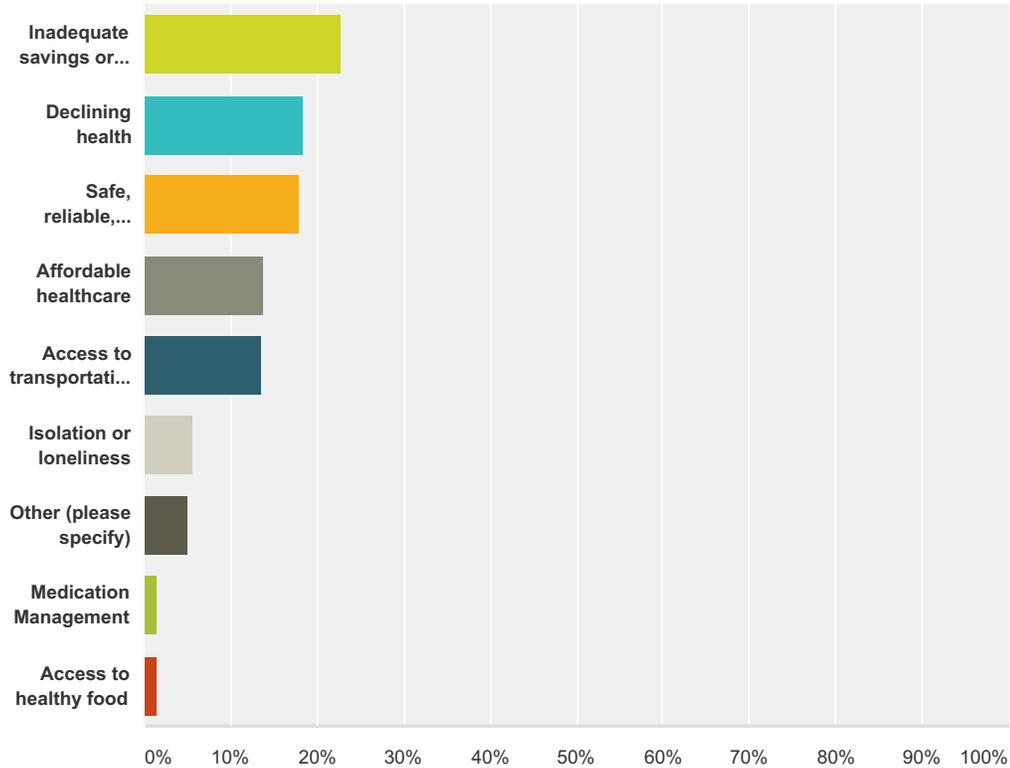
Answered: 936 Skipped: 101



Answer Choices	Responses
In home supports (caregiving, meals, chore services, home modifications)	50.32% 471
Information, service planning, and understanding my choices	15.28% 143
Community services and support (senior centers, family support)	11.32% 106
Transportation	11.00% 103
Other (please specify)	6.94% 65
Housing	5.13% 48
Total	936

Q5 What is your greatest worry/fear as you think about staying independent and in your own home as you age?

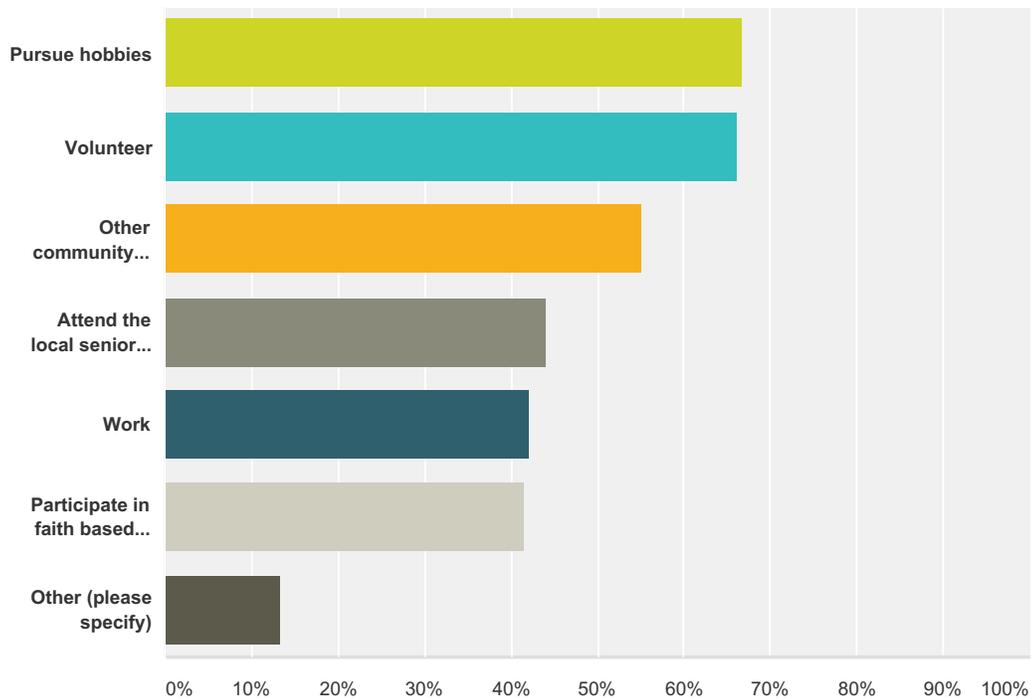
Answered: 939 Skipped: 98



Answer Choices	Responses	Count
Inadequate savings or income	22.79%	214
Declining health	18.42%	173
Safe, reliable, trustworthy caregiving	18.00%	169
Affordable healthcare	13.84%	130
Access to transportation (including being able to drive)	13.53%	127
Isolation or loneliness	5.54%	52
Other (please specify)	5.01%	47
Medication Management	1.49%	14
Access to healthy food	1.38%	13
Total		939

Q6 How do you believe you will stay active as you age? Check all that apply.

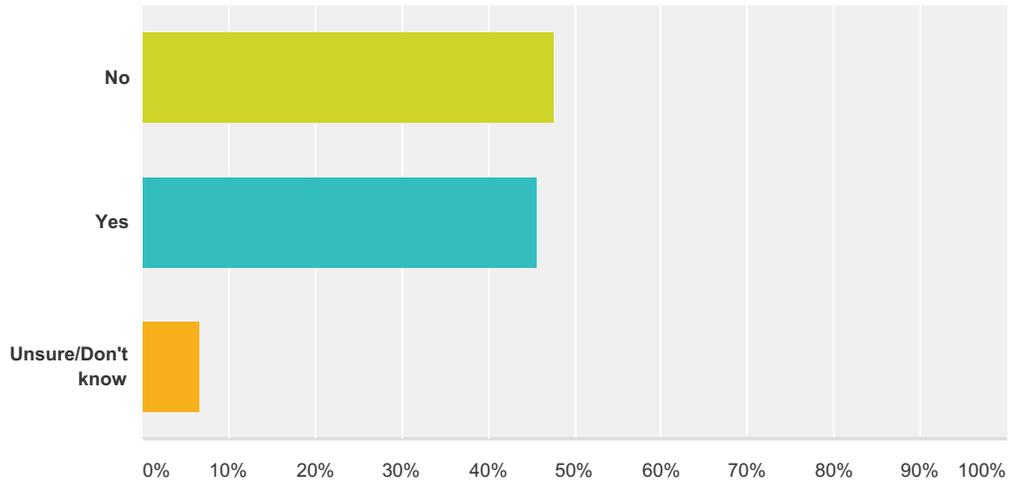
Answered: 941 Skipped: 96



Answer Choices	Responses
Pursue hobbies	66.74% 628
Volunteer	66.21% 623
Other community activities (e.g., clubs, groups)	55.15% 519
Attend the local senior center	44.00% 414
Work	42.19% 397
Participate in faith based activities	41.55% 391
Other (please specify)	13.39% 126
Total Respondents: 941	

Q7 Have you or someone you care for accessed services provided by a local Area Agency on Aging, Maryland Access Point, or a partner (Meals on Wheels, health department, social services agency, etc.)?

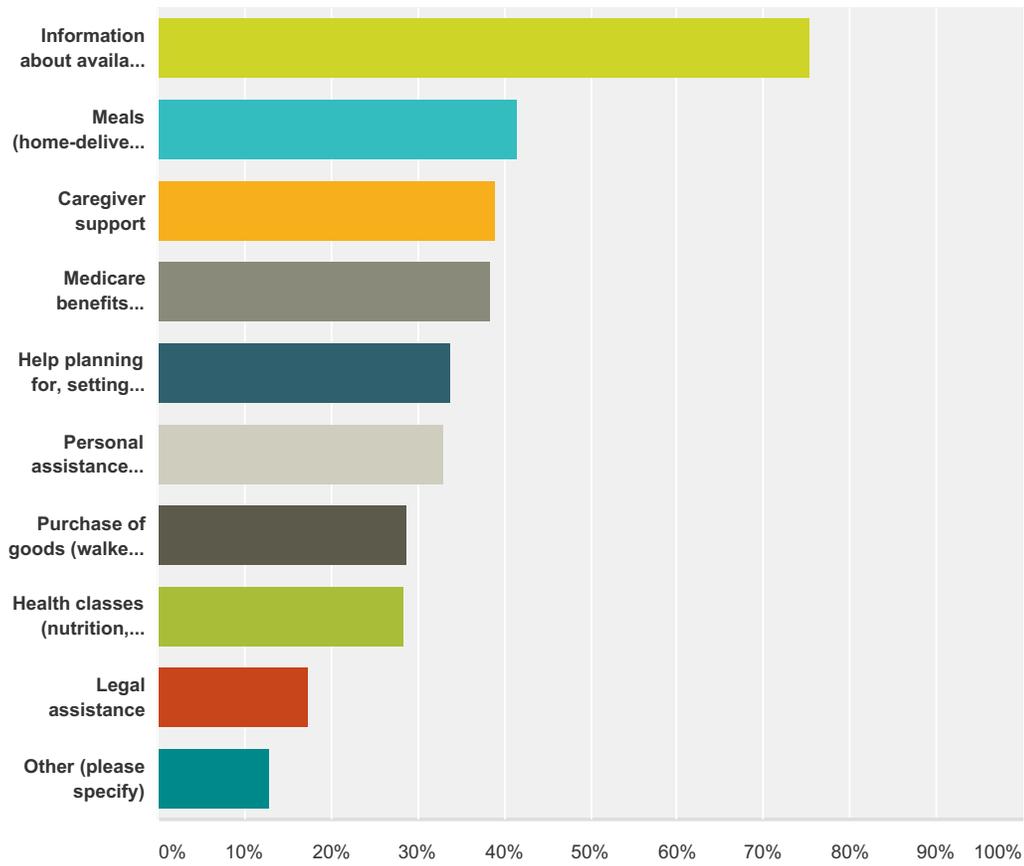
Answered: 950 Skipped: 87



Answer Choices	Responses
No	47.68% 453
Yes	45.68% 434
Unsure/Don't know	6.63% 63
Total	950

Q8 What types of services were accessed? Check all that apply.

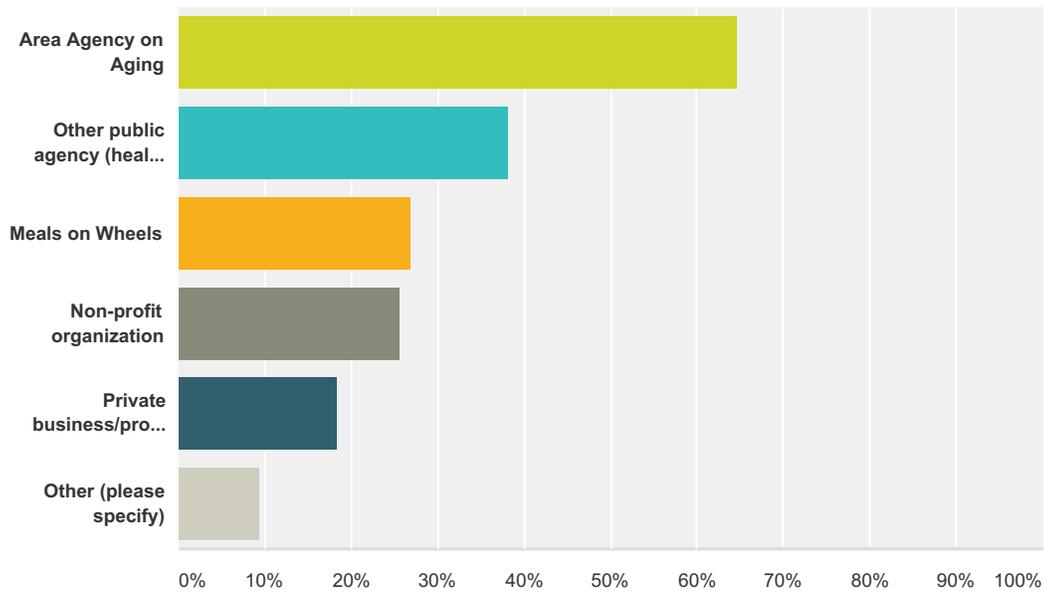
Answered: 422 Skipped: 615



Answer Choices	Responses
Information about available services and referrals	75.36% 318
Meals (home-delivered or group/congregate)	41.47% 175
Caregiver support	39.10% 165
Medicare benefits counseling or application assistance	38.39% 162
Help planning for, setting up, and managing services	33.89% 143
Personal assistance services (bathing, dressing, grooming, etc.)	32.94% 139
Purchase of goods (walker, personal emergency response system, adult diapers, etc.)	28.91% 122
Health classes (nutrition, exercise, health promotion)	28.44% 120
Legal assistance	17.30% 73
Other (please specify)	13.03% 55
Total Respondents: 422	

Q9 Who was the service provider? Check all that apply.

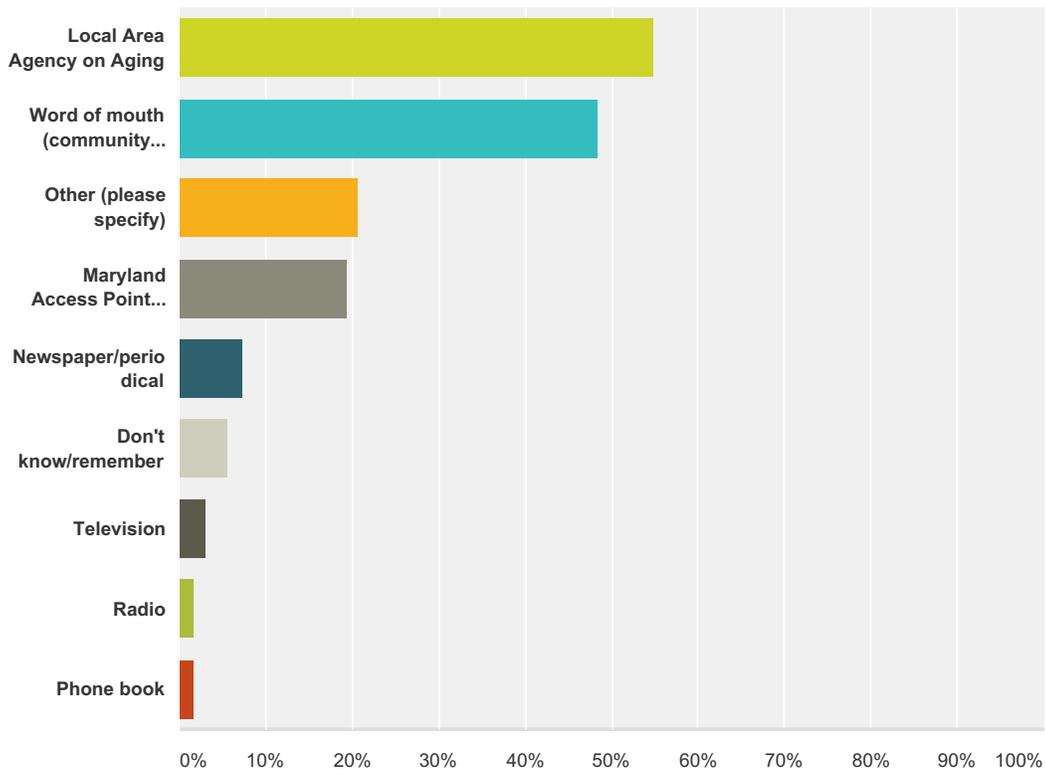
Answered: 423 Skipped: 614



Answer Choices	Responses
Area Agency on Aging	64.78% 274
Other public agency (health department, social services, etc.)	38.30% 162
Meals on Wheels	26.95% 114
Non-profit organization	25.77% 109
Private business/provider	18.44% 78
Other (please specify)	9.46% 40
Total Respondents: 423	

Q10 How did you find the service(s)? Check all that apply.

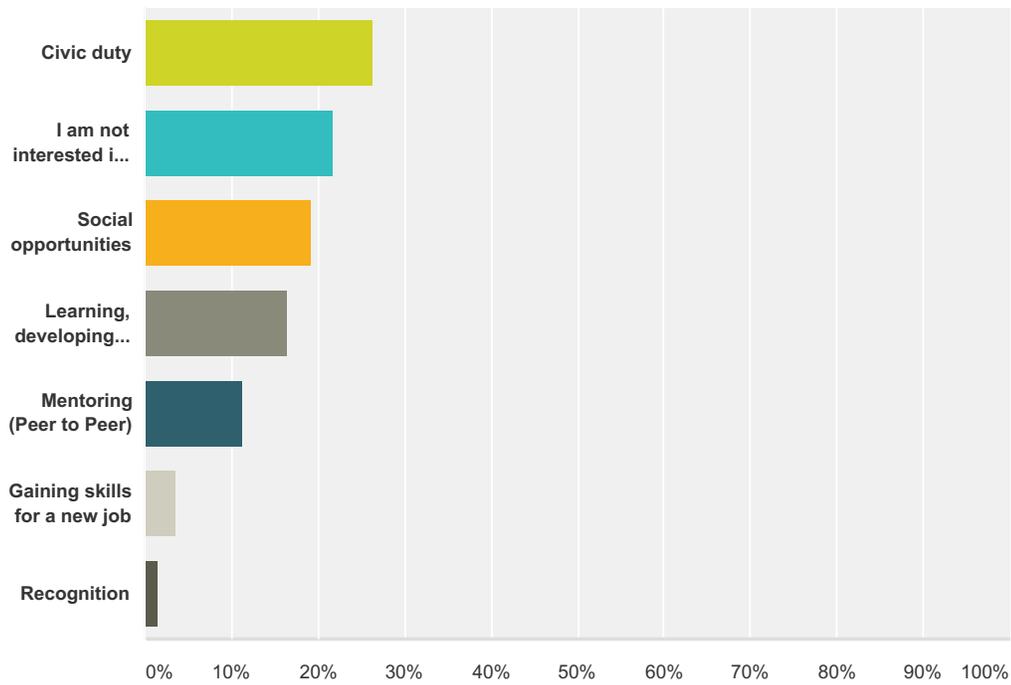
Answered: 419 Skipped: 618



Answer Choices	Responses
Local Area Agency on Aging	54.89% 230
Word of mouth (community group, club, religious organization)	48.45% 203
Other (please specify)	20.76% 87
Maryland Access Point website	19.33% 81
Newspaper/periodical	7.40% 31
Don't know/remember	5.73% 24
Television	3.10% 13
Radio	1.67% 7
Phone book	1.67% 7
Total Respondents: 419	

Q11 What would motivate you to volunteer with aging and disability programs?

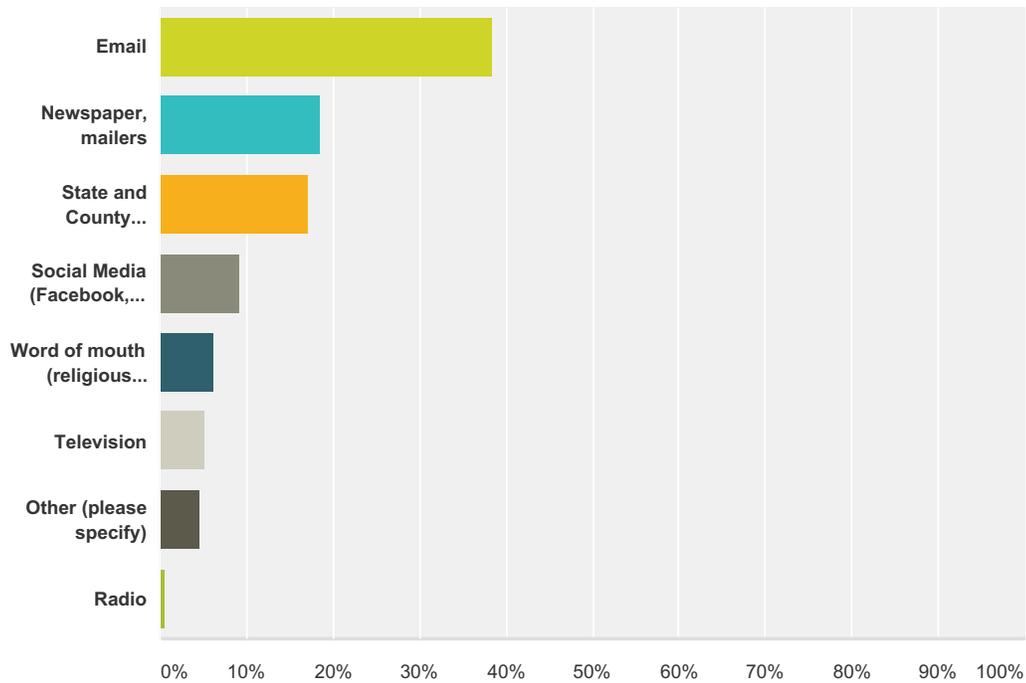
Answered: 909 Skipped: 128



Answer Choices	Responses
Civic duty	26.29% 239
I am not interested in volunteering	21.78% 198
Social opportunities	19.14% 174
Learning, developing expertise, obtaining credentials	16.50% 150
Mentoring (Peer to Peer)	11.22% 102
Gaining skills for a new job	3.63% 33
Recognition	1.43% 13
Total	909

Q12 How would you like to receive information about services and resources offered in your community?

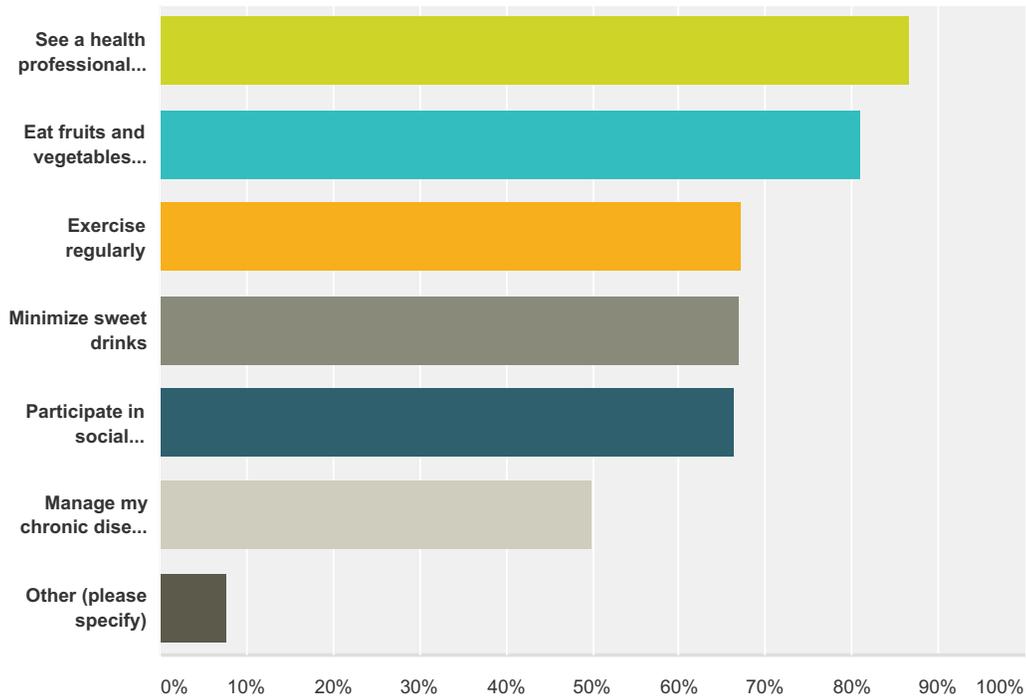
Answered: 922 Skipped: 115



Answer Choices	Responses
Email	38.50% 355
Newspaper, mailers	18.66% 172
State and County government websites	17.14% 158
Social Media (Facebook, Twitter, etc.)	9.11% 84
Word of mouth (religious organizations, school, clubs, organization)	6.18% 57
Television	5.21% 48
Other (please specify)	4.56% 42
Radio	0.65% 6
Total	922

Q13 To take care of my health, I...(check all that apply)

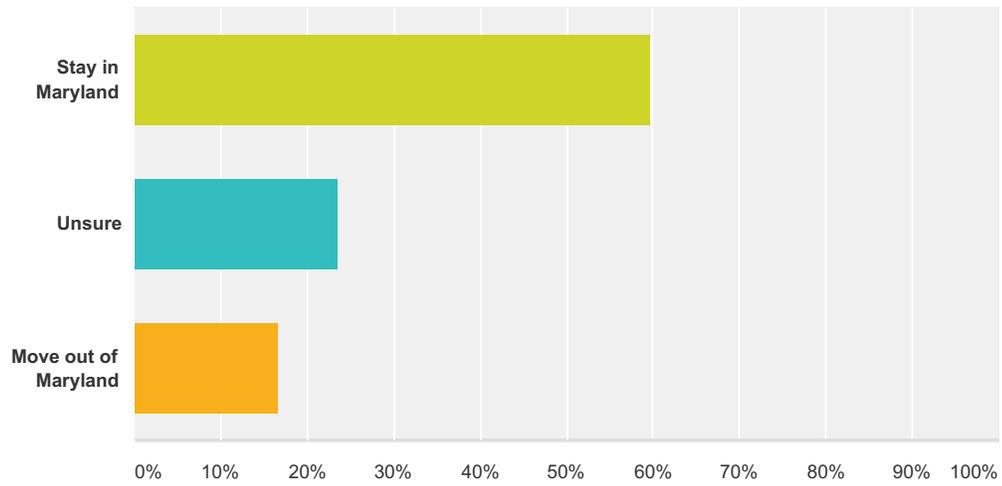
Answered: 931 Skipped: 106



Answer Choices	Responses
See a health professional for regular checkups	86.57% 806
Eat fruits and vegetables regularly	81.10% 755
Exercise regularly	67.13% 625
Minimize sweet drinks	67.02% 624
Participate in social activities	66.49% 619
Manage my chronic disease (e.g. diabetes, hypertension, etc.)	49.84% 464
Other (please specify)	7.73% 72
Total Respondents: 931	

Q14 Is your retirement/long range plan to stay in Maryland or move to another state/area?

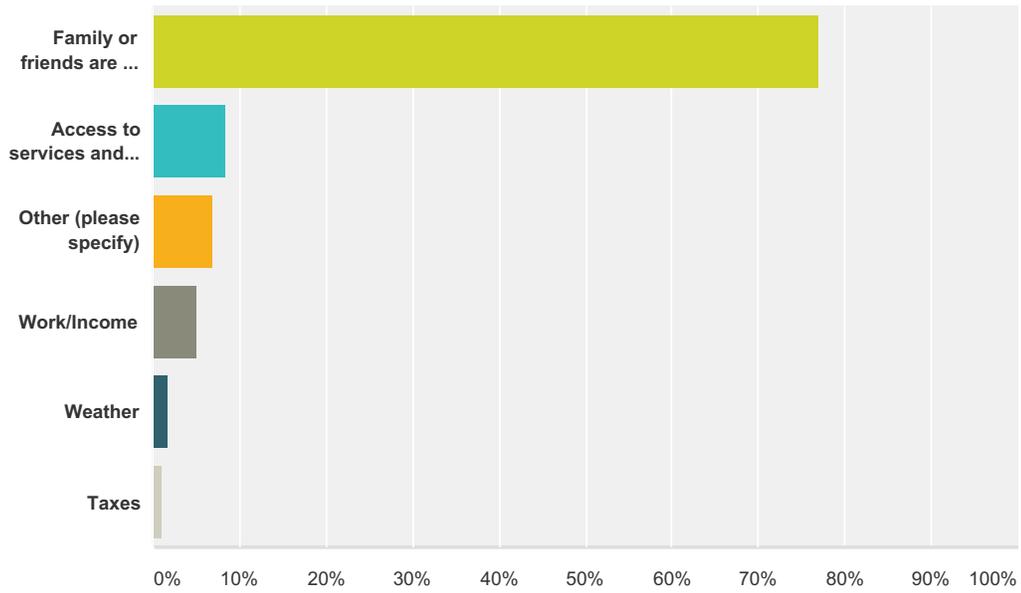
Answered: 923 Skipped: 114



Answer Choices	Responses	
Stay in Maryland	59.70%	551
Unsure	23.51%	217
Move out of Maryland	16.79%	155
Total		923

Q15 Why do you plan to stay in Maryland?

Answered: 545 Skipped: 492



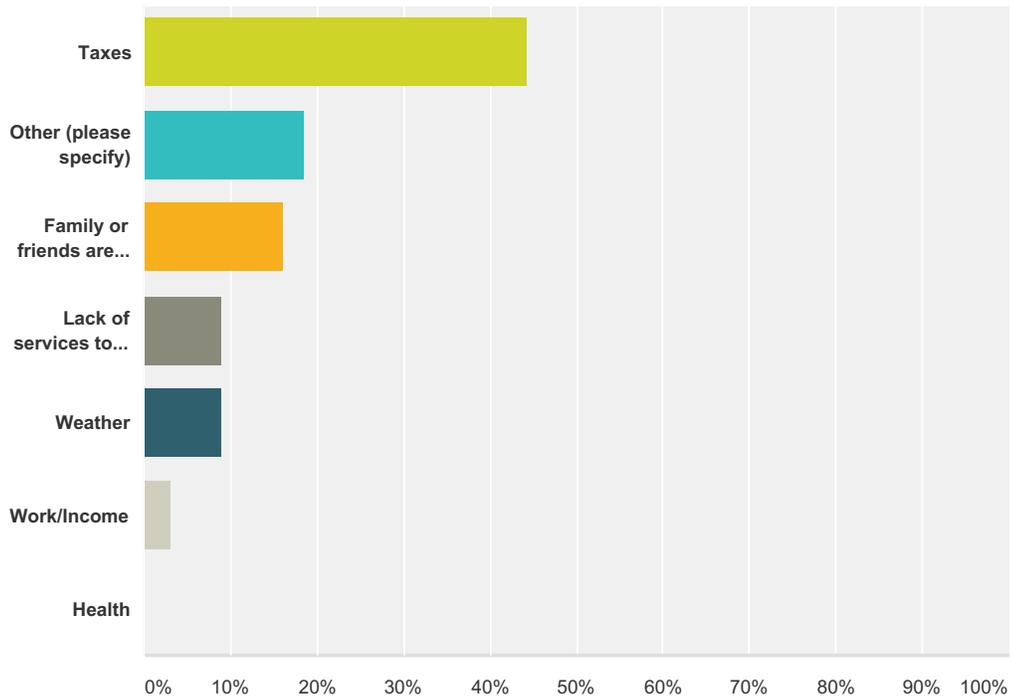
Answer Choices	Responses
Family or friends are in Maryland	77.06% 420
Access to services and support to live independently at home/community	8.26% 45
Other (please specify)	6.97% 38
Work/Income	4.95% 27
Weather	1.65% 9
Taxes	1.10% 6
Total	545

Q16 Please describe changes or improvements that you would like to suggest for the aging and disability programs and services funded by the Maryland Department of Aging as it develops its strategic plan for the next four years. Examples of services: meals, transportation, home modifications, educational classes, caregiver supports, Medicare counseling, personal care assistance, and socialization activities.

Answered: 285 Skipped: 752

Q17 Why do you plan to leave Maryland?

Answered: 156 Skipped: 881



Answer Choices	Responses	Count
Taxes	44.23%	69
Other (please specify)	18.59%	29
Family or friends are out-of-state	16.03%	25
Lack of services to support independent living	8.97%	14
Weather	8.97%	14
Work/Income	3.21%	5
Health	0.00%	0
Total		156

Q18 Please describe changes or improvements that you would like to suggest for the aging and disability programs and services funded by the Maryland Department of Aging as it develops its strategic plan for the next four years. Examples of services: home delivered meals, transportation, home modifications, educational classes, caregiver supports, Medicare counseling, personal care assistance, and socialization activities.

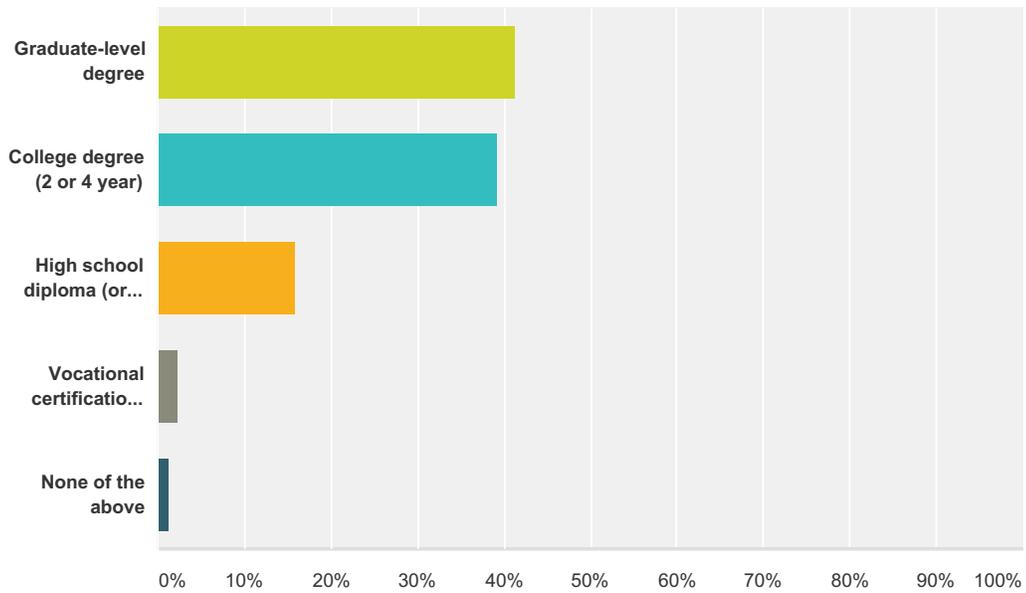
Answered: 75 Skipped: 962

Q19 Please describe changes or improvements that you would like to suggest for the aging and disability programs and services funded by the Maryland Department of Aging as it develops its strategic plan for the next four years. Examples of services: congregate and home delivered meals, transportation, home modifications, educational classes, caregiver supports, Medicare counseling, personal care assistance, and socialization activities.

Answered: 134 Skipped: 903

Q20 What is the highest level of school that you have completed?

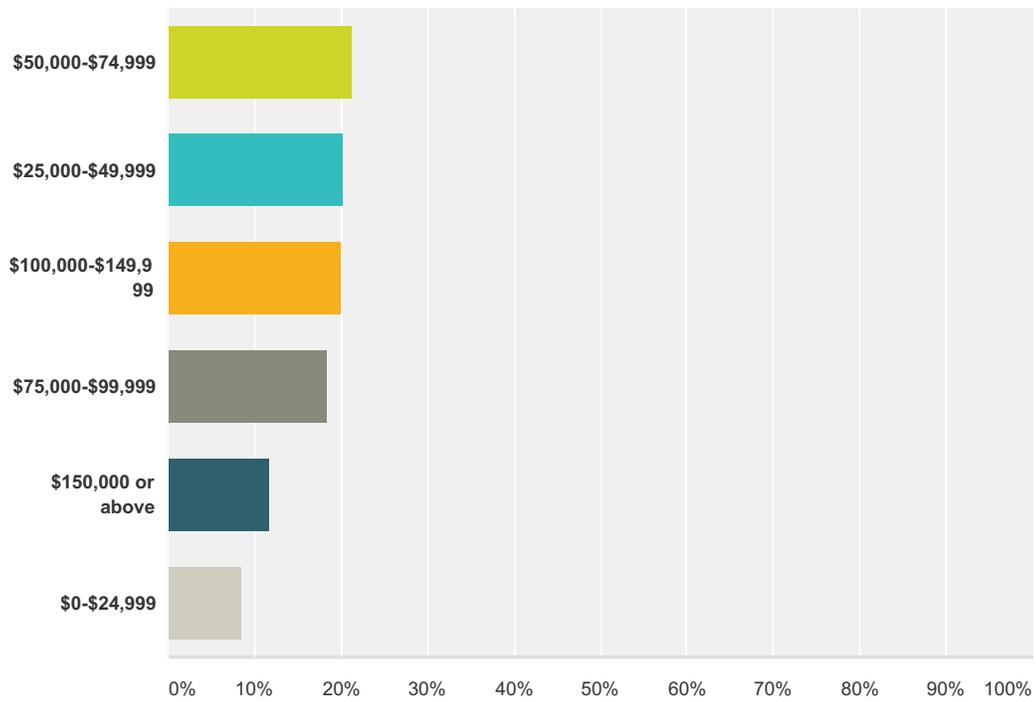
Answered: 910 Skipped: 127



Answer Choices	Responses
Graduate-level degree	41.32% 376
College degree (2 or 4 year)	39.23% 357
High school diploma (or GED)	15.82% 144
Vocational certification (electrician, plumber, automotive, etc.)	2.31% 21
None of the above	1.32% 12
Total	910

Q21 What is your approximate average annual household income?

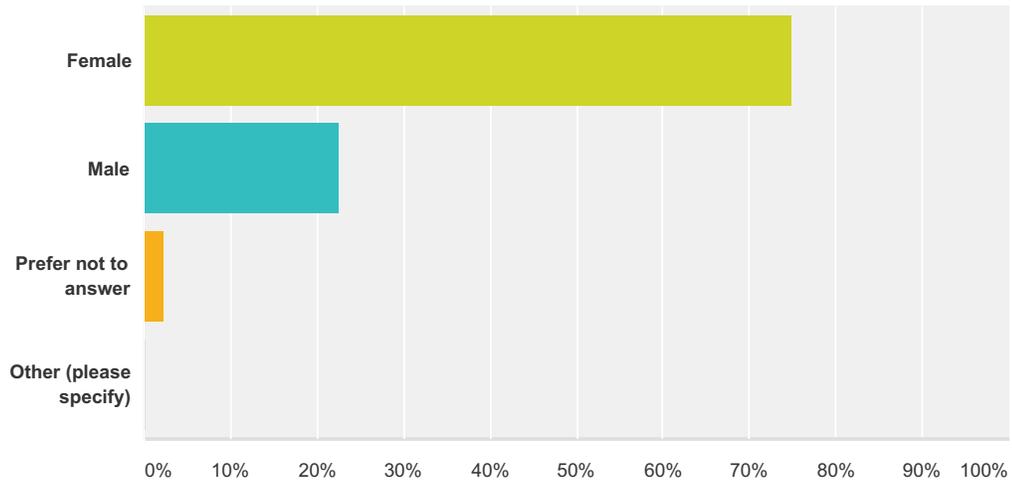
Answered: 860 Skipped: 177



Answer Choices	Responses	Count
\$50,000-\$74,999	21.28%	183
\$25,000-\$49,999	20.23%	174
\$100,000-\$149,999	20.00%	172
\$75,000-\$99,999	18.37%	158
\$150,000 or above	11.63%	100
\$0-\$24,999	8.49%	73
Total		860

Q22 How do you identify your gender?

Answered: 910 Skipped: 127



Answer Choices	Responses	
Female	75.00%	678
Male	22.46%	203
Prefer not to answer	2.32%	21
Other (please specify)	0.22%	2
Total		904

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2006

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging 9

will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including--

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after

assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

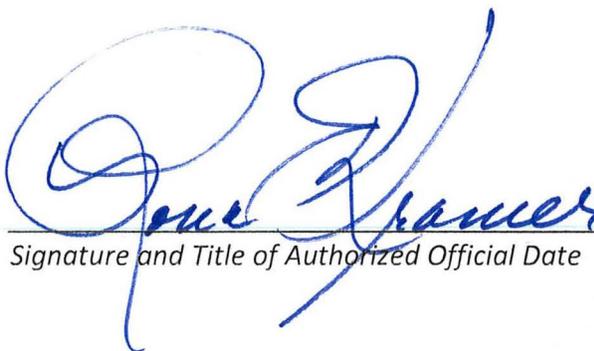
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

 7/19/16

Signature and Title of Authorized Official Date

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

The Maryland Department of Aging continually strives to serve those at greatest economic and social need. First, the State’s Intrastate Funding Formula is based on the population of older adults (60 and older) and also emphasizes the proportion of older adults below the federal poverty level and minority older adults below the federal poverty level. Other non-Older Americans Act services also heavily consider poverty and certain programs consider a rural factor in their funding formula.

In the Area Plan review process, Maryland ensures all Area Agencies on Aging are actively targeting their services to low-income and otherwise disadvantaged older adults. For example, in the Home Delivered Meals program, Maryland has introduced a Screening Tool to assist AAAs in evaluating current and future service recipients to best serve those in greatest need.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

As part of the Area Plan review process, the Maryland Department of Aging’s liaison to the Maryland Emergency Management Agency ensures each AAA has active and coordinated emergency preparedness and response plans. The Department regularly ensures AAAs are interacting with their local Emergency Operations Centers and with MDoA before, during, and after an emergency. Occasional Aging-Network specific training is also provided.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.

Access Services: 15% of the initial Title IIIB allocation

In-home Services: 10% of the initial Title IIIB allocation

Legal Assistance: 5% of the initial Title IIIB allocation

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The Maryland Department of Aging will spend in each fiscal year between FY 2017-2020 at least the amount expended for services for older individuals in rural areas for fiscal year 2000. While Maryland’s Older Americans Act intrastate funding formula does not include a rural factor, other non-Older Americans Act grants may include a rural factor to especially target older adults residing in rural areas.

According to 2010 data from the U.S. Census Bureau, prepared by the Maryland Department of Planning, Data Analysis and Projections/State Data Center, approximately 13% of Maryland’s total population reside in rural areas. Among Maryland’s 24 jurisdictions, seven jurisdictions have over 50% of their population residing in rural areas. These seven jurisdictions are parts of five AAAs. In FY 2017 and future years, Title III grants include a \$125,000 minimum per jurisdiction in recognition of the unique challenges rural areas face. This exceeds the minimum amount used by the Department 2000 of \$110,000 per jurisdiction. Assuming funds remain level in FY 2017 and future years and there are no intrastate population changes, the funding to continue services in rural jurisdictions will be as follows:

Funding Source/Year	2000	2017	2018	2019	2020
Title III	\$1,655,959	\$1,878,092 (est.)	\$1,878,092 (est.)	\$1,878,092 (est.)	\$1,878,092 (est.)
State Grants¹	\$460,164	\$509,347	\$509,347	\$509,347	\$509,347

While the Department expects the need and total cost for Aging services to increase between FY 2017-2020 as the number of older adults rises, the Department is anticipating level funding. MDoA will continue to actively work with AAAs to maintain the costs for each jurisdiction to within the grant funded amounts and supplemental funds obtained through

¹ Considers two grants which were present in both 2000 and 2017 to supplement the Title III funds. Additional grants have been added since 2000 and are noted in Appendix A.

other methods. In FY 2016, for example, the Maryland Department of Aging continued to provide technical assistance and support to AAAs providing Medicaid Supports Planning (Case Management) and the Veteran Directed Home and Community Based Services programs, both of which offer AAAs an additional source of revenue.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Maryland's geographically-diverse AAA Network serves multiple populations including older adults residing in rural areas. To ensure lesser populated jurisdictions can serve their older residents, the Department incorporates a minimum funding allocation for each jurisdiction of \$125,000 in Title III funding (with a separate minimum for Title IIID funding). Furthermore, certain programs include a rural factor in their formulas in recognition of the importance of serving all Marylanders.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

Based on the 2009-2013 American Community Survey, Maryland has 36,738 low-income minority older adults (3.43% of Maryland's total older adult population) and 35,113 older adults with limited English proficiency (3.28% of Maryland's total older adult population). Of the 35,113 older adults with limited English proficiency, 5,137 are low income, minority older adults. (Low income is defined as below the Federal Poverty Level.) Additional demographic information is included as an addendum to this Appendix.

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

The Maryland Department of Aging recognizes that each AAA has unique populations with different language requirements. AAAs with especially high numbers of individuals with limited English proficiency have individualized programs and services to fit the cultural and language needs of these older adults. This may include bilingual MAP Information and Assistance counselors, culturally appropriate congregate meals, and senior centers with dedicated activities for non-English speakers. Furthermore, all AAAs have access to on-demand telephone translation services to communicate with any individual in need of information and/or assistance.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities* .

The State of Maryland has no federally recognized Native American tribes. Local AAAs are continually encouraged to provide programs and services to a culturally diverse population.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

As stated previously, MDoA is a member of Emergency Support Function 6 (Mass Care and Sheltering) and participates with the Maryland Emergency Management Agency's State Emergency Operations Center as required. The Department regularly communicates with AAAs to encourage emergency preparedness education and participation in county tabletop exercises. During and after emergencies, the Department stays in close communication with AAAs to support any unmet needs.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

As a member of the Governor's cabinet, the Secretary of the Maryland Department of Aging regularly consults with the heads of sister agencies and shares input regarding emergency preparedness plans. Staff from MDoA work closely with public health partners to ensure the needs of older adults are considered in emergency preparedness plans.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the

State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

The Maryland Department of Aging assures that its programs and services are in accordance with these assurances.

Additional Demographic Data - Maryland

County (AAA)	2009-2013 ACS Population 60+	2009-2013 ACS Population 60+ and Below Poverty Line	2009-2013 ACS Population 60+, Below Poverty and Minority	2009-2013 ACS Population 60+, Limited English Proficiency*	2009-2013 ACS Population 60+, Below Poverty and Minority, Limited English Proficiency*	2009-2013 ACS Estimated 60+ Populaton in Rural Areas	County (AAA)
Allegany	18,215	1,760	50	35	-	4,964	Allegany
Anne Arundel	99,155	5,130	1,635	1,195	300	5,259	Anne Arundel
Baltimore City	106,860	18,290	14,005	1,650	320	-	Baltimore City
Baltimore Co	169,980	10,995	3,314	4,525	385	11,106	Baltimore Co
Calvert	15,350	695	309	49	4	5,942	Calvert
Caroline (USA)	6,435	525	145	40	-	4,891	Caroline (USA)
Carroll	33,280	1,705	150	180	-	13,148	Carroll
Cecil	18,450	1,385	108	90	-	7,768	Cecil
Charles	22,305	1,415	734	160	15	6,581	Charles
Dorchester (MAC)	8,215	660	285	30	-	4,619	Dorchester (MAC)
Frederick	40,545	2,230	450	590	44	10,220	Frederick
Garrett	7,235	645	-	15	-	6,070	Garrett
Harford	46,300	2,460	325	405	-	8,222	Harford
Howard	47,115	1,885	1,045	2,745	440	4,359	Howard
Kent (USA)	6,000	285	120	19	-	4,355	Kent (USA)
Montgomery	182,625	10,530	5,685	17,160	2,745	4,353	Montgomery
Prince George's	132,915	8,180	6,545	5,320	755	2,614	Prince George's
Queen Anne's	10,660	540	115	25	10	5,808	Queen Anne's
Somerset (MAC)	5,190	625	147	20	4	2,377	Somerset (MAC)
St. Mary's	16,220	995	395	130	-	8,178	St. Mary's
Talbot (USA)	12,475	775	193	35	-	6,818	Talbot (USA)
Washington	30,525	2,460	370	300	80	9,002	Washington
Wicomico (MAC)	18,725	1,360	414	335	35	4,832	Wicomico (MAC)
Worcester (MAC)	16,035	895	199	60	-	5,697	Worcester (MAC)
Total	1,070,810	76,425	36,738	35,113	5,137	147,182	Total

Sources: 2009-2013 American Community Survey (ACS) AGID MDs21003, MDs21005, MDs21040, MDs21014B, MDs21056 (2009-2013 American Community Survey, Special Tabulation on Aging – Population Characteristics / prepared by the U.S. Census Bureau, 2015) and U.S. Census Bureau, 2010, prepared by the Maryland Department of Planning, Data Analysis and Projections/State Data Center

**Limited English Proficiency* includes speaking English "not well" and "not at all" responses from the 2009-2013 American Community Survey