



Maryland
DEPARTMENT OF AGING

State Plan on Aging 2022-2025

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Rona E. Kramer
Secretary



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

September 15, 2021

The Honorable Larry Hogan
Governor 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, 2021 through September 30, 2025 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for Maryland's aging service network during the next four years. Of particular note is your plan that includes the expansion of partnerships between No Wrong Door, healthcare providers, and insurers to reduce avoidable hospitalizations and transitions into nursing homes and to connect individuals to lower cost community services and supports. I am delighted to see that the Maryland Department of Aging continues to serve as an effective and visible advocate for older adults at a state level.

The Philadelphia Regional Office looks forward to working with you and the Maryland Department of Aging in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Rhonda Schwartz, Regional Administrator, at 267-831-2329. I appreciate your dedication and commitment toward improving the lives of older persons in Maryland.

Sincerely,

A handwritten signature in cursive script that reads "Alison Barkoff".

Alison Barkoff
Acting Administrator/Assistant Secretary for Aging



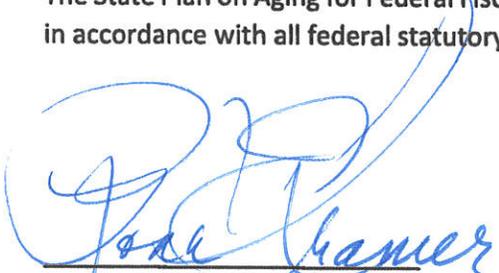
Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

VERIFICATION OF INTENT

The State Plan Aging is hereby submitted for the State of Maryland for the period of October 1, 2021 – September 30, 2025, 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 2022 through 2025 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

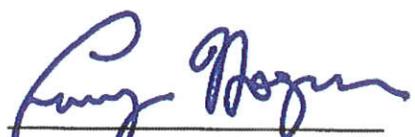


Rona E. Kramer, Secretary
Maryland Department of Aging



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



Date

Maryland State Plan on Aging 2022-2025

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Executive Summary

The Maryland Department of Aging is pleased to present its FY 2022-2025 State Plan on Aging representing October 1, 2021 through September 30, 2025. This plan is designed as a four year blueprint to guide the work of the Department on behalf of more than 1.37 million older adults in the state of Maryland. The Maryland State Plan presents five goals and a plethora of strategies to achieve an ambitious new vision, *Change the Trajectory of Aging*. We are honored to partner with a dynamic local network of 19 Area Agencies on Aging (AAAs) who provide Maryland's local infrastructure for federal and state programming.

The Older Americans Act of 1965, as amended, requires every State Unit on Aging (SUA) to submit a State Plan on Aging to the U.S. Department of Health and Human Services, Administration for Community Living (ACL), in order to be eligible to participate in grants to states to provide programs. In the state of Maryland, a State Plan is submitted every four years.

Developing a new FY 2022-2025 Maryland State Plan on Aging is a time for reflection, change, and public engagement. It gives the Department the opportunity to look back at accomplishments and frame new priorities to govern its future work. And, it gives the general public an opportunity to review the draft plan and make recommendations to strengthen its focus.

Maryland's State Plan on Aging was posted in May 2021 in celebration of Older Americans Month, with a review and comment period through June 4, 2021. The public had an opportunity to see how federal funds are distributed statewide through the Intrastate Funding Formula and learn about proposed goals, objectives, and measurable outcomes for the next four years. The AAA network, public and private stakeholders, advocates, caregivers, and older adults completed more than 892 online needs assessment surveys, offered 377 survey comments, 56 formal public comments on the state plan document, by postal mail, email, telephone, and online forms and 343 attendees joined us by telephone and computer for three Virtual State Plan Town Halls.

Public comments on the draft Maryland State Plan reflect a high level of awareness of the challenges for reaching and serving older Marylanders now and into the future. Demographic trends show that between 2020 and 2040, Maryland's 60+ population is anticipated to increase by 27% from 1.37 million to 1.79 million. As advances in health and medicine continue to extend the lifespan of older adults, comments expressed a continued need to expand paid and informal caregiving, home and community based services, and long term services and supports (LTSS). Projections for a dramatic need to increase these services are met with the challenge that funding has not kept pace with population growth. Solutions must include cost effective and efficient strategies.

Comments from the public recognize the critical role the Department plays in bringing public and private stakeholders together to build cost effective and efficient systems throughout the state that improve awareness and service delivery for older adults. As one stakeholder said, *"this is a critical moment in the growth of our state's aging population. The State Plan on Aging provides a*

tremendous opportunity for stakeholders to work together to address the many important issues that impact older adults in our communities and for the state to chart its direction to improve the lives of all older people.” Comments from our stakeholders emphasized concerns for income security and quality of life; elder abuse awareness and protections; frontline worker wage increases and workforce development; caregiver workforce development; behavioral and mental health supports in later life; making communities aging and dementia friendly; aging in place long term services and supports; older adult workforce development; lifelong learning opportunities; racial disparities in income, mental health services, access to information and the use of technology; social isolation interventions; advancing use of technology while closing the digital divide; and increasing awareness of aging services.

The loss of more than a year of social engagement in community based programs, congregate meal service, and senior centers brought on by the COVID-19 pandemic changed the landscape of Maryland’s aging service provision. Suddenly, the state had a dramatic paradigm shift in service delivery in all counties. Maryland witnessed the statewide closure of all senior centers and adult daycare programs. Nursing home and assisted living visits for families and long term care ombudsmen were abruptly halted. And congregate meal services were suspended as drive through *Grab and Go* meal service and home delivered meals took their place.

A one year extension of the FY 2017-2020 Maryland State Plan on Aging was granted as social isolation, food insecurity, behavioral and physical health and COVID-19 vaccinations became priorities of the work for the state and local communities. During this time of transition, sixteen new virtual senior centers were launched across the state. What was a rapid change in service delivery in 2020, has now become a quest to define a *new normal* in aging services. The FY 2022-2025 Maryland State Plan on Aging recognizes the future of aging services will reflect a hybrid of innovative approaches to delivery of home and community based services. While social isolation has always existed for older adults, the pandemic has made this a priority focus of our future.

According to a recent national study published by AARP, *“there is no place like home.”* Roughly 75 percent of people surveyed age 50 and older say they want to remain in their homes as they age. Reasons to age in place include the belief that staying at home is most economical, a preference to remain surrounded by family and neighbors, and a hope to maintain a sense of independence and dignity. Results of a Maryland statewide needs assessment survey launched in May 2021, indicate that more than 80% of respondents believe the role of the Department is to fund home and community based services and more than 50% indicate that in-home supports, such as caregiving, meals, chore services and home modifications, are most helpful for allowing them to remain at home as they age. Maryland will carry forward an aging in place focus as older adults remain committed to the preference of living at home over moving to institutionalized settings.

The U.S. Administration for Community Living (ACL) provides a framework for all states to develop a comprehensive State Plan on Aging. ACL’s required framework includes four focus areas – Older Americans Act Core Programs, ACL Discretionary Grants and Other Funding Sources, Person-Centered Planning, and Elder Justice. These focus areas are required

to qualify for federal funding. They provide consistency for the national aging network as well as flexibility for unique program development in every state's plan.

Older Americans Act Core Programs: These are the programs that serve as the foundation of the national aging services network and are a part of every state's federal funding. By law, these programs are fundamental support that include the Senior Nutrition Services Program, Health Promotion Disease Prevention, Supportive Services, Caregiver, and Elder Rights. The Maryland state plan objectives include these core programs with assurances to coordinate, strengthen and expand nutrition, supportive services, and elder rights; support families and caregivers; increase the business acumen of local AAAs; work toward the integration of health, health care and social service systems, and integrate core programs with ACL discretionary grant opportunities.

ACL Discretionary Grants and Other Funding Sources: The State Health Insurance Assistance Program, MIPPA, and Senior Medicare Patrol are joined by a host of other ACL federal discretionary grant opportunities that allow states and local partners to apply to enhance focus on dementia, evidence-based disease prevention, nutrition innovation, lifespan respite and No Wrong Door programs. These grant opportunities support community living. The Maryland state plan will integrate discretionary grant activities with core programs, strengthen and expand age and dementia friendly efforts, integrate social determinants of health efforts, and coordinate core services with home and community-based programs.

Participant Directed Person-Centered Planning: This involves the development of policy and programs in our state to support consumer control and choice in receiving services. The Maryland state plan includes goals that support progress toward participant directed and person-centered planning for older adults and caregivers that incorporates all core programs, discretionary efforts, across the spectrum of home and community based programs and in institutionalized settings.

Elder Justice: This area focuses on protecting older adults through the long term care ombudsman program; preventing elder abuse, neglect, and exploitation; strengthening legal assistance programs; and providing information, assistance and counseling to ensure discussion of rights for older adults. The Maryland state plan will emphasize protecting the rights of older adults against abuse, exploitation and neglect in communities and institutionalized settings, while launching statewide emphasis on advanced planning and use of legal services to ensure safe community living. An emphasis will be placed on essential multidisciplinary partners including law enforcement, financial institutions, health care professionals, and the LTCOP to protect rights.

Change the Trajectory of Aging is the new vision of the Maryland State Plan on Aging. To change the trajectory of aging means imagining and launching innovative approaches to accomplishing lofty goals. For the past six years, Maryland has focused on developing innovations such as opt in daily free wellness checks, Community for LifeSM service navigators, immediate and free access to durable medical equipment for all, group storytelling, and partnerships with community restaurants to assist older adults. Supports geared toward

preventing unnecessary emergency room visits, avoiding unnecessary dependence on the state Medicaid system, and increasing equity by offering diverse food options and access to information, intensifying the focus on preventive health promotion will remain a priority to avoid costly and unwanted institutionalization.

The Maryland Department of Aging appreciates this opportunity to provide a synopsis of the FY 2022-2025 State Plan on Aging. We invite you to review the entire plan, objectives, strategies, and measures. And, we look forward to continued communication, strengthening existing, and forming new partnerships to *Change the Trajectory of Aging* in the state of Maryland.

Context

The context section of the 2022-2025 Maryland Department of Aging State Plan describes key issues to be addressed in the state plan. Needs assessment findings are integrated into the narrative to provide a context and correlation to goals, objectives, and measurable outcomes.

Supporting documents for this portion of the State Plan may be found in the following Attachments:

Attachment A: Assurances

Attachment B: Information Requirements

Attachment C: Funding Formula and Allocations

Attachment D: Glossary of Acronyms and Key Terms

Attachment E: Historic Milestones, Statutory Authority, Statutory Committees, Roles of the Maryland Department of Aging, Structure of Maryland's Aging Network

Attachment E: Highlights of Accomplishments for Core Focus Areas

Attachment F: Overview of Programs and Services

Attachment G: Area Agencies on Aging

Attachment G: Senior Centers

Attachment G: Continuing Care Retirement Communities

Attachment H: Maryland Service Area Map

Attachment I: Public Comment and Maryland Needs Assessment Online Survey

Demographics

Maryland's steady older adult population growth will demand unprecedented change in how we think about information, programs, and services to meet their needs. Ten years ago, the baby boom generation, people born from 1946 to 1964, began to turn 65. As this large cohort continues to age, Maryland will continue to see growth in both the number of older adults and their share of the total population. Advances in medicine and longer life expectancy will sustain the growth population patterns. By 2030, Maryland is projected to have nearly 1.7 million individuals 60 years of age and older. Health promotion activities, stakeholder partnerships in healthcare, private industry, and other non-governmental organizations are critical to stem the growing need for increased home and community long term services and supports. The demographic trends below inform the Department's planning to serve older adults:

The number of older Marylanders is increasing. Of the nearly 6.1 million people in Maryland in 2020, 22.62% were age 60 or over. This percentage is expected to increase to 26.57% of Maryland's projected population of 6.7 million by the year 2040.

Individuals 85 and over are the fastest growing segment of the population. This cohort will grow in number, statewide, from 122,092 in 2020 to 314,961 by the year 2045, a 158% increase.

The geographic distribution of Maryland's senior population will shift as the overall population distribution changes over the next 30 years. In 2020, 62.8% 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 2035, these will remain the jurisdictions with the largest number of individuals over 60; however, the largest percentage of increases in older adults will be Carroll, Cecil, Charles, Frederick, Howard, and St. Mary's Counties.

The greatest number of the State's low income minority older adults live in Baltimore City. In 2017, 34.95% 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 (19.36%) and Montgomery (16.3%). In 2017, 91,630 older Marylanders (7.56% of the total state 60+ population) lived in poverty as defined by the federal poverty guidelines. Minorities composed nearly half (49%) of the State's low income older adult population.

Many low income older adults also live in rural areas. In 2017, Allegany, Caroline Dorchester, Garrett, and Somerset counties all had 8% or more of their total older adult population residing in poverty.

Maryland's 60+ Population Projections by Jurisdiction, 2020-2045

Jurisdiction	2020	2025	2030	2035	2040	2045	Percentage Change (2020 to 2045)
Allegany County	19,737	20,968	21,430	21,397	20,860	20,964	6.22%
Anne Arundel County	129,440	145,500	155,231	158,624	160,187	164,524	27.10%
Baltimore City	115,152	122,467	124,716	124,172	126,686	133,243	15.71%
Baltimore County	204,907	221,952	232,169	237,542	241,105	244,411	19.28%
Calvert County	22,114	26,851	29,498	29,545	28,904	28,792	30.20%
Caroline County	8,095	9,326	10,242	10,674	10,891	11,188	38.21%
Carroll County	46,424	55,469	61,500	63,901	63,883	64,488	38.91%
Cecil County	25,028	29,235	32,813	34,809	35,529	35,836	43.18%
Charles County	32,400	40,251	47,138	51,453	53,196	54,236	67.40%
Dorchester County	9,260	10,378	10,924	11,184	11,231	11,598	25.25%
Frederick County	59,973	73,161	81,784	87,032	89,333	91,293	52.22%
Garrett County	8,849	9,732	10,151	10,237	10,078	9,915	12.05%
Harford County	63,622	73,086	78,674	81,121	81,573	81,836	28.63%
Howard County	70,580	83,260	91,811	97,204	101,154	104,768	48.44%
Kent County	7,133	8,234	8,943	9,279	9,518	9,738	36.52%
Montgomery County	232,373	258,801	280,575	299,732	314,740	331,806	42.79%
Prince George's County	181,183	208,440	229,657	243,699	254,815	264,645	46.07%
Queen Anne's County	14,457	17,112	18,899	19,565	19,358	19,576	35.41%
St. Mary's County	22,841	28,001	31,353	33,034	34,036	35,798	56.73%
Somerset County	5,943	6,547	6,678	6,658	6,553	6,395	7.61%
Talbot County	14,229	15,611	16,357	16,638	16,333	16,204	13.88%
Washington County	37,217	42,187	45,853	47,627	48,143	48,218	29.56%
Wicomico County	24,109	26,846	28,315	28,717	29,080	29,129	20.82%
Worcester County	19,025	21,302	22,786	23,555	23,387	23,410	23.05%
Total	1,374,091	1,554,717	1,677,497	1,747,399	1,790,573	1,842,011	34.05%

Source: U.S. Census, Maryland Department of Planning, 12/3/2020

Challenges, Relevant Needs Assessment Findings, and State Plan Goals

More can be done to address a lack of awareness among vulnerable older adults about elder abuse, neglect, and financial exploitation. There are opportunities to educate older adults and key stakeholders about rights, prevention, detection, and reporting abuse, neglect, and financial exploitation in the community as well as in institutionalized settings. Volunteers are an indispensable part of local service provision. When asked about remaining active as you age, the Department's recent needs assessment survey revealed that 56.2% of respondents said they would volunteer. Greater reliance will be given to strengthening the long term care ombudsman, nutrition, SHIP, SMP and other core Older Americans Act programs that rely on volunteers. These programs are uniquely positioned to identify abuse, exploitation and financial neglect. By continuing to recruit, build and train a cadre of sufficient volunteers, a high priority will be placed on volunteers who visit nursing homes and assisted living facilities.

More information dissemination and training of professionals who are first responders will be done through legal services to increase awareness of rights. The elder rights unit in the Department will use model programs in our state to demonstrate the use of safe housing and person centered training to improve confidence in reporting elder abuse. More social media will be used to diversify outreach and messaging to professionals, first responders, and those with computer access. The SHIP and Senior Medicare Patrol programs will expand their efforts to improve data collection that documents fraud in Medicare. *The first goal of the state plan will be to use these strategies and more to focus on ensuring the rights of older adults and prevent their abuse, neglect, and exploitation.*

Many consumers consistently tell us they have never heard of the Maryland Department of Aging and its programs. The limited knowledge of the Maryland Department of Aging and its role in educating, developing and funding older adult services and programs is an indicator that more can be done to reach and inform the public. While 65% of over 800 respondents to our recent need assessment identified information and referral as an important way to get information and 50% said they find services through the area agencies on aging, the steady growth of the older adult population demands a steady and diversified plan of messaging to reach people beyond our programs. When asked how they plan to remain active, respondents to our recent needs assessment expressed their intent to pursue hobbies (69.3%), volunteer (56.2%), attend a senior center (51.6%), and participate in faith based organizations (41%). Forty-seven percent of respondents of the needs assessment credited word of mouth as their pathway to locating services. The Department will build awareness through outreach to reach to inform the full continuum of vulnerable, diverse, and active older adults.

The Maryland Access Point (MAP), our gateway to information for older adults and people with disabilities, will coordinate with OAA core services to increase promotion of the person centered approach to informed decision making. The caregiver program will create a hybrid methodology to expand virtual approaches to inform busy caregivers of older adults as well as caregivers raising grandchildren. The Department's No Wrong Door efforts will emphasize integration of long term services and supports options with new social determinants of health information that will allow us to more effectively communicate and inform the public of service options and discuss the person centered plans for those who need them. Both MAP and the caregiver programs will work to ensure coordination in the use of ACL's Alzheimer's Disease Initiative to advance aging and dementia friendly training, models, and approaches with AAAs throughout the state. These tools will provide another pathway to expand the impact that the Department can have on reaching and informing the public of needed resources. Dissemination of existing materials, best practices, and messaging of our national, state, and local dementia stakeholders can cost effectively enhance our work to bring about greater awareness of the Department. And, legal rights training, a statewide Advanced Directives Campaign, SHIP, MIPPA, and SMP supports will be utilized to strengthen the application of informed decision making, another approach to expanding reach through key services that promote person centered approaches and engagement with the Department. *The second goal of the state plan will support and encourage older adults to avail themselves of easy access to and make informed choices about services that support them in their homes or communities.*

Informing older adults of the importance of balanced nutrition, exercise, socialization and management of chronic disease requires a greater investment in building awareness, collecting data, and increasing participation in evidence based training. While 86% of respondents to the Department's needs assessment see their physician as the most important way to take care of their health, the Department seeks to become more consistent and assertive in promoting active and healthy lifestyles of older adults in community as well as in clinical settings. Older adults, caregivers and physicians must reinforce consistent messaging about proactive approaches to remain healthy and aging in place. Additionally, needs assessment surveys reflect a high reliance of eating fruits and vegetables, exercise, social activities, and managing chronic conditions are key elements for helping older Marylanders to take better care of their health. This suggests that an effective campaign possibility is to enlist survey respondents to act as ambassadors promoting healthy lifestyles across the state.

Since FY2020, 28 different ACL approved evidence based programs were used across the state, representing a 50% growth in such programs since 2017. Maryland's nutrition program will identify and evaluate new approaches to increase flexibility in meal options that keep pace with the expectations of the growing and increasingly diverse older adult population. The Department will continue to promote the Senior Nutrition Restaurant Initiative to expand choice in foods and restaurants as a growing part of the local provider community. With continued work with the Living Well Center for Excellence, the Department will continue to expand public and private partnerships to identify eating preferences, increase participation in congregate and home delivered meal programs, inform the clinical community, collect health

data, and facilitate pathways towards nutrition wellness as we focus on reducing food insecurity across the state. Further, we will establish efforts to develop a remote nutrition education program to increase awareness and nutritional health outcomes.

Expanding late life behavioral health education opportunities for older adults and their caregivers will be critical. According to the Mental Health Association of Maryland, about 20% of older Marylanders have a diagnosable mental health or uncontrolled substance use disorder each year. Similarly, roughly ten percent of our state's older adults experience Alzheimer's disease and related dementias, while many older adults experience sub-clinical mental illness. Efforts to coordinate with key stakeholders to better educate and train the aging network will strengthen our efforts to inform and enhance mental health awareness.

The state plan will increase health promotion across the continuum of the most vulnerable to the most vibrant older adults, expand partnerships to maximize dissemination of materials, increase in person class participation while expanding virtual evidence based classes with computer tablet distribution across the state. Our work to strengthen approaches to healthy lifestyles also coordinates with our need to effectively reduce hospitalizations and nursing home institutionalizations. Significant efforts and resources must continue to 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, preventing falls, promoting regular exercise, and educating older adults and caregivers about behavioral health options are just some of the parameters of the state plan that reflect proactive approaches to strengthening community living options and thwarting unnecessary institutionalizations. We seek to further the Department's work in integrated statewide systems that support participation in evidence based programs as we promote the importance of clinicians taking a holistic approach to social and health needs. *The third goal of the state plan will create opportunities for older adults and their families to lead active and healthy lives.*

The desire to have a range of home and community based services to help people remain in their homes and communities is costly for a growing and increasingly diverse older adult population. When asked about the role of government in supporting older adults, the following information was revealed in the Department's needs assessment. Respondents felt that government should fund programs (82%), provide information (77.9 %), provide home delivered meals, educational classes, service coordination, and transportation (80%), and advocate for the rights of older adults (82.7%).

The Department will embark on a progressive plan that includes the expansion of partnerships between No Wrong Door, healthcare providers, and insurers to reduce avoidable hospitalizations and transitions into nursing homes and connect individuals to lower cost community services and supports. One key strategy will be to investigate opportunities to align No Wrong Door policies with Maryland's Hospital All Payer Model goals, the Primary Care Program, and any new managed care model implemented in the state to bridge acute care, primary care, and available community-based long term services and supports.

We will also embed Maryland Access Point into hospital settings to improve access to information, referral and assistance for public and private home and community-based services at the point of discharge. And, materials will be developed on the return on investment of the No Wrong Door and AAA home and community based services to support local agencies in making a successful business case for their services, as initiated in ACL's System Business Case Development grant. The Department will support individuals who want to remain in the community or transition from nursing homes into a community setting through person-centered options counseling services. Training will ensure quality options counseling. And, we will partner with the Money Follows to Person (MFP) initiative to link individuals in nursing homes who want to transition to a community-living setting to information and support services.

The Department seeks to enhance the creation, utilization, and accessibility of affordable long-term services and supports by expanding the reach of the Department's new and innovative Community for Life Program and the Durable Medical Equipment Reuse Program. CFL was designed to meet the needs of middle-income older Marylanders through affordable, person-centered aging in place supports. This strategy provides cost effective in-home supports to stop older adults from spending down into Medicaid and requiring more costly services and institutionalization. Given the fact that in all of our surveying, the one concern expressed most often and by far, was having services to remain at home, therefore, this evidences the need for continuing to expand Community for Life program in counties throughout the state. Additionally, the Durable Medical Equipment Reuse Program (DME) provides mobility to prevent isolation and full participation in the community with mobility. *The fourth goal of the state plan is to finance and coordinate high quality services that support individuals with long term needs in a home or community setting.*

The challenge of increasing service delivery across the state is that it requires coordination of state and local partners to maximize access to existing programs, promote resources, and leverage new resources. The Department will engage local hospital systems and other healthcare providers to understand the role of the ombudsman program, the rights and choices of residents in long-term care settings, and to improve systemic discharge issues. We will also seek to integrate evidence-based program referrals within a clinical-community network including AAAs, Maryland Access Point, the Living Well Center of Excellence, CRISP (the state's medical information collector), and new healthcare and community partners with a shared interest in population health and disease prevention. Additionally, we plan to embed evidence-based programs within a continuum of care that addresses individual medical needs as well as the social determinants of health, in collaboration with community and healthcare partners. The Department will coordinate with the Maryland Department of Health Behavioral Health Administration and other state and local agencies to identify and implement opportunities that address the cognitive and behavioral health needs of older Marylanders. And, we will work with the Department of Labor, which has the responsibility for the OAA Title V Program to enhance the visibility and awareness of training and employment resources for Maryland's older adult workforce. *The fifth goal of the state plan is to lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.*

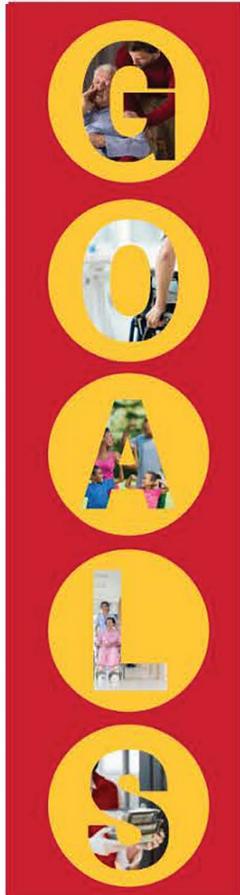
VISION: CHANGE THE TRAJECTORY OF AGING

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.

GOALS:

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 2022-2025:



Goal 1: 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.

Goals, Objectives, Strategies & Performance Measures

Goal 1: Ensure the rights of older adults and prevent their abuse, neglect, and exploitation.

Objective 1.1: Improve the quality of care and quality of life for the 53,000+ residents of nursing homes and assisted living facilities.

Strategies:

- Refine quality assurance policies for the ombudsman volunteer program.
- Develop new recruitment and retention strategies to enhance the volunteers program.
- Develop virtual advocacy approaches to expand outreach to residents in long-term care facilities.
- Broaden stakeholder engagement in hospitals, faith based and other organizations to raise awareness of and increase access to the ombudsman program.
- Participate in the Elder Justice Task Force.
- Advocate for the rights of residents through the Oversight Committee for the Quality Care and Quality of Life of Nursing Home and Assisted Living Facilities.
- Collaborate with area agencies on aging to increase outreach efforts and build awareness of services offered by the ombudsman program.
- Convene a new ombudsman program volunteer committee to address volunteer needs.

Measurable Outcomes:

- Increase the number of ombudsman volunteers by 15% over the next four years.
- Increase the number of volunteers retained by 15%.over the next four years.
- Increase the number of education and outreach events by 20%, over the next four years.
- Increase volunteer recruitment activities by 10%, over the next four years.
- Hold Ombudsman Stakeholders Group and Ombudsman Program Volunteer Committee meetings on a quarterly basis, over the next four years.

Objective 1.2: Educate older adults about their rights and safety against abuse, neglect, and exploitation.

Strategies:

- Conduct elder rights training for consumers and professionals positioned who serve as first responders to reinforce the independence and dignity and safety of older adults facing abuse, exploitation and neglect.

- Work with critical state and local stakeholders to ensure coordination of mental and behavioral focus of elder abuse, exploitation and neglect efforts.
- Promote awareness through Protect Week and World Elder Abuse Awareness Day (WEAAD) events.
- Develop elder abuse messaging for the Department’s website and social media platforms.
- Target education efforts about elder abuse, neglect, and exploitation in diverse communities for older adults without computer and social media access.

Measurable Outcomes:

- Increase orientation events for consumers by 20% each year.
- Increase train-the-trainer events for professional stakeholders by 20% each year.
- Host local aging network outreach meetings and increase attendance and material dissemination by 10% each year.
- Increase website and social media posts by 10% each year.
- Increase the number of stakeholder activities by 10% each year.
- Track the number of older adults who report elder abuse to the Maryland elder abuse hotline to demonstrate an increase in the number of reports each year.

Objective 1.3: Enhance the understanding of legal rights of older adults and their families to inform and promote person-centered approaches to self-determination.

Strategies:

- Promote awareness of Project SAFE (Stop Adult Financial Exploitation) as a model to replicate outreach practices in other diverse communities.
- Convene a multidisciplinary team of professionals in legal services to collaborate and conduct a series of person-centered workshops for consumers across the state.
- Partner with Maryland Legal Aid to bring awareness and training to consumers about services, including the Community Lawyering Initiative, Long Term Care Assistance Project, Maryland Senior Legal Hotline, and The Maryland Courts Self Help Center.
- Create new policies that measure guardianship avoidance cases.
- Establish an elder rights volunteer ambassador program to promote awareness of legal services.

Measurable Outcomes

- Increase outreach events by 20% each year.
- Increase participation in quarterly stakeholder and community webinars each year.
- Increase dissemination of legal services information statewide by 10% annually.

- Track guardianship avoidance cases to achieve a decline of 10% each year.
- Increase annual referrals to Maryland Legal Aid by 10% each year to evaluate effectiveness of outreach activities.
- Increase the number of volunteer ambassadors by 10% each year.

Objective 1.4: 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 (MSNs).
- Develop a marketing strategy to educate diverse and rural populations.
- Develop waste, fraud and abuse messaging to include in one-on-one and group Medicare counseling sessions annually.
- Implement a new data collection system for the Senior Medicare Patrol Program.

Measurable Outcomes:

- Increase the reporting of complex Medicare fraud cases by 10% each year.
- Increase the number of fraud materials distributed during Medicare counseling sessions by 10% each year.
- Increase the number of Medicare beneficiaries educated about reviewing Medicare Summary Notices by 20% each year.

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

Objective 2.1: Develop a statewide strategy that elevates the use of electronic and social media platforms to reach and inform caregivers.

Strategies:

- Convene a multidisciplinary workgroup to establish parameters for the statewide strategy.
- Conduct an environmental scan of caregiver electronic and social media opportunities.
- Identify materials for use on electronic and social media platforms.
- Train trainers to support access and safe use of social media platforms by older adults.
- Inform stakeholders to increase access and use of new information platforms.
- Track the number of social media platforms and levels of usage annually.

Measurable Outcomes:

- Increase posts through social media platforms by 10% annually.
- Increase the number of user impressions on social media platforms by 10% each year.
- Increase the number of caregivers participating in social media training events by 10% each year.
- Increase the number of caregiver stakeholders participating in social media training events by 10% each year.

Objective 2.2: Establish the Maryland Family Caregiver Support Program as a focal point to expand dementia education statewide to improve awareness and use of resources that build dementia friendly communities.

Strategies:

- Create a dementia webinar series to train stakeholders and the aging network.
- Work with the Alzheimer’s Association of Greater Maryland, Dementia Friendly America, Maryland’s Virginia I. Jones Alzheimer’s Disease and Related Disorders Council and other critical stakeholders to increase awareness and use of resources and training opportunities across diverse populations.
- Host sharing sessions to advance use of state and local dementia friendly best practices.
- Educate the aging network to invest in and build dementia friendly communities.
- Ensure coordination of the Department’s LTSS and NFCSP to efficiently integrate dementia friendly efforts toward a successful ACL Discretionary Grant No. 93.470.

Measurable Outcomes:

- Increase participation in webinars by stakeholder and aging network by 10 %annually.
- Increase exposure to dementia resources and training opportunities through the number of targeted dementia email alerts sent to AAAs and stakeholders by 10% each year.
- Increase the number of reported dementia strategies formally adopted by AAAs by 5% annually.
- Host monthly dementia information sharing sessions and track their community interventions to demonstrate an increase by 10% each year.
- Increase the number of stakeholders outside of the AAA coordinator network participating in webinars by 20% over four years.

Objective 2.3: Maintain Maryland’s Aging and Disability Resource Center (ADRC) also known as Maryland Access Point (MAP) as a quality, coordinated system for Marylanders to access information and assistance related to long term services and supports (LTSS).

Strategies

- Regularly convene the No Wrong Door (NWD) Governance group to review, coordinate, plan, and refine the State's NWD/ADRC system to better integrate long term services and supports that address the social determinants of health and behavioral health needs of older adults.
- Maintain MAP as a visible, trusted, and objective source of information, assistance, and access portal for LTSS through regular monitoring, using federal No Wrong Door guidance and requirements.
- Provide training, resources, and technical assistance for MAP staff to deliver culturally and linguistically appropriate and person-centered information, referral, and assistance services, regardless of ethnicity, race, gender or gender identity, disability, religion, sexual orientation, or socioeconomic status.
- Provide training, resources, and technical assistance for MAP staff to increase awareness of available public and private LTSS.
- Maintain an accurate and comprehensive MAP policies and procedures manual.
- Distribute an annual overview of best and promising practices of local MAP service delivery.
- Partner with Maryland 211 to improve the single-entry point for consumers to access information about long term services through the MAP statewide website and MAP-LINK call line, as initiated through ACL Grant No. 93.048 - Special Programs for the Aging Title IV and Title II Discretionary Projects.
- Investigate and support statewide opportunities to improve automatic referral and data capture among No Wrong Door state partner agencies.

Measurable Outcomes:

- Ensure MAP achievement and/or maintenance of all state MAP/No Wrong Door requirements at 100% of sites over the 4-year period.
- Ensure at least 75% of MAP staff surveyed for each training report improved self-efficacy related to delivering person-centered options counseling and providing comprehensive information, referral, and assistance for available state and local programs and services.
- Increase the number of annual unique website views and calls from older adults, and caregivers accessing information about available services and supports through the statewide MAP-LINK call line and MAP website by 25% over the 4-year period.

Objective 2.4: Sustainably embed dementia-informed Home and Community-Based Services staff, partners, and referral systems in Maryland's No Wrong Door system through ACL Grant

No. 93.470 - Alzheimer's Disease Program Initiative and in collaboration with Maryland's Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

Strategies:

- Collaborate with Maryland's Virginia I. Jones Alzheimer's Disease and Related Disorders Council to develop and implement statewide recommendations to meet the needs of adults with Alzheimer's disease and related dementia, caregivers, and service providers.
- 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 organizations that serve as an entry point for individuals with dementia to ensure bi-directional referral processes with MAP are available to connect individuals and their families with holistic support, planning, and assistance.
- Provide training, resources, and technical assistance for MAP and other statewide home and community-based services staff on how to recognize potential dementia, communicate effectively with persons with dementia, and refer to available services.
- Improve accessibility of the MAP website for those with dementia and their caregivers.

Measurable Outcomes:

- One hundred percent of AAAs participate in the statewide dementia capability training by the end of year 1.
- One hundred percent of MAP sites report increased access to screening tools to identify individuals with dementia and related needs by 2022.
- Increase the number of unique website views related to content associated with Alzheimer's Disease and Related Dementia on the MAP website and the number of adults with dementia and caregivers accessing local MAP services by 10% each year.

Objective 2.5: Design a statewide person-centered campaign for older adults and their caregivers to increase awareness and use of strategies for advanced planning to make timely informed decisions.

Strategies:

- Convene a multidisciplinary task force to develop a statewide campaign by year two.
- Identify an advanced planning toolkit to disseminate equitably to populations with and without internet access.
- Collaborate with community stakeholders to educate consumers and work on behalf of guardianship dependents.

- Partner with federal, state and local experts, such as AARP of Maryland, Consumer Financial Protection Bureau (CFPB), Federal Communications Commission (FCC), and the Maryland Departments of Health and Human Services to host an annual statewide educational event.
- Establish monthly learning collaborative with AAAs and local legal service providers to ensure older adults and their families have the knowledge and tools needed to make person centered, informed decisions.
- Create a multidisciplinary teaching academy of law enforcement agents, bankers, funeral directors, social workers and the Maryland Insurance Administration to educate about scams, advanced directives, powers of health care and financial attorney, financial budgeting, and will preparation.
- Work with MAP, Senior Care, SHIP, Communities for Life, and the National Family Caregiver Support Programs to provide training on tools, referrals, and strategies to make informed and person centered decisions.
- Host monthly virtual meetings with AAAs to establish targets, plan, and execute activities within their communities.

Measurable Outcomes:

- Increase the number of training events reported by AAAs 10% each year.
- Increase the number of dissemination points of information throughout the state by 10% each year.
- Increase in the total number of public guardianship cases avoided through planned partnerships by 5% each year.
- Increase the teaching academy by 5% each year.

Objective 2.6: Increase awareness of legal interventions to improve access and use.

Strategies:

- Collaborate with MAP to provide training to enhance accurate and timely legal referrals.
- Identify and train state and local stakeholders who address populations with dementia, behavioral health, and gambling issues in need of person centered approaches to legal and other supports to maintain independent community living.
- Promote regular legal service assistance tips through Maryland’s Senior Call Check Program.
- Participate and support efforts in the Elder Justice Task Force.

Measurable Outcomes:

- Increase the number of stakeholders who attend quarterly training events by 10% each year.
- Increase MAP referrals to legal services by 5% each year.
- Track the number of scripts and legal service referrals from Senior Call Check participants and increase each year by 5%.

Objective 2.7: Maintain SHIP as a visible, trusted, and unbiased source of expert counseling and assistance on health insurance and prescription drugs for Medicare beneficiaries.

Strategies:

- Target recruitment of volunteers to reach retired professionals.
- Focus outreach efforts to equitably reach and serve diverse populations and rural areas.
- Develop marketing and outreach to improve the visibility of the program.
- Promote counseling and assistance services to low income, disability and “New to Medicare” populations.
- Host community focused Medicare outreach and education training for counselors.
- Promote the visibility of SHIP during the Annual Medicare Open Enrollment period.

Measurable Outcomes:

- Increase the number of older adults who receive SHIP counseling by 10% each year.
- Increase the number of SHIP and SMP volunteers by 5% each year.
- Increase targeted SHIP and SMP outreach by 10% each year.
- Increase the progress of counseling in diverse communities by tracking dashboard statistics by year 3.
- Increase and promote advertisement of open enrollment through various media platforms by 10% each year.

Objective 2.8: Improve data collection, analysis, and reporting of the SHIP and SMP Programs to more accurately reflect the number of people served.

Strategies:

- Use monthly data tracking dashboards for each SHIP jurisdiction to identify targeted underserved populations and accurately count the number of people served.
- Work with MAP to ensure data capture and reporting of SHIP referrals.
- Track individual counseling and group outreach.
- Report monthly progress and meet quarterly to discuss and recommend strategies for process improvement.
- Ensure that data is entered into the tracking system in accordance with the monthly deadlines established by ACL.

Measurable Outcomes:

- Demonstrate a minimum increase of 10% in the number of persons served.
- Establish and distribute dashboards for each jurisdiction by the end of the second year.

Objective 2.9: 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.
- Increase the progress of counseling in diverse communities by tracking dashboard statistics.
- Cross train Aging Network staff and volunteers to incorporate SHIP, MIPPA, and SMP information in standardized training curricula.
- Continue to update the status of Volunteer Risk Management training for AAAs.
- Develop a policies and procedures manual for SHIP, MIPPA and SMP.
- Expand exposure to non-English speaking population through translated SHIP and SMP print materials.
- Capture accurate SHIP data throughout the year to ensure program deliverable.

Measurable Outcomes:

- Increase the number of SHIP and SMP volunteers by 5% each year.
- Increase targeted SHIP and SMP outreach by 10% each year.
- Increase access to non-English speaking population by increasing the number of translated SHIP and SMP Medicare related information by 10% distribution annually.
- Achieve or maintain statewide timeliness in entering data into the tracking system by ACL established monthly deadlines each year.

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

Objective 3.1: Improve overall nutritional health and well-being of older adults by increasing access to nutrition services which include but are not limited to Congregate and HDM meals.

Strategies:

- Identify gaps and barriers to nutrition services which may lead to food insecurity and malnutrition in older adults.

- Increase the awareness of congregate and home delivered meal services through the use of virtual platforms.
- Expand public and private partnerships that enhance nutrition services through access, education, training, and care coordination.
- Evaluate nutrition education approaches to better inform older adults of diverse populations to facilitate improved health outcomes.
- Maintain menu policies that meet or exceed Older Americans Act requirements.
- Identify and evaluate new approaches to increase flexibility in meal options that keep pace with the growing and increasingly diverse older adult population's expectations.
- Continue to expand public/private partnerships to facilitate pathways towards nutrition wellness with the focus on reducing food insecurity in all AAAs.
- Host meetings with Nutrition Program Managers to develop standardized nutrition education materials for statewide implementation.
- Conduct an annual review of the state nutrition policy in order to maintain compliance with current Dietary Guidelines for Americans meeting Recommended Daily Intakes for seniors.
- Conduct quarterly menu reviews with food service professionals which include cultural, seasonal healthy food choices for Maryland's diverse older adult population; include those with diabetes and low sodium needs.
- Consistently conduct, collect, and analyze nutrition surveys in each jurisdiction on a quarterly basis.

Measurable Outcomes:

- Increase the number of people receiving nutritional counseling by 10% each year.
- Increase the number of people served in the senior nutrition home-delivered and congregate programs by 10% each year.

Objective 3.2: Develop integrated statewide systems to support access to, sustainability of, and participation in evidence-based programs, while promoting a continuum of care between clinical and community providers to holistically address social and health needs.

Strategies:

- Develop data sharing and utilization protocols between the Chesapeake Regional Information System for Our Patients (CRISP) and the Department by way of the Maryland Living Well Center of Excellence's evidence based program delivery network, AAA Health Promotion, and Maryland Access Points throughout the state.
- Engage the Maryland Department of Health on its *Total Cost of Care Model* and the *Maryland Primary Care Program* to increase the visibility and use of health promotion

evidence-based programming as a solution to reduce healthcare costs and improve outcomes in social determinants of health.

- Improve referral pathways for evidence-based programs between clinical providers and the AAA network and track the growth in the number of partners accessing new referral pathways.
- Facilitate partnerships and information sharing that support the AAA network's capacity to receive financial compensation for evidence-based program delivery by way of healthcare partners, Medicare and Medicaid, and other health insurance entities.
- Strengthen statewide systems for data tracking, marketing, and program delivery through collaboration and support of the Maryland Living Well Center of Excellence.
- Evaluate and determine virtual program capacity to reach and serve a range of populations throughout the state.
- Track the increase in the number of computer tablet lending libraries that evolve.

Measurable Outcomes:

- Increase the number of people served in evidence-based programs by 10% each year.
- Increase diversity and quantity of evidence-based programs offered by each AAA by 10% each year.
- Increase revenue generated activities for AAAs offering evidence-based programs by way of healthcare and insurance reimbursement models by the end of year 4.

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

Objective 4.1: Expand partnerships between the NWD and healthcare providers and insurers to reduce avoidable hospitalizations and transitions into nursing homes and connect individuals to lower cost community services and supports.

Strategies:

- Investigate opportunities to align No Wrong Door policies with Maryland's Hospital All Payer Model goals, the Primary Care Program, and any new managed care model implemented in the State to bridge acute care, primary care, and available community-based LTSS services.
- Embed MAP in hospital settings to improve access to information, referral and assistance for public and private home and community based services at the point of discharge.
- Develop materials on the return on investment of the No Wrong Door and AAA HCBS services to support local agencies in making a successful business case for their services,

as initiated in Grant No. 90NWDBC0007-01-01-ADRC/NWD System Business Case Development.

- Support the integration of health and social services systems through the development of data sharing protocols and referral pathways between healthcare providers and AAA MAP programs and other community-based organizations through the Chesapeake Regional Information System for our Patients (CRISP).
- Continue to investigate and support the expansion of sustainable funding opportunities for care coordination services including cost sharing, establishing appropriate local matching fund contributions for FFP, and increasing the business acumen of aging network partners to contract and bill for services, through partnership development and information sharing.

Measurable Outcomes:

- Fifty percent of AAAs achieve and/or maintain a formal partnership between MAP and at least one hospital or other healthcare entity for care transition support services by the end of the 4-year period.
- Twenty-five percent of AAAs receive payment from at least one health and/or insurance provider by the end of the 4-year period.
- Twenty-five percent of MAP sites receive referrals and/or tracking data through CRISP by the end of the 4-year period.

Objective 4.2: Support individuals who want to remain in the community or transition from nursing homes into a community setting through person-centered options counseling services.

Strategies:

- Partner with the Money Follows to Person (MFP) initiative to link individuals in nursing homes who want to transition to a community-living setting to information and support services.
- Provide technical assistance for MAP staff and partners participating in the Federal Financial Participation (FFP) to appropriately identify Medicaid administrative activities, including MFP Options Counseling, and respond to random moment study results appropriately.
- Effectively integrate core Older Americans Act services and state programs, such as the Senior Assisted Living Subsidy, the Congregate Housing Services Program, into person-centered options counseling.

Measurable Outcomes:

- Increase the percentage of MFP Options Counseling referrals that result in a completed information session by 25% each year.
- Maintain or increase the average Medicaid activity percentage of agencies participating in FFP each year.

Objective 4.3: Enhance the creation, utilization, and accessibility of affordable Long Term Services and Supports.**Strategies:**

- Partner with state and local assistive technology, durable medical equipment, and home modification programs that keep individuals independent in their homes, to share information regarding these services through social media and AAA staff, including Maryland Access Point (MAP).
- Partner with state and local agencies to support new and existing efforts to develop affordable housing options for low-income older adults through information sharing and facilitation of collaborative projects..
- Create a compendium of long term services options and associated costs for use in options counseling by MAP staff.
- Expand the reach of the Community for LifeSM Program to meet the needs of middle-income older Marylanders through affordable, person-centered aging in place supports.
- Track the Durable Medical Equipment program usage to meet the needs of older adults.
- Provide guidance for the aging services network on how new and ongoing home and community based services (HCBS) initiatives can be integrated with core Older Americans Act programs to address social determinants of health, especially during waiting periods for Medicaid HCBS.
- Provide training, oversight, and technical assistance for state and Older Americans Act funded HCBS program staff to enhance the accessibility and self-direction of services.

Measurable Outcomes:

- Increase the number of MAP contacts and unique website views associated with assistive technology by 25%.
- Increase the number of Maryland counties offering a Community for LifeSM to 75% by the end of the 4-year period.
- Increase the number of older adults receiving durable medical equipment each year.

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

Objective 5.1: With the assistance of community partners and providers expand nutrition education and outreach virtually and by telephone for home delivered meals recipients across the state.

Strategies:

- Establish a workgroup to develop a statewide remote nutrition education program.
- Determine platform, access, and sustainability plan.
- Identify programming that encourages multi-generational interactions, including those that support caregivers, grandparents raising grandchildren and diverse populations.

Measurable Outcomes:

- By year two of the state plan, increase the number of AAAs participating in virtual and/or telephonic home delivered meals nutrition education programs to all 19 or 100% of the programs.
- Increase the number of nutrition education service units for home delivered meals by a 20% increase in educational sessions over four years.
- Increase the number/percentage of partnerships that support access to technology each year.

Objective 5.2: Engage local hospital systems and other healthcare providers to understand the role of the ombudsman program, to understand the rights of residents and choice in long-term care settings, and to improve systemic discharge issues.

Strategies:

- Increase ombudsman outreach to medical and psychiatric hospitals to provide person centered planning training and education about the ombudsman program, residents' rights, discharge planning and resources.
- Convene an ombudsman work group to discuss outreach to hospitals, and assist with dissemination of outreach materials to hospitals.

Measurable Outcome:

- Increase the number of person centered training and community outreach sessions to medical and psychiatric hospitals by 20% over four years.

Objective 5.3: Leverage partnerships among AAAs and hospital and healthcare entities, state and local government, and community-based organizations to increase capacity and reach of Health Promotion programming.

Strategies:

- Integrate evidence-based program referrals within a clinical-community network including AAAs, Maryland Access Point, the Living Well Center of Excellence, CRISP, and new healthcare and community partners with a shared interest in population health and disease prevention
- Embed evidence-based programs within a continuum of care that addresses individual medical needs as well as the social determinants of health, in collaboration with community and healthcare partners.
- Track outcomes related to services provided within the continuum of care to further support Health Promotion programming and demonstrate its value.
- Work within the Maryland Department of Health's *Total Cost of Care Model* and *Primary Care Program* to increase clinician awareness of evidence-based programs and develop referral systems and sustainable, reimbursable delivery models.
- Form new partnerships to increase the scope of evidence-based program marketing and outreach.

Measurable Outcomes:

- Increase persons served in evidence-based programs by 10% each year.
- Increased diversity and quantity of evidence-based programs offered per AAA by 10% each year.
- Increase revenue generated for AAAs offering evidence-based programs by way of healthcare/insurance reimbursement models by 10% over the 4-year period.
- Increase the number of partners accessing new referral pathways by 25% by the end of the 4-year period.
- Increase the number of tablet lending libraries by 10% over the 4-year period.

Objective 5.4: Partner with academic institutions to identify service needs, strengthen service delivery, evaluate services, and increase access to information about aging and the aging service network among students entering the workforce.

Strategies

- Partner with academic institutions to leverage and align programmatic and research activities.
- Collaborate with academic institutions on all discretionary grants to provide independent evaluation and recommendations on grant activities.

Measurable Outcomes:

- At least one academic institution participates as a formal partner in all Department discretionary grants awarded within the 4-year period.

Objective 5.5: Coordinate with the Maryland Department of Health Behavioral Health Administration and other state and local agencies to identify and implement opportunities that address the cognitive and behavioral health needs of older Marylanders.

Strategies:

- Define the cognitive and behavioral health needs of Maryland's aging population, identify the current and future challenges associated with the provision of services that meet these needs, and determine the adequacy of existing services in meeting the cognitive and behavioral health needs of Maryland's aging population.
- Develop a multi-year plan to meet the future cognitive and behavioral health needs of Maryland's aging population, including possible limitations in meeting these needs.
- Provide a plan to coordinate state services, specifically identify programs that may benefit from inter-departmental collaboration, and a timeline, with specific goals to be achieved.
- Work with public and private organizations to develop and strengthen initiatives that address social isolation among older adults and caregivers, including through the Sharing Your Life Stories and Tablet Program activities initiated through the ACL Grant 93.048 - Special Programs for the Aging_Title IV_and Title II_Discretionary Projects.

Measurable Outcomes:

- A written plan to address the Cognitive and Behavioral Health needs of Maryland's Older Adults.
- At least one new and two enhanced initiatives focused on addressing behavioral health and social isolation by the end of the 4-year period.

Objective 5.6: Enhance the visibility and awareness of training and employment resources for Maryland's older adult workforce.

Strategies:

- Coordinate with the Maryland Department of Labor to increase the awareness of the Senior Community Service Employment Program (SCSEP).
- Ensure SCSEP placement on the Department's website, MAP website, and other social media platforms to inform the public of recruitment, training, and counseling opportunities for older adult workers.

- Engage MAP to ensure accurate referrals to SCSEP employment resources.
- Develop and sustain public information messaging regarding the critical role of older adult employment.

Measurable Outcomes:

- Increase the number of social media posts and online resources associated with the SCSEP program by 25% by the end of the four year state plan period.
- Increase MAP and other state staff orientation activities related to older worker employment resources by 25% over the course of the four year period of the state plan.

Quality Management

The Maryland Department of Aging is committed to serving as an accountable, transparent, and responsible steward of the taxpayer's dollar. For the past six years, the Department's efforts have centered on delivering efficient and high-quality services to older adults. Reforms have focused on cost efficiency and seamless continuity of administrative functions. A new fiscal division has been instituted and the Department continues to identify process improvements, including auditing, grants management, and training. Through close collaboration with the Governor's Grants Office, the Department will continue to utilize its Grants Management System to improve and centralize grant applications and modifications, payment tracking, and audit findings. Guided by the Department's commitment to be consistent across all jurisdictions and program areas, the Department will continue to identify best practices including regular communication between program and fiscal staff, technical assistance, and regular training of AAA staff and volunteers.

In 2018, the Department launched new monitoring protocols to improve the review of local management of state and federal programs. Programs are monitored annually with attention placed on insuring compliance to state and federal guidelines.

As seniors and their caregivers turn to online resources to identify and research service options, the Department is committed to improving ease of access. In 2020, the Department embarked on a new Maryland Access Point-211 initiative to streamlined statewide access to aging and human services information. A new MAP website was recently unveiled in 2021, with state of the art approaches to easy access to accurate and comprehensive information about aging and general human services information. In addition, the Department's website continues to undergo regular evaluation and updates and is complemented with strategically advancing a social media presence in aging.

In collaboration with the Department of Budget Management, the Department's 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. The Department 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 continues to prioritize its focus on innovative and sustainable opportunities to serve new and emerging populations.

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. 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, the Department 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.

Moving forward, the Department plans to:

- 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.

State Plan Assurances and Required Activities

Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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; . . .

(E) 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;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be— . . .

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE 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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 sub-clause (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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(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, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require 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) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

(i) provide assurances that the State agency will spend for each fiscal year, 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); and

(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.

(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).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any 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 plan shall provide that 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.

(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.

(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.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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) The plan shall provide that with respect to legal assistance —

(A) the plan contains 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 (i) 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;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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 —

(A) 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—

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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.

(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

(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.

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in

the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (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

(a) ELIGIBILITY.—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;

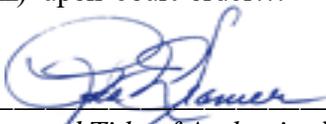
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(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...



Signature and Title of Authorized Official

July 15, 2021

Date

Attachment B

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 with 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 state programs administered by the Maryland Department of Aging and outside of the Older Americans Act, use eligibility that include 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 meet all factors of greatest social and economic need. For example, in the Home Delivered Meals program, a Priority Screening Tool is used to assist AAAs in evaluating recipients to best serve those in greatest need. The statewide Maryland Information and Assistance through Maryland Access Point conducts priority screening during all calls coming into AAAs. And, the Department's statewide MIPPA Program provides savings to Medicare beneficiaries based on income eligibility.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

The State of Maryland Department of Aging conducts an annual review of all Area Plans. The review process will be amended to include instructions on assistive technology and direct the AAAs to include specific language in their Area Plans before they are approved by the state. Following annual review of Area Plans, the state will also include language in its Aging Policy Directive that requires AAAs to coordinate with the State to disseminate information about State assistive technology entity and access to assistive technology options for serving older adults. The Department's website will also be a part of the mechanism for ensuring access to this information.

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 as well as with the Department before, during, and after an emergency. AAAs are routinely informed of national and state training webinars offered.

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 III-B allocation

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

Legal Assistance: 5% of the initial Title III-B 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 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); and
- (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 2022-2025 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.

The Department projects costs of providing such services:

Service	2022-2025 Projected Title III Costs per Year	Service	2022-2025 Projected Title III Costs per Year
Personal Care	\$ 74,372	Nutrition Education	\$ 42,740
Homemaker	\$ 47,475	Information and Assistance	\$ 504,128
Chore	\$ 15,569	Outreach	\$ 93,080
Home Delivered Meals	\$ 2,035,846	Health Promotion and Disease Prevention	\$ 152,087
Adult Day Care	\$ 20,526	Caregiver Counseling/Support Groups/Training	\$ 123,874
Case Management	\$ 134,811	Caregiver Respite Care	\$ 212,482
Assisted Transportation	\$ 39,639	Caregiver Supplemental Services	\$ 99,951
Congregate Meals	\$ 1,428,953	Caregiver Access Assistance	\$ 164,599
Transportation	\$ 47,949	Caregiver Information Services	\$ 116,123
Legal Assistance	\$ 123,279	Other Services	\$ 426,245
Grand Total Each Year \$5,903,729			
MDoA projects costs for services to rural customers will remain static over the four years of this plan.			

As part of the preparation for developing a strategic area plan, each area agency on aging conducts public hearings and a needs assessment to determine where gaps exist in the planning and service area. The information and interventions are included in their area plans, which are reviewed annually by the Department.

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 ratio for its Title III funding, excluding NSIP. 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 2013-2017 American Community Survey, Maryland has 44,935 low-income minority older adults (3.71% of Maryland's total older adult population) and 41,792 older adults with limited English proficiency (3.45% of Maryland's total older adult population). Of the 41,792 older adults with limited English proficiency, 5,470 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 a unique landscape of minority, low income minority and populations with different language requirements. Local AAAs and senior centers contract for culturally appropriate congregate and home delivered meals, senior centers have dedicated activities that celebrate culturally focused traditions, and partnerships with trusted faith based and other minority organizations. Low Income minority older individuals benefit from frequent enrollment seminars

that focus on Medicare savings programs and state programs that have low income eligibility requirements. Montgomery County, for example, has 39 languages spoken, including English. AAAs with especially high numbers of individuals with limited English proficiency, customize programs and services to fit the cultural and language needs of older adults. This may include but is not limited to bilingual MAP Information and Assistance counselors 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 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, 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. Accordingly, the state will assure to identify Native American leadership and include the population in our state in statewide education and outreach efforts to increase access to all aging programs and benefits provided by the agency. Likewise, the state will also work with specific AAA jurisdictions with Native American population presence, to assure the pursuit to inform and provide access by Native American Marylanders to all aging programs and benefits provided through the AAA. The Area Plans for AAAs will be monitored to reflect this planning. And, finally, the state will seek and follow the guidance of ACL's Regional Administrator for the inclusion of best practices and opportunities to implement new approaches in Maryland as a state with no federally recognized Native American tribes.

Section 307(a)(27) (A)

The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (B) Such assessment may include— (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

The State conducts a survey of residents statewide during the development of its State Plan on Aging. Survey results capture demographic data in addition to preferences for wellbeing, living in the community and desired services. The State Plan on Aging includes public review and comment of the draft, to ensure the final document submitted for approval includes recommendations from older adults, caregivers and professional stakeholders representing a range of target populations.

Section 307(a)(28)

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.

The Maryland Department of Aging 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. During and after emergencies, the Department has mechanisms in place to stay in close communication with AAAs to support any unmet needs.

Section 307(a)(29) 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 the Department work closely with public health partners to ensure the needs of older adults are considered in emergency preparedness plans.

Section 705(a) ELIGIBILITY —

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 asserts that it will carry out this subtitle, Section 705(a) Eligibility in accordance with the assurances described in paragraphs (1) through (6) below.

The state will continue to hold statewide public hearings on the implementation of the State Plan and use other means to obtain the views of older adults, AAAs, stakeholders and any interested persons as needed and with regarding this subtitle. In May 2021, the Department launched a statewide Older Adults Needs Assessment Survey with access and completion online, by postal mail, and by telephone. Social media was used to hyperlink this survey and reach many through Facebook and Twitter. We asked respondents to discuss preferences and concerns for maintaining their health and independence. This data was used to develop the FY2022-2025 Maryland State Plan on Aging and will also be used to structure new innovations and efforts to collaborate with other public and private stakeholders moving forward. In May and June 2021, the Department hosted three Virtual Town Halls and invited older adults, caregivers, advocates, and stakeholders to review the proposed 2022-2025 State Plan on Aging as well as learn about innovations developed by the Department. While comments were received in a public hearing fashion, these Town Halls also provided a community conversation opportunity for all who attended. Due to the social-distancing requirements of the ongoing COVID-19 pandemic and for the safety of all those who might want to attend. In addition, the Department relies on quarterly meetings are held with the State and all AAAs to ensure ongoing discussion of challenges and opportunities to strengthen Maryland's statewide aging network.

The Department continues to host a website that offers a gateway for older adults, stakeholders and others to access to learn about and benefit from assistance in securing and maintaining benefits and rights. This year, a new section was added that focuses on Fraud and Scam awareness. Additionally, the Maryland Access Point (Maryland's ADRC) has points of access in all 19 AAA jurisdictions of the state as well as a dedicated information and assistance resource website. Working in partnership with 211, our MAP telephone number and website access are more powerful than ever. The new collaboration expands aging's reach to a broader audience seeking human service referrals. All calls to the 211 that are aging service specific, receive accurate and direct referrals to our local aging network. The Department continues to promote and increase the use of Maryland Senior Call Check, a state funded, statewide opt in free telephone service that provides a system of daily check in and assurance of wellbeing. All Maryland Older Americans Act and other state funded programs are encouraged to promote this free service to reach as many older adults in the state as possible.

The State of Maryland administers the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol and Medicare Improvements for Patients and Providers Act (MIPPA) who work with all Older Americans Act and state funded programs to ensure understanding of Medicare waste, fraud and abuse. Scams are a particular focus that our state will seek to maximize the coordination of messaging through our MAP, health promotion, elder abuse, and legal services outreach. We will continue to use Senior Medicare Patrol to extend fraud education efforts to include information on elder abuse. The SHIP program will also disseminate information to beneficiaries through activities conducted as part of Medicare Improvements for Patients and Providers Act (MIPPA) outreach.

Statewide activities continue to prioritize and focus on ensuring that vulnerable elders are protected. Through multidisciplinary committee leadership as well as membership, the Department continues to bring together and join in with key stakeholders through Maryland's Project SAFE and the Virginia I. Jones Alzheimer's Disease and Related Disorders Council. These groups convene regularly to ensure the protection of protect the rights of Maryland's most vulnerable. Statewide annual events are coordinated and supported through these and other committees not mentioned.

Key activities of the FY 2022-2025 State Plan on Aging will be to focus on statewide efforts toward advance directive education, replicating dementia friendly strategies statewide and developing a plan for cognitive and behavioral health for the older Maryland population.

The Maryland Long Term Care Ombudsman Program developed has policies and procedures that are in compliance with the Older American's Act and federal ombudsman regulations. ACL reviewed and approved Maryland's compliance with the OAA and federal ombudsman regulations. Each year, the State Ombudsman reviews conflict of interest provisions in the federal ombudsman regulations and reviews the AAAs designation as local ombudsman entities.

The Department has an Elder Rights Program Manager who focuses on the integration of an elder rights focus in all Department programs and initiatives. The Elder Rights Program Manager coordinates quarterly training for local AAAs, works with Adult Protective Services on a regular bases, ensures strong reporting mechanisms with the Department of Human Services (operates Adult Protective Services) and serves on a number of state level committees and task forces that are designed to address elder abuse, exploitation and neglect in community settings.

The Long Term Care Ombudsman Program responds to all complaints regardless of the complainant including abuse complaints for long-term care facilities and works with Adult Protective Services when appropriate to do so – note the ombudsmen are not mandatory reports – this is a requirement under the Older Americans Act. The ombudsman program has strict disclosure standards and information provided to the program is confidential, and only released or referred to another agency with consent of the resident.

Many Long Term Care Ombudsmen, throughout the state are volunteers and are also peers of older adults. They actively engage in the state ombudsman programs offering of training and outreach to the community.

The Long Term Care Ombudsman Program refers complaints to law enforcement, Adult Protective Services and the Office of Health Care Quality, within the Department of Human Services, with consent.

The Maryland Department of Aging works in partnership with the Maryland Department of Health, which regulates nursing facilities and assisted living facilities in the state of Maryland as well as the Maryland Department of Human Services, that administers the Adult Protective Services Program in the state for ages 18 and older to ensure a strong referral process for completes to law enforcement or public protective service agencies, if appropriate.

The Maryland Department of Aging assures that it will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households.

The Maryland Department of Aging assures the information gathered will remain confidential except in the instances referenced.

Additional Demographic Data - Maryland

County (AAA)	2013-2017 ACS Population 60+	2013-2017 ACS Population 60+ and Below Poverty Line	2013-2017 ACS Population 60+, Below Poverty and Minority	2013-2017 ACS Population 60+, Limited English Proficiency*	2013-2017 ACS Population 60+, Below Poverty and Minority, Limited English Proficiency*	2013-2017 ACS Estimated 60+ Populaton in Rural Areas	County (AAA)
Allegany	18,315	1,770	48	60	-	4,991	Allegany
Anne Arundel	111,085	6,170	1,855	1,485	215	5,892	Anne Arundel
Baltimore City	115,710	19,945	15,705	1,860	450	-	Baltimore City
Baltimore Co	186,405	13,915	4,249	5,115	499	12,179	Baltimore Co
Calvert	18,150	1,055	330	145	20	7,026	Calvert
Caroline (USA)	6,875	710	189	45	-	5,225	Caroline (USA)
Carroll	36,730	1,735	125	135	15	14,511	Carroll
Cecil	21,070	1,230	184	140	-	8,871	Cecil
Charles	26,070	2,020	1,194	300	10	7,692	Charles
Dorchester (MAC)	8,890	740	345	74	-	4,998	Dorchester (MAC)
Frederick	46,880	3,080	840	765	84	11,817	Frederick
Garrett	8,440	675	28	4	-	7,081	Garrett
Harford	53,290	3,365	485	400	15	9,463	Harford
Howard	57,300	2,805	1,115	3,590	294	5,301	Howard
Kent (USA)	6,225	380	89	4	-	4,518	Kent (USA)
Montgomery	209,465	12,705	7,325	19,180	2,695	4,993	Montgomery
Prince George's	159,435	10,550	8,700	7,285	1,030	3,136	Prince George's
Queen Anne's	12,065	715	110	40	-	6,574	Queen Anne's
Somerset (MAC)	5,570	500	115	100	-	2,551	Somerset (MAC)
St. Mary's	18,980	1,420	345	60	-	9,569	St. Mary's
Talbot (USA)	12,870	855	249	30	-	7,034	Talbot (USA)
Washington	33,145	2,500	350	445	100	9,774	Washington
Wicomico (MAC)	21,275	1,600	635	470	43	5,490	Wicomico (MAC)
Worcester (MAC)	17,650	1,190	325	60	-	6,270	Worcester (MAC)
Total	1,211,890	91,630	44,935	41,792	5,470	164,957	Total

Sources: 2013-2017 American Community Survey (ACS) AGID MDs21003, MDs21055, MDs21040, MDs21014B, MDs21056 (2013-2017 American Community Survey, Special Tabulation on Aging – Population Characteristics / prepared by the U.S. Census Bureau) 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 2013-2017 American Community Survey

Attachment C

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.”

Definition:

Jurisdiction: There are 24 jurisdictions in the State of Maryland (23 counties plus Baltimore City)

Funding Formula - Titles IIIB, IIIC1, IIIC2, and IIIE

In allocating the Older Americans Act Title IIIB, IIIC1, IIIC2, and IIIE funds to the State's 19 AAAs, the Maryland Department of Aging utilizes American Community Survey (ACS) Special Tabulations charts, which are updated yearly and located at: <https://agid.acl.gov/DataFiles/SpecialTabulations.aspx>. The Department uses the factors and the assigned weights as follows:

<u>Factors</u>	<u>Weight</u>
● ACS Population 60+	45%
● ACS Population 60+ and Below Poverty Line	45%
● ACS Population 60+ Below Poverty and Minority	10%

The methodology for allocating the funding to the AAAs is based on establishing a final funding ratio for each AAA. The mathematical formula ensures that AAAs with jurisdictions that have the greatest economic and social need receive adequate funding. For AAAs with jurisdictions that fall below the established minimum funding ratio, those ratios are increased to the minimum ratio. If the ratio is above the minimum ratio, a formula is used to reduce the rate to keep the overall funding level at 100%. No AAA receives funding less than the minimum funding ratio for each of its jurisdiction(s). AAAs serving multiple jurisdictions determine how to allocate the funding awarded to it through the IFF among the various jurisdictions in its service area.

The State receives its allocation for each grant through Notices of Award from ACL. The State retains a percentage of the total allocations for Title IIIB, IIIC1, IIIC2, IIID, and IIIE for state plan administration. Additionally, funding is reduced from Title IIIB to be allocated as Title IIIB Ombudsman funding to

support the Long-Term Care Ombudsman Program. The amount for each grant after those reductions is allocated to the AAAs.

The following formula is used to determine the minimum funding ratio:

- The amount of \$125,000 is divided by the total of the AAA allocations for Title IIIB, IIIC1, IIIC2, and IIIE. This calculation becomes the minimum funding ratio (M).

$$M = \frac{\$125,000}{(N + O + P + Q)}$$

M = Minimum funding ratio
 N = Title IIIB AAAs allocation
 O = Title IIIC1 AAAs allocation

P = Title IIIC2 AAAs allocation
 Q = Title IIIE AAA allocation

To following steps are used to calculate each AAA’s final funding ratio:

- 1) a. For each factor, the jurisdiction’s percentage of that factor is calculated as follows:
 - Each jurisdiction’s ACS Population 60+ (A) is divided by the State’s total 60+ population (A1), then multiplied by the respective weight of 45%
 - Each jurisdiction’s ACS Population 60+ and Below Poverty Line (B) is divided by the State’s total low-income elderly population (B1), then multiplied by the respective weight of 45%
 - Each jurisdiction’s ACS Population 60+, Below Poverty and Minority (C) is divided by the State’s total low-income, minority population (C1), then multiplied by the respective weight of 10%
- b. The jurisdiction’s percentage for the three factors are combined to establish the jurisdiction’s initial funding ratio (D) before determining any ratio adjustments.

$$((A/A1) * 45\%) + ((B/B1) * 45\%) + ((C/C1) * 10\%) = D$$

A = jurisdiction’s ACS Population 60+
 A1 = state’s ACS Population 60+
 B = jurisdiction’s ACS Population 60+ and Below Poverty Line
 B1 = state’s ACS Population 60+ and Below Poverty Line
 C = jurisdiction’s ACS Population 60+, Below Poverty and Minority
 C1 = state’s ACS Population 60+, Below Poverty and Minority
 D = jurisdiction’s initial funding ratio

- 2) For any jurisdiction whose initial funding ratio is below the calculated minimum funding ratio, that jurisdiction's funding ratio is increased to the minimum funding ratio and becomes that jurisdiction's final funding ratio. The total of all jurisdictions initial funding ratios will then be above 100% and must be reduced.
- 3) For any jurisdiction whose initial funding ratio is above the calculated minimum funding ratio, that jurisdiction's initial funding ratio is decreased to ensure overall funding does not exceed 100% as follows:
 - a. Subtract from each jurisdiction's initial funding ratio (D) the calculated minimum funding ratio (M).
 - b. That difference is then divided by the aggregate of the differences for all jurisdictions (E) and multiplied by the percentage over 100% (F) to determine the amount to reduce from each jurisdiction's initial funding ratio (G)

$$\frac{(D - M)}{E} * F = G$$

D = jurisdiction's initial funding ratio
 E = aggregate of the differences for all jurisdictions
 F = percent of combined initial funding ratios over 100%
 G = Amount to reduce from the initial funding ratio

- c. Subtract from each jurisdiction's initial funding ratio (D) the amount calculated in step b (G) to determine the final funding ratio for each jurisdiction (H).

$$D - G = H$$

D = jurisdiction's initial funding ratio
 G = Amount to reduce from the initial funding ratio
 H = jurisdiction's final funding ratio

- 4) The final funding ratio for each AAA is that of the jurisdiction(s) it represents. For AAAs that represent multiple jurisdictions, the final funding ratio of those jurisdictions are totaled and become the final funding ratio for that AAA (I).

I = the sum total of the final funding ratios for the jurisdictions the AAA represents

To calculate each AAA's grant allotment, the AAA's final funding ratio (I) is multiplied by the total AAA allocation for each grant. This is done separately for Title IIIB, Title IIIC1, Title IIIC2, and Title IIIE.

I * N = Title IIIB allocation for each AAA
 I * O = Title IIIC1 allocation for each AAA
 I * P = Title IIIC2 allocation for each AAA
 I * Q = Title IIIE allocation for each AAA

Funding Formula - Title IIID

In allocating the Older Americans Act Title IIID funds to the State's 19 AAAs, the Maryland Department of Aging utilizes American Community Survey (ACS) Special Tabulations charts, which are updated yearly and located at: <https://agid.acl.gov/DataFiles/SpecialTabulations.aspx>. The Department uses the factors and the assigned weights as follows:

<u>Factors</u>	<u>Weight</u>
● ACS Population 60+	45%
● ACS Population 60+ and Below Poverty Line	45%
● ACS Population 60+ Below Poverty and Minority	10%

The methodology for allocating the funding to the AAAs is based on establishing a final funding ratio for each AAA. The mathematical formula ensures that AAAs with jurisdictions that have the greatest economic and social need receive adequate funding. For AAAs with jurisdictions that fall below the established minimum funding ratio, those ratios are increased to the minimum ratio. If the ratio is above the minimum ratio, a formula is used to reduce the rate to keep the overall funding level at 100%. No AAA receives funding less than the minimum funding ratio for each of its jurisdiction(s). AAAs serving multiple jurisdictions determine how to allocate the funding awarded to it through the IFF among the various jurisdictions in its service area.

The State receives its allocation for Title IIID through Notices of Award from ACL. The State retains a percentage of the total allocations for Title IIIB, IIIC1, IIIC2, IIID, and IIIE for state plan administration. The amount for each grant after those reductions is allocated to the AAAs.

The following formula is used to determine the minimum funding ratio:

- The amount of \$9,000 is divided by the aggregate Title IIID to be allocated to the AAAs (U). This calculation becomes the minimum funding ratio (M).

$$M = \frac{\$9,000}{U}$$

M = Minimum funding ratio

U = Title IIID AAAs allocation

The following steps are used to calculate each AAA's final funding ratio:

- 1) a. For each factor, the jurisdiction's percentage of that factor is calculated as follows:
 - Each jurisdiction's ACS Population 60+ (A) is divided by the State's total 60+ population (A1), then multiplied by the respective weight of 45%
 - Each jurisdiction's ACS Population 60+ and Below Poverty Line (B) is divided by the State's total low-income elderly population (B1), then multiplied by the respective weight of 45%

- Each jurisdiction's ACS Population 60+, Below Poverty and Minority (C) is divided by the State's total low-income, minority population (C1), then multiplied by the respective weight of 10%

b. The jurisdiction's percentage for the three factors are combined to establish the jurisdiction's initial funding ratio (D) before determining any ratio adjustments.

$$((A/A1) * 45\%) + ((B/B1) * 45\%) + ((C/C1) * 10\%) = D$$

A = jurisdiction's ACS Population 60+

A1 = state's ACS Population 60+

B = jurisdiction's ACS Population 60+ and Below Poverty Line

B1 = state's ACS Population 60+ and Below Poverty Line

C = jurisdiction's ACS Population 60+, Below Poverty and Minority

C1 = state's ACS Population 60+, Below Poverty and Minority

D = jurisdiction's initial funding ratio

- 2) For any jurisdiction whose initial funding ratio is below the calculated minimum funding ratio, that jurisdiction's funding ratio is increased to the minimum funding ratio and becomes the jurisdiction's final funding ratio. The total of all jurisdictions initial funding ratios will then be above 100% and must be reduced.
- 3) For any jurisdiction whose initial funding ratio is above the calculated minimum funding ratio, that jurisdiction's initial funding ratio is decreased to ensure overall funding does not exceed 100% as follows:
 - a. Subtract from each jurisdiction's initial funding ratio (D) the calculated minimum funding ratio (M).
 - b. That difference is then divided by the aggregate of the differences for all jurisdictions (E) and multiplied by the percentage over 100% (F) to determine the amount to reduce from each jurisdiction's initial funding ratio (G).

$$\frac{(D - M)}{E} * F = G$$

D = jurisdiction's initial funding ratio

E = aggregate of the differences for all jurisdictions

F = percent of combined initial funding ratios over 100%

G = Amount to reduce from the initial funding ratio

- c. Subtract from each jurisdiction's initial funding ratio (D) the amount calculated in step b (G) to determine the final funding ratio for each jurisdiction (H).

$$D - G = H$$

D = jurisdiction's initial funding ratio
G = Amount to reduce from the initial funding ratio
H = jurisdiction's final funding ratio

- 4) The final funding ratio for each AAA is that of the jurisdiction(s) it represents. For AAAs that represent multiple jurisdictions, the final funding ratio of those jurisdictions are totaled and become the final funding ratio for that AAA (I).

I = the sum total of the final funding ratios for the jurisdictions the AAA represents

To calculate each jurisdiction's AAA's grant allotment for Title IIID, the AAA's final funding ratio (I) is multiplied by the AAA allocation for Title IIID (U).

$$I * U = \text{Title IIID allocation for each AAA}$$

Funding Formula - Title VII and Title IIIB Ombudsman

The Department utilizes the following formula to calculate the Older Americans Act Title VII grants and the Title IIIB Ombudsman grant. The formula is the ratio of the AAA's sum relative to the State's sum of the following factors:

- 1 point for the AAA's square miles of the planning and service area (A)
- 2 points for each of the AAA's number of skilled nursing facilities (B)
- 2 points for each of the AAA's number of assisted living facilities (C)
- 7 points for the long term care beds (the total license capacity of the skilled nursing facilities and assisted living facilities) (D)

The following steps are followed to calculate each AAA's allocation:

- 1) The prior year's reported count of skilled nursing facilities, assisted living facilities, and the license capacity for each is utilized to calculate the formula.
- 2) This formula is used to calculate each AAA's total points:

$$(A*1) + (B*2) + (C*2) + (D*7) = \text{a AAA's total points (E)}$$

A = square miles
B = skilled nursing facilities
C = assisted living facilities
D = long term care beds

- 3) The AAAs' total points (E) are added together to calculate the total points for the State (F).
- 4) Each AAA's total points is divided by the total points for the State to establish each AAA's funding ratio (G). $E / F = G$

- 5) For the Title VII Ombudsman grant, the State retains a portion of funding at the state level for direct program costs. That amount is deducted from the State allocation to determine the amount to be allocated to the AAAs. No deductions are taken from Title VII Elder Abuse Prevention or Title IIIB Ombudsman.
- 6) Each AAA's funding ratio (G) is multiplied by the AAA allocation to determine each AAA's allocation of funds. This calculation is done separately for Title VII Ombudsman, Title VII Elder Abuse Prevention, and Title IIIB Ombudsman.

Funding Formula - NSIP

The Department utilizes a formula for NSIP which is based on the ratio of each AAA's prior year's reported meal counts relative to the total meals served throughout the State.

The following steps are used to calculate each AAA's NSIP allocation:

- 1) Each AAA's prior year's home-delivered meals and congregate meals served are totaled.
- 2) All AAAs' meal counts are added to total the number of meals served in the State.
- 3) The total meal count for each AAA is divided by the total meal count for the State to establish each AAA's funding ratio.
- 4) Each AAA's funding ratio is multiplied by the State's NSIP allocation to determine each AAA's NSIP allocation.

FY 2021 Federal Older Americans Act Award Allocations - as of March 8, 2021

AAA/County	Title IIIB Supportive Services	Title IIIC1 Congregate Meals	Title IIIC2 Home Delivered Meals	Title IIID Health Promotion	Title IIIE National Family Caregiver Support	Title IIIB Ombudsman	Title VII Ombudsman	Title VII Elder Abuse Prevention	NSIP	Total Titles III and VII	Total with NSIP
Allegany	\$ 96,769	\$ 128,875	\$ 69,160	\$ 9,000	\$ 46,586	\$ 2,385	\$ 5,826	\$ 1,678	\$ 62,320	\$ 360,279	\$ 422,599
Anne Arundel	\$ 469,080	\$ 624,710	\$ 335,250	\$ 27,075	\$ 225,822	\$ 9,222	\$ 22,695	\$ 5,949	\$ 124,988	\$ 1,719,803	\$ 1,844,791
Baltimore City	\$ 1,089,974	\$ 1,451,601	\$ 779,000	\$ 60,286	\$ 524,728	\$ 15,942	\$ 39,275	\$ 10,146	\$ 302,519	\$ 3,970,952	\$ 4,273,471
Baltimore Co	\$ 1,443,580	\$ 863,670	\$ 468,503	\$ 50,720	\$ 438,633	\$ 21,840	\$ 53,827	\$ 13,831	\$ 145,090	\$ 3,354,604	\$ 3,499,694
Calvert	\$ 78,518	\$ 104,568	\$ 56,116	\$ 9,000	\$ 37,800	\$ 769	\$ 1,838	\$ 668	\$ 29,679	\$ 289,277	\$ 318,956
Carroll	\$ 164,141	\$ 160,305	\$ 99,444	\$ 9,427	\$ 66,985	\$ 3,994	\$ 9,795	\$ 2,683	\$ 33,088	\$ 516,774	\$ 549,862
Cecil	\$ 88,550	\$ 72,593	\$ 108,621	\$ 9,000	\$ 42,629	\$ 1,339	\$ 3,245	\$ 1,024	\$ 33,239	\$ 327,001	\$ 360,240
Charles	\$ 172,028	\$ 149,823	\$ 98,648	\$ 9,367	\$ 66,449	\$ 2,315	\$ 5,652	\$ 1,634	\$ 35,074	\$ 505,916	\$ 540,990
Frederick	\$ 213,294	\$ 213,553	\$ 222,946	\$ 13,393	\$ 102,682	\$ 4,573	\$ 11,223	\$ 3,044	\$ 63,497	\$ 784,708	\$ 848,205
Garrett	\$ 40,443	\$ 53,862	\$ 28,905	\$ 9,000	\$ 19,470	\$ 795	\$ 1,901	\$ 684	\$ 39,664	\$ 155,060	\$ 194,724
Harford	\$ 231,822	\$ 308,735	\$ 165,682	\$ 14,384	\$ 111,602	\$ 3,726	\$ 9,133	\$ 2,515	\$ 33,209	\$ 847,599	\$ 880,808
Howard	\$ 232,695	\$ 309,897	\$ 166,306	\$ 14,431	\$ 112,022	\$ 5,211	\$ 12,797	\$ 3,442	\$ 43,168	\$ 856,801	\$ 899,969
MAC, Inc.	\$ 271,170	\$ 222,138	\$ 332,804	\$ 36,000	\$ 130,545	\$ 4,898	\$ 12,025	\$ 3,247	\$ 77,640	\$ 1,012,827	\$ 1,090,467
Montgomery	\$ 969,798	\$ 1,291,553	\$ 693,110	\$ 53,858	\$ 466,874	\$ 20,878	\$ 51,454	\$ 13,230	\$ 292,603	\$ 3,560,755	\$ 3,853,358
Prince George's	\$ 808,048	\$ 1,076,138	\$ 577,508	\$ 45,206	\$ 389,005	\$ 12,903	\$ 31,778	\$ 8,248	\$ 167,606	\$ 2,948,834	\$ 3,116,440
Queen Anne's	\$ 51,133	\$ 68,098	\$ 36,545	\$ 9,000	\$ 24,616	\$ 233	\$ 515	\$ 333	\$ 15,445	\$ 190,473	\$ 205,918
St. Mary's	\$ 91,743	\$ 122,181	\$ 65,569	\$ 9,000	\$ 44,166	\$ 1,695	\$ 4,123	\$ 1,246	\$ 57,232	\$ 339,723	\$ 396,955
USA, Inc.	\$ 125,311	\$ 179,421	\$ 105,698	\$ 27,000	\$ 64,858	\$ 2,667	\$ 6,520	\$ 1,853	\$ 51,780	\$ 513,328	\$ 565,108
Washington	\$ 115,395	\$ 209,458	\$ 154,288	\$ 10,397	\$ 75,715	\$ 3,916	\$ 9,602	\$ 2,634	\$ 25,807	\$ 581,405	\$ 607,212
Total	\$ 6,753,492	\$ 7,611,179	\$ 4,564,103	\$ 425,544	\$ 2,991,187	\$ 119,301	\$ 293,224	\$ 78,089	\$ 1,633,648	\$ 22,836,119	\$ 24,469,767

* Allocations are based on FY2021 Older Americans Act Notice of Awards received from the Administration for Community Living (ACL) through February 19, 2021. Additional awards may be received for FY2021 and allocations will be updated upon receipt.



FY 2021 Area Plan State Grants					
AAA	State Guardianship	State MAP Information &	State VEPI	State Ombudsman	State Nutrition
Allegany	\$ 17,820	\$ 15,800	\$ 7,469	\$ 24,100	\$ 37,827
Anne Arundel	\$ 24,482	\$ 63,506	\$ 36,231	\$ 85,458	\$ 152,043
Baltimore City	\$ 173,647	\$ 161,860	\$ 84,197	\$ 145,760	\$ 387,515
Baltimore Co	\$ 118,471	\$ 131,782	\$ 70,382	\$ 198,691	\$ 315,504
Calvert	\$ 2,759	\$ 10,708	\$ 6,059	\$ 9,596	\$ 25,637
Carroll	\$ 21,586	\$ 18,838	\$ 10,742	\$ 38,537	\$ 45,101
Cecil	\$ 8,262	\$ 12,468	\$ 6,834	\$ 14,712	\$ 29,851
Charles	\$ 4,207	\$ 18,954	\$ 10,656	\$ 23,469	\$ 45,378
Frederick	\$ 17,531	\$ 30,172	\$ 16,471	\$ 43,730	\$ 72,236
Garrett	\$ 2,000	\$ 6,285	\$ 3,117	\$ 9,824	\$ 15,047
Harford	\$ 41,571	\$ 33,334	\$ 17,902	\$ 36,127	\$ 79,805
Howard	\$ 18,689	\$ 30,084	\$ 17,969	\$ 49,454	\$ 72,026
MAC, Inc.	\$ 23,179	\$ 38,059	\$ 20,479	\$ 46,649	\$ 91,118
Montgomery	\$ 75,169	\$ 127,330	\$ 74,913	\$ 190,057	\$ 304,845
Prince George's	\$ 61,122	\$ 103,145	\$ 62,418	\$ 118,493	\$ 246,943
Queen Anne's	\$ 2,000	\$ 7,215	\$ 3,943	\$ 4,783	\$ 17,274
St. Mary's	\$ 8,697	\$ 13,441	\$ 7,080	\$ 17,906	\$ 32,179
USA, Inc.	\$ 10,290	\$ 18,405	\$ 9,751	\$ 26,625	\$ 44,064
Washington	\$ 9,710	\$ 23,615	\$ 12,143	\$ 37,833	\$ 56,537
TOTAL	\$ 641,192	\$ 865,001	\$ 478,756	\$ 1,121,804	\$ 2,070,930

Attachment D

Glossary of Acronyms and Key Terms

AAA	Area Agency on Aging. There are 19 local AAAs in the State of Maryland.
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Centers, the 19 Maryland Access Points (MAP)
Aging Network	Federal, State, Local, and Non-Profit Providers of Older Americans Act Services
APS	Adult Protective 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
CCRC	Community Care Retirement Community.
CILs	Centers for Independent Living
CMS	Centers for Medicare and Medicaid Services
CRISP	Chesapeake Regional Information System for Patients. Health Information Exchange.
FFP	Federal Financial Participation
IFF	Intrastate Funding Formula
Individuals with Disabilities	A person (18 to 59) who has a physical or mental impairment that substantially limits one or more major life activities
Jurisdiction	There are 24 jurisdictions in the State of Maryland (23 counties plus Baltimore City)
LTCOP	Long-Term Care Ombudsman Program
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
MDH	Maryland Department of Health, formerly the Maryland Department of Health and Mental Hygiene
MAP	Maryland Access Point, Maryland's 19 Aging and Disability Resource Centers
MFP	Money Follows the Person
NWD	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
OAA	Older Americans Act of 1965, as amended, Federal law that funds critical services that keep older adults healthy and independent and protect their rights
OHCQ	The Office of Health Care Quality
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SUA	State Unit on Aging

Attachment E

Historic Milestones

In 1959, the Department originated as the *State Coordinating Commission on the Problems of the Aging*, Chapter 1, Acts of 1959.

In 1971, the Department was renamed the Commission on the Aging, Chapter 595, Acts of 1971.

In 1974, the Governor's Coordinating Office on Problems of the Aging was established.

In 1975, the Commission on the Aging and the Governor's Coordinating Office on Problems of the Aging merged to form the *Maryland Office on Aging*, a cabinet level independent agency, Chapter 261, Acts of 1975.

In July 1998, the Office was restructured as the *Maryland Department of Aging*, a principal executive department, Chapter 573, Acts of 1998.

Statutory Authority

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

- Administer programs mandated by the federal government;
- Establish priorities for meeting the needs of Maryland's older adults;
- 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; and
- Review and formulate policy recommendations to the Governor for programs that have an impact on older adults

Historic Milestones



1959

In 1959, the Department originated as the **State Coordinating Commission on the Problems of the Aging**, Chapter 1, Acts of 1959.



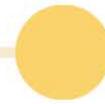
1971

In 1971, the Department was renamed the **Commission on the Aging**, Chapter 595, Acts of 1971.



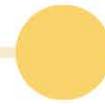
1974

In 1974, the **Governor's Coordinating Office on Problems of the Aging** was established.



1975

In 1975, the Commission on the Aging and the Governor's Coordinating Office on Problems of the Aging merged to form the **Maryland Office on Aging**, a cabinet level independent agency, Chapter 261, Acts of 1975.



1988

In July 1998, the Office was restructured as the **Maryland Department of Aging**, a principal executive department, Chapter 573, Acts of 1998.



Statutory Committees

Four statutory committees serve in an advisory capacity to the Maryland Department of Aging:

The Maryland 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.

The 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.

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

The 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, 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 (OHCQ) at MDH 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 LTSS and consumer/advocacy communities.

Roles of the Maryland Department of Aging

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 local 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 programs and fiscal sustainability.

In its *regulatory role*, the Department is the agency charged with administering the continuing care laws for Maryland's Continuing Care Retirement Communities. The primary continuing care laws are located at Title 10, Subtitle 4, of the Human Services Article (HSA), Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 32.02.01, which can be accessed below under the "General Information" section.

Structure of Maryland's 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 Administration for Community Living (ACL) funds states for nutrition, health promotion, 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 (AAAs). Additionally, ACL awards competitive grants in a number of substantive areas for developing comprehensive and integrated systems for LTSS, including 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 funding sources to carry out its mission.

The partnership between the Department and the 19 local 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 the Department 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 and private organizations. While programs such as Information and Assistance and Nutrition Services are available to all older adults in Maryland, the increase in the numbers of older adults and limited public funds necessitate that services be directed first to older adults with the greatest social and economic need and those who may be at risk of food insecurity or institutionalization.

For a complete listing of Area Agencies on Aging, see Attachment G.

Highlights of Accomplishments of Core Focus Areas

Following are key highlights of Core Focus Areas of the Maryland Department of Aging's continuing work.

Health Promotion and Disease Prevention

Maryland is working to increase the types as well as the volume of evidence-based Health Promotion and Disease Prevention programming across the state.

- In FY17, a variety of 20 different evidence-based programs were in use throughout the state including the Chronic Disease Self-Management Program, Stepping On, or Tai Ji Quan: Moving For Better Balance. On a statewide average, an AAA offered **4.5** different evidence-based programs.
- In FY20, a variety of 28 different evidence-based programs, including new additions such as the Program to Encourage Active and Rewarding Lives, Geri-Fit, and Bingocize, were offered statewide in FY20. On a statewide average, a AAA offered **5** different evidence-based programs.
- The Department has been providing focused support and technical assistance to AAAs to ensure full utilization of Title III-D funding. This has resulted in increased partnerships with healthcare and other local government partners, increased utilization of available funding, and increased service and quality to older adult Marylanders.
- In response to the COVID-19 pandemic, virtual Health Promotion programming has taken off in FY20 and into FY21. Fitness, nutrition, health and wellness classes formerly available only in-person are now accessible online in every jurisdiction in Maryland.
- The Living Well Center of Excellence utilized healthcare IT partnerships with EagleForce and CRISP to create custom tablets to support evidence-based programming. This has enabled AAAs to reach isolated individuals during the COVID-19 pandemic and continue expanding evidence-based programming to underserved populations. A total of 306 tablets are in circulation among AAAs, with a total goal of circulating 1,000 tablets by the end of 2021. Tablets are funded through a variety of sources, including local funding and federal CARES Act grants. Each AAA has established policies for distribution and ownership of devices. A portion of the tablets are available through the Department's ACL Discretionary Grant No. 93.048, which provides data-connected tablets to adults 60 and over who are low income and socially isolated in partnership with AAAs and nonprofits. In the case of this grant, there is a statewide policy in effect.
- In FY20, The Department launched the Dementia Capable Community Connections project, funded by the Administration for Community Living. The Department is working with a variety of partners including the Living Well Center of Excellence, Alzheimer's Association, and the Johns Hopkins Geriatric Workforce Enhancement Program. As part of this initiative, the Department and our partners are working to increase caregiver support services for caregivers of persons with dementia.

This includes delivery of caregiver workshops like Powerful Tools for Caregivers and Building Better Caregivers. The Department and its partners created a “Session 0” to provide further education to workshop participants on the impacts of dementia and resources to assist in managing the condition.

- The Maryland Department of Aging has co-led the Maryland Falls Free Coalition alongside the Living Well Center of Excellence. The Coalition includes partners from the Maryland Department of Health (MDH), AAAs, and hospital systems like University of Maryland and Johns Hopkins. Through quarterly meetings and more, the Coalition addresses resource coordination, Falls Prevention Awareness Week activities, and marketing efforts towards evidence-based falls prevention workshops and related falls prevention activities.

The Senior Nutrition Program

- The Congregate Meal program remained relatively stable from FY 2017 throughout FY 2019 and in the first half of FY2020. During this time across the state 19 AAAs served approximately 1.1 million meals and approximately 28,400 unduplicated clients each year. When the Maryland Disaster Declaration was declared during FY2020 all congregate nutrition programs were closed resulting in a 43% reduction in congregate meal service over the four-year period. Congregate meals sites pivoted to providing weekly Grab and Go meals for Maryland Senior residents.
- Home Delivered Meals from FY2017 through FY2019 and into FY2020 were fairly unchanged. Annually, the 19 AAAs served roughly 1.2 million meals to nearly 6500 unduplicated home bound Maryland seniors allowing them to remain in their homes. In the later part of FY2020 and as a result of the Maryland Disaster Declaration the Home Delivered Meal program underwent a major expansion as all Title III meals were now considered Home Delivered Meals. Through the end of FY2020 Maryland AAAs served over 4 million meals to a weekly average of 15,000 clients.
- My Groceries to Go! Commodity Supplemental Food Program funded by the US Department of Agriculture, expanded from a caseload of 2,400 in one region (Baltimore) in 2016, to a caseload of 3,583 participants across seven regions (Baltimore, Montgomery County, Western Maryland, and the Eastern Shore). To do this, the program has expanded from one partner to four, including the Maryland Food Bank, Capital Area Food Bank, Allegany County HRDC, and Garrett County Community Action Committee. The program serves participants with a monthly box of nutritious and shelf-stable foods.
- In September 2020, in the mist of the COVID-19 pandemic, the Restaurant Initiative was launched. As many restaurants looked for sustainability, the Senior Nutrition program was in an exceptional position to support many small local restaurateurs. Older Marylanders welcomed meals from an array of local restaurants preparing and

delivering a wide variety of ethnic foods. Maryland AAAs partnered with over 65 restaurants statewide serving over 417,000 daily and holiday meals.

- Maryland’s Innovations in Nutrition Programs Demonstration Grant consisted of four main components including: development of a Community-Based Malnutrition Pathways Toolkit for healthcare providers and AAAs, creation of medically-tailored, shelf-stable meal packages with the goal of reducing healthcare cost and readmissions. Meal package acceptance demonstrated outcomes of 54 percent reduction in 30-day readmission, creation of an “app” and companion training manual assisting community-based staffing to identify frail older adults at risk for malnutrition, and the community malnutrition awareness workshop “Stepping Up Your Nutrition” exceeded grant goals to reaching 400 older adults.
- In FY2020, the program achieved a monthly participation average of 97.6%.

The National Family Caregiver Support Program

The focus of the National Family Caregivers support program since 2017 has been to improve support to caregivers and to heighten the awareness of caregivers and their needs statewide. Programming during this period embraced the launch of Dementia Friendly America and its goal of making America supportive of this community, use of evidence-based training and creative engagement of care recipients.

- Beginning in 2017, *Dementia Friendly America* activities were provided to all Maryland jurisdictions and was expanded beyond the two initiating counties, Montgomery and Prince George’s counties, to add two additional jurisdictions Baltimore and Frederick counties.
- In 2017, evidence-based programming was added to caregiver training options with the addition of *Powerful Tools* training. More than 500 caregivers across the state are now trained to use *Powerful Tools* strategies in caring for their loved ones.
- In 2016, a second evidence-based class, *Building Better Caregivers*, was added to caregiver offerings and has engaged more than 150 caregivers.
- Stories Love Music, a class that engages caregivers in using music to communicate with their care recipients, has served caregivers and local caregiver staff members since the Fall of 2020.
- A new caregiver tool was introduced to Maryland’s local caregiver managers in June 2020 included online and on demand caregiver assistance and training. Twenty managers were trained representing each Maryland jurisdiction.
- Twenty local program managers, representing each Maryland jurisdiction, were introduced to supporting care recipients using artificial intelligence in June 2020.

The Long-Term Care Ombudsman Program

During FY2017-FY2020, the Ombudsman Program:

- Worked with various Stakeholders including OHCQ, the Maryland Attorney General's Office, APS, Department of Justice, Legal Aid, Disability Rights Maryland, Centers for Independent Living (CILs), Voices for Quality Care and others to advocate for residents in nursing homes and assisted living facilities.
- Worked closely with the Maryland Attorney General's Office on two cases that were the subject of national news.
- Supported the passage of several bills that became law including HB 592 on October 1, 2019. This law helps to ensure the discharge rights of residents in nursing homes in Maryland.
- The State Ombudsman Program remains an active member of the Elder Justice Task Force.
- During FY17, the new implemented the Ombudsman Policy and Procedure in response to the changes in ombudsman federal regulations and the Older Americans Act of 2016 was accomplished.
- FY17-20, the Ombudsman Program continued to support the development of resident councils and family councils.
- FY 17-20, the Ombudsman Program promoted World Elder Abuse Awareness Day in June and Residents Rights Month in October.
- FY17-20, a Volunteer Quality Assurance Process was developed to look at the recruitment, retention, and satisfaction of volunteers. Volunteers increased by 9% from FY18-FY19.
- As a result of the pandemic, in March 2020, the Ombudsman program transitioned to virtual work rather than in-person facility visits. Extensive training of staff and updates were provided to ombudsman program staff often on a daily basis to respond to the needs of Long Term care residents, and to keep current with the updated information from federal and state stakeholders.
- In FY20, the Ombudsman Program, Maryland Legal Aid and Protection and Advocacy had regular meetings to work together on issues and to address the needs of residents during the pandemic.
- In FY20, an extensive training program was developed with MDH public health on infection control for ombudsman staff. In addition, an ombudsman visitation/re-entry to facilities training program was created to re-enter facilities in response to the pandemic. The State Ombudsman was a member of a national work group that

developed training standards around re-entry and these issues related to returning to facilities as a result of the pandemic.

ACL Discretionary Grants and Other Funding Sources

This section chronicles ACL Discretionary Grants and other Funding Sources. Current Challenges and Accomplishments and current challenges are followed by a brief summary of the plans for the for the next four years.

No Wrong Door

- The Maryland Access Point (MAP) acts as the primary entry point for the state's No Wrong Door (NWD) system for LTSS. The state has developed a robust MAP program, since its inception in 2004. The Department partners closely with its state No Wrong Door partners through an ongoing governance group, which aims to determine ways to improve collaboration to streamline access to both public and private services. These partners include the MDH (including the Office of Long Term Services and Supports (LTSS), the Behavioral Health Administration, and the Developmental Disabilities Administration), the Maryland Department of Disabilities, the Governor's Office for the Deaf and Hard of Hearing, and the Maryland Department of Human Services.
- Between FY16 and FY20 the MAP program supported nearly 3.3 million information contacts, made nearly 770,000 referrals, and developed over 14,000 written action plans in partnership with constituents to plan for their long term needs. The Department continues to investigate opportunities to ensure quality of MAP service delivery, MAP staff knowledge, improvements to data collection, and expand initiatives to improve access to information, referral, and assistance for LTSS in Maryland.
- Central to the successful delivery of MAP is person-centered counseling. The Department aims to support successful person-centered activities through professional development and technical assistance for local programs. Many MAP sites provide ongoing training focused on the diverse needs of their constituents and the Department aims to highlight and elevate that work statewide. True person-centered counseling requires significant time and as the aging population continues to grow, MAP sites have limited capacity to manage the volume of requests for assistance with complex long term needs. Increased sustainable funding is necessary to build the capacity of MAP sites to meet this need.
- A successful No Wrong Door requires effective collaboration with a range of partners and a wide array of available and affordable options. The demand for long term services currently exceeds availability and many services have waitlists. In addition to enhancing the MAP, the Department aims to enhance the No Wrong Door system by supporting

the expansion of existing services and creation of new options to meet the long term services needs of older adults and adults with disabilities.

An overview of the Department's No Wrong Door initiatives over the last few years and next steps for future directions are detailed below.

Evidence-Based Assessment

- Over the last several years, the Department has successfully collaborated with the MDH's LTSS division to adopt the statewide evidence-based InterRAI Level One Screen across MAP sites and select programs as a way to understand long term needs and refer to available services, including placement on the Community Options Waiver Registry for those who request it. From FY 2016 to FY2020, 32,759 Level One Screens have been completed. The Department also worked with the MDH to oversee a transition to associate Level One Screens with a priority group for the Community Options Waiver Registry to ensure people are invited to apply for the service based on need. The Department aims to continue to improve the use of this tool. One area of current investigation is determining whether the screening can be used to make automatic referrals to other public partners through the state's shared LTSS platform, to pair service delivery and data collection more effectively.

Federal Financial Participation

- Starting in 2016, the Department, in partnership with the MDH and with guidance from ACL, developed a Federal Financial Participation (FFP) Medicaid Administrative Claiming process. This has provided a sustainable funding stream for MAP services. The statewide percentage of medical claimable activities has grown from an average of 47.93% in FY17 to 60.47% in FY20. This change can be attributed to the oversight the Department has dedicated to overseeing the process and ongoing training for new and existing participants on the proper activity coding. This oversight includes technical assistance on identifying appropriate staff to participate in the random moment time study process, appropriate MAP costs and sufficient matching funds, including state grants from the MDH's Money Follows the Person program. Such assistance has assisted local agencies in moving from a total annual state claim of \$3.5 million in FY16 to \$6.1 million in FY20. As MAP sites continue to experience a large number of requests for assistance, the need for this sustainable reimbursement process will continue to be vital.
- The Department seeks to continue moving towards sustainability by continuing to secure state match funds to support the FFP process, as well as investigating further opportunities for aging services network partners to identify appropriate match funds or

alternate sources of income for those not participating in FFP. An area of potential development is the continued creation of strategic partnerships with insurance or healthcare providers for cost-sharing and billing for care coordination and social determinants of health services, such as meals and health promotion programming. The ACL's Strategic Framework for Action will be utilized to help understand potential opportunities for sustainable funding.

- Necessary to this potential growth is improvements to data collection to demonstrate the effectiveness of community programs at diverting or delaying individuals from nursing facility placement. One way the Department seeks to accomplish data collection and referrals more successfully is by facilitating a connection between service delivery data and healthcare cost and utilization data, available through the Chesapeake Regional Information System for our Patients (CRISP) system.

Money Follows to Person Options Counseling

- The Department has been a close partner of the MDH's Money Follows the Person (MFP) initiative for several years in overseeing the delivery of MFP Options Counseling, which provides education and assistance to persons residing in nursing facilities who are interested in moving to a community setting. From FY16-FY20, a total of 8,911 MFP Options Counseling sessions were completed. Over the 4 years, there was a statewide completion percentage of 80.5% with an average number of days to completion of 12.12 for non-MA eligible referrals and a completion percentage of 81.25%, with an average of 6.26 days to completion for MA-eligible referrals. The Department aims to continue supporting these activities moving forward, in partnership with the MFP initiative.

No Wrong Door Enhancement Grants

- Many of the Department's areas of growth for the No Wrong Door have been centered around grants from the Administration for Community Living to enhance the NWD system. These accomplishments are highlighted below.

Assistive Technology

- Through the 2017-2019 No Wrong Door Planning Grant focused on Assistive Technology (AT), the Department partnered with the Maryland Technology Assistance Program to train MAP staff on how to identify a need for AT and refer to available services and developed demonstration kits for each MAP office to expand the geographic availability

of common AT devices for consumers to test before purchasing. A total of 25 AT kits were distributed and both in-person and remote training sessions were held with 178 total participants from all MAP sites between November 2016 and June 2018. Training evaluations showed that 74% of respondents were confident identifying when a constituent may need assistive technology and making referrals. MAP quarterly reporting data also showed an increase of 118% in reports of discussions with consumers about AT from July 2017 to July 2018.

- The Department continues to explore opportunities to expand the aging network's role in assisting constituents with identifying and accessing AT to address challenges that may pose barriers to aging in place.

Hospital to Home Care Transitions

- The Department has overseen two projects focused on hospital transitions since 2017. The first, the Hospital to Home (H2H) grant funded by the federal Balancing Incentive Program and the Money Follows the Person initiative administered by the MDH, served over 1,400 individuals, approximately 50% of which were Medicaid-eligible, presumptively Medicaid-eligible, dual Medicaid-Medicare beneficiaries. Through this grant, the Baltimore County AAA and its partner, LifeBridge Health/Northwest Hospital Center documented a 59% reduction in inpatient admissions, a 58% reduction in Emergency Department visits and a 25% reduction in readmissions in the first 90 days following discharge. Additionally, using hospital data, the Cecil County AAA estimated a savings of roughly \$1.7 million over the course of two years, an average of \$3,100 per participant for their H2H project.
- The second grant, the No Wrong Door Business Case grant, funded by the ACL, will be completed August 31, 2021. An overarching goal of the grant is for states to assist in the development and testing of the national Return on Investment calculators. Preliminary results from the Care Transitions: Avoidable Hospitalizations found an average monthly savings of \$932 per person through the No Wrong Door services aimed at avoidable hospitalizations. The Department's project was evaluated by the University of Maryland Baltimore and found notable reductions in healthcare utilization and hospital charges among project participants in both years of data analysis. The Department is working to compile data and resources developed through this grant into a resource package for AAAs engaging in this work and is working to build additional proposals to expand, advance, and sustain hospital care transition services throughout the state.

- Both of these hospital care transition grants demonstrate promising practices and the potential impact of embedding community care providers in clinical settings, where the need for services is immediate. The Business Case Grant serves as a model of how to collaborate with hospital staff and connect data from CRISP and AAAs to understand the return on investment for services. The process for community-based organizations to access CRISP data has improved since the inception of that project, creating an opportunity for more streamlined access to referrals and information.
- The Department looks to utilize the analysis from the grant project to build on these activities and better support clinical-community care linkages to reduce the gaps in knowledge, access, and support that lead to repeat hospitalizations and institutionalization. Furthermore, by linking the results from the national ROI calculator, 2-year project analysis, and the business case materials created through this grant, the Department will be in a positive position to support AAAs in making their own business case to their local clinical partners.

Dementia Capability

- The Department has begun to meet many of the dementia capability objectives from the last state plan through Maryland's Dementia Capable Community Connections Project, funded through the ACL's Alzheimer's Disease Programs Initiative grant. The Department was awarded this grant in September 2021 and entered the implementation phase of the grant in April 2020. The project has formalized relationships with the Alzheimer's Associations of Greater Maryland and the National Capital Area, Geriatrics and Gerontology Education and Research Program, University of Maryland Baltimore, Johns Hopkins Geriatric Workforce Enhancement Program, Maryland Living Well Center of Excellence, and the Mental Health Association of Maryland around dementia capability. The partnership includes the development of dementia capable training for Maryland's Home and Community-Based Services providers, with an initial roll out to MAP staff this spring. Additionally, the grant builds on the existing evidence-based program infrastructure through the Living Well Center of Excellence to expand services to include Building Better Caregivers, Powerful Tools for Caregivers, and a new "Session 0" focused on dementia. The project also includes a statewide Advisory Council to provide guidance on grant activities and focus on opportunities to sustain statewide work through strategic partnerships.

ADRC COVID-19 Grant

- Through the Aging and Disability Resource Center (ADRC) COVID-19 grant, awarded by the ACL, the Department has been able to improve NWD infrastructure and invest in

opportunities to meet critical needs and prepare for sustainability of services when resources decline. A significant component of this work is a new partnership with 211 Maryland to merge the MAP provider directory, online information hub, and statewide toll-free call line with 211 Maryland's services. This public-private partnership improves the visibility and reach of MAP and allows for more streamlined consumer access to information and referrals for services throughout the state. The partnership began in January 2021 with a new text messaging services to allow consumers to access updates and resources from the Department associated with #MDAging. The call line shifted to 211 in March and the website is set to launch in summer 2021. The partnership aims to move towards a more streamlined single-entry point for consumers and improve the real-time accuracy of the provider database. The Department will continue to investigate ways to expand this partnership with the goal of improving consumer access to information, referral, and assessment services and streamlining referral processes between community providers and clinical providers.

- In addition to this project, the Department is engaging a contractual partner to develop a process plan for AAAs to bill through healthcare providers for care coordination and other services addressing the social determinants of health. The plan will create a roadmap for the Department to understand the opportunities available and guide AAAs to engage in this work.
- The Department is also focused on addressing social isolation through multiple projects. One area of work aims to meet the needs of older adults without access to the internet or a smart device, who may experience declines in mental and physical health associated with social isolation and inability to access assistance effectively or in a timely manner. Services include the provision of connected tablets, technical skills training, and connections to available virtual services. The Department is partnering with multiple providers, including one that is experienced in facilitating connections between healthcare providers and community-based services, especially in association with access to evidence-based health promotion programs. There are significant opportunities to build on this work to further facilitate clinical-community linkages and strengthen the system for ongoing remote service delivery.
- COVID-19 has further demonstrated the need for streamlined and real-time information about available services. The Department, in collaboration with the NWD Governance group, aims to continue its work to understand the needs of MAP staff and consumers to improve service delivery and data collection. Even as many in-person services resume, remote service delivery will continue to be a major means for AAAs and other

providers to support constituents. The Department will continue to investigate and implement opportunities to strengthen the capacity of AAAs to deliver services remotely and for constituents to access them in a clear and efficient manner.

Participant Directed/Person Centered Planning

Below, the Department provides a brief profile of Maryland's participant Directed/Person Centered Planning, accomplishments, and current challenges. A brief summary of plans for the next four years is also included.

Person-Centered Planning is a key component of the No Wrong Door system and the driving force of all information, referral, and assistance services offered by the Department and its partners through MAP. MAP staff are trained to work with consumers to identify their needs, preferences, and existing resources and develop an action plan guided by their personal situation, a process known as Options Counseling in Maryland. The Department partners with state and local partners to identify and provide opportunities for person-centered thinking training and is working to reestablish internal training resources to provider person-centered planning training for MAP staff on an ongoing basis. A key challenge of person-centered planning is having sufficient time to successfully provide person-centered information, referral, and assistance. Many MAP sites schedule Options Counseling appointments weeks out due to the high demand and limited capacity to provide this service. The Department is working to offset some of the work to triage information and referral requests through strategic partnerships with other qualified providers. Key to these efforts is the newly established subgrant partnership with 211 Maryland to manage the MAP-LINK call line and website. The trained resource specialists at 211 Maryland are able to provide information and referral directly from the 211 Maryland and MAP resource database. The Department aims to track and develop this partnership to continue to meet the need for Options Counseling among the growing MAP target population.

The Department also oversees the Veteran-Directed Care Program, a component of Maryland's NWD system, in partnership with the Veterans Administration. The program offers veterans the opportunity to develop a budget and hire and oversee personal care employees based on their needs and preferences. The Department partners with the VA Medical Centers in Perry Point and Washington, DC, for referrals and funding, a fiscal management service to oversee employee payment processes, and local AAAs and CILs, for supports planning services. The program has seen an increase in the number of Veterans served annually from 43 in 2016 to 70 in 2020. The Department is dependent on the Veterans Administration to receive referrals for clients and continuously works with the VAMC and local agencies to encourage an increase in

participants. Program administration has changed significantly in the past year when the billing process was rapidly switched to a national electronic medical billing process with minimal support. The Department continues to work to understand the process and improve its administration of the program under this new system, as well as evaluate the state's role in its administration.

Elder Justice and Elder Rights

- Protecting the rights, independence, and safety of our seniors is a key priority for Maryland. The Elder Justice initiative is to support and coordinate enforcement and programmatic efforts to combat the issues plaguing our nation's seniors through the following ways.
 - Increase public awareness at the local, state, and national level about the tragedy of elder abuse, neglect, and exploitation through exploring barriers, sharing information and ideas, and providing a voice for the voiceless.
 - Monitor and influence if necessary, any relevant legislation or regulations that impact the prevention of elder abuse, neglect, and financial exploitation.
 - Support the local AAAs in their call to action to provide education, awareness and resources to seniors, persons with disabilities and their families.
- Through key partnerships and workgroup efforts, the Department will continue its work to provide comprehensive training to its AAAs and service providers. In addition, through the State network of elder rights advocates, the Department will continue to work to identify best practice approaches to lead in the fight against elder abuse, exploitation and neglect. Here are just a few of those partnerships and workgroups.
 - Office of the Attorney General
 - State's Attorney Office
 - Adult Protective Services
 - AARP
 - Project SAFE
 - Judiciary's Guardianship and Vulnerable Adults Workgroup
- Hosted a National Town Hall Listening on Elder Rights for ACL in Frederick, Maryland.
- Accomplishments of 2017-2020
 - 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.
 - 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.

- 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.
- FY17-20, the Elder Rights Program Manager promoted World Elder Abuse Awareness Day in June
- Current Challenges
 - Older adult's behavioral health needs, as a result of the pandemic, are changing the dynamics of elder abuse.
 - The recruitment and retainment of program volunteers.
- Plans for the Next Four Years, including Behavioral Health Focus on additions including Gambling.

Changing the Trajectory of Aging through State Innovations

The Maryland Department of Aging is working to Change the Trajectory of Aging through innovations that support the independence, health, and wellbeing of older adults seeking to remain in their homes and communities for as long as possible. The following programs are leading the Department's efforts to find new ways to maximize limited resources and avoid unnecessary hospitalizations and relocation to institutional settings, where state Medicaid funds play a significant role of covering costs. The Senior Nutrition, with funds made possible from the CARES Act, was launched during COVID 19 pandemic in an effort to support all Area Agencies on Aging with meeting the increased need for home delivered meals. The Maryland Community for LifeSM, Durable Medical Equipment Re-Use Program and Senior Call Check are made possible with state funds.

Maryland Community for LifeSM

The Maryland Community for LifeSM (CFLSM) is an innovative program developed by the Maryland Department of Aging to support older adults as they age at home. The program provides a package of services to Marylanders over the age of 60 that makes it comfortable and convenient to age at home. Three core services define the program: home maintenance, service navigation, and transportation. However, the actual services offered may vary by jurisdiction. Marylanders over the age of 60 are eligible for enrollment in a CFLSM program. There are no health or income qualifications. The program's services are designed to prevent the predictable challenges of aging that can require admittance into a high level of care facility, such as a nursing home or assisted living facility.

Maryland Durable Medical Equipment Re-Use Program

The Maryland Department of Aging is providing durable medical equipment to Marylanders with any illness, injury, or disability, regardless of age, and at no cost. All equipment is sanitized, repaired, and redistributed to Marylanders in need. This service is designed to improve the quality of life for Marylanders, while it provides an opportunity to avoid the costlier levels of care. Donation collection centers are located throughout the state. Tons of healthcare equipment are repurposed, with the additional impact of reducing environmental waste. Equipment includes but is not limited to wheelchairs, power wheelchairs, power scooter, rollators, walkers, supports, bathroom aids, and hospital beds.

Senior Call Check

Senior Call Check is a daily automated call program designed to check in on the wellbeing of older Marylanders. Anyone in the State of Maryland, 65 and older, can opt in by registering for this free service. The automated call provides a daily message to promote safety and wellness. The service has a built-in safety net that is activated when participants do not respond. An option for a weekly live conversation is available.

Senior Nutrition Restaurant Initiative

During the COVID-19 pandemic, the Maryland Department of Aging launched a statewide initiative designed to create partnerships between AAAs and local restaurants. The goals of the Restaurant Initiative include the following: supporting economic development in the state as restaurants continue to seek sustainability; ensure a mechanism for building capacity so that older adults who need food do not go without food; lessening the complex outcomes of isolation (depression, anxiety, boredom with food, malnutrition, etc.); increase the diverse ethnic food options for older adults; and create new, sustainable relationships between restaurants and our AAAs.

Attachment F

Older Adult Programs and Services

Program/Service	Description
OLDER AMERICANS ACT (OAA) and ACL Programs	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	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: Information and Assistance, Personal Care, Homemaker, and Chore Service, Adult Day Care, Case Management, Transportation, Legal Assistance and 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. This program is administered in its entirety by the Maryland Department of Labor.
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. The LTCOP also addresses systemic issues and supports people who want to transition into the community. Support under this title also focuses on public education surrounding abuse. Adult Protective Services is administered by Maryland Department of Human Services.
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 LTSS. 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 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 healthcare identity theft and the loss of federal and state funds due to error, scams, and deception.

Program/Service	Description
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.
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. Senior Centers are not administered by the Department of Aging, they are operated and governed by county governments.
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.



Program/Service	Description
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 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. 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 \$1200.
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. The MDH oversees this work at the state level.
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 CILs. The Department oversees statewide work through an inter-agency agreement with the MDH.



Program/Service	Description
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. The Maryland Department of Agriculture funds this 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 funded by the U.S. Department of Agriculture is a public private collaboration of the Maryland Department of Aging and local providers.
Veteran Directed Care Program	A federal partnership initiative between ACL and the Veterans Administration to engage local ADRCs to provide Supports 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.
Senior Call Check	A daily call to verify your well-being, at a time scheduled at your convenience.
Community for Life SM	The Maryland Community for Life SM (CFL SM) is a creative and unique program that provides a package of services for homeowners and renters. Developed for older adults living independently in their own homes, the Maryland Community for Life SM program delivers key services designed to navigate predictable home maintenance, transportation, and community access needs in a cost-effective and supportive manner.
Maryland Durable Medical Equipment Re-Use	The Maryland Department of Aging is providing durable medical equipment (DME) to Marylanders with any illness, injury, or disability, regardless of age, at no cost. All equipment will be sanitized, repaired, and redistributed to Marylanders in need.



Attachment G

Area Agencies on Aging in the State of Maryland

Allegany County

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Anne Arundel County

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Carroll County

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Cecil County

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Charles County

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Dorchester, Somerset, Wicomico Counties

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Frederick County

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Howard County

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Montgomery County

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Prince George's County

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St. Mary's County

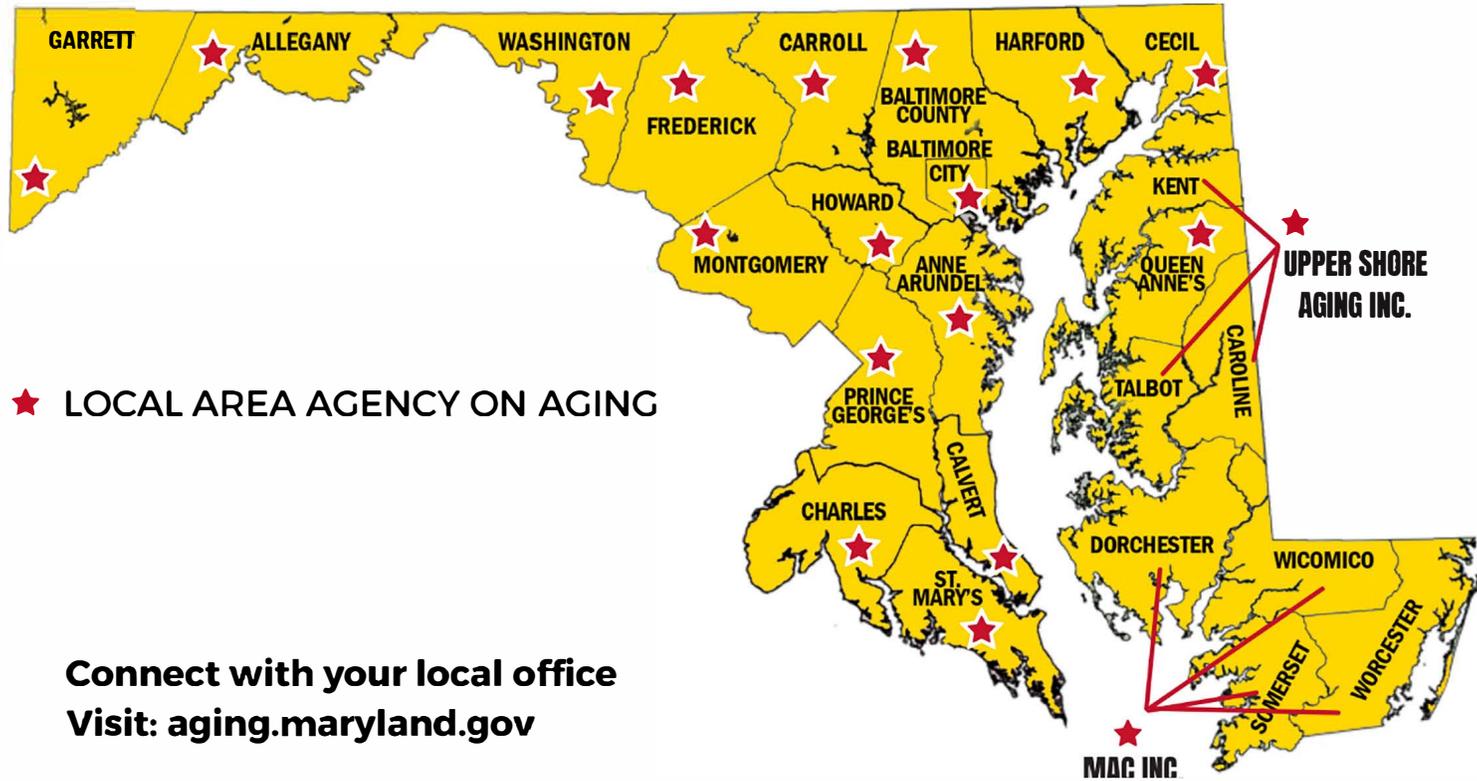
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Washington County

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AREA AGENCIES ON AGING



Connect with your local office
Visit: aging.maryland.gov

Senior Centers in the State of Maryland

Allegany County

Cumberland Senior Center

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

Frostburg Senior Center

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

Georges Creek Senior Center

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

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

Arnold Senior Center

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

Brooklyn Park Senior Center

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

Anne Arundel County - Continued

O'Malley Senior Center Annex

1270 Odenton Road
Odenton, MD 21113
410-222-0140

Pasadena Senior Center

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

Pascal Senior Center

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

South County Senior Center

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

Baltimore City

Action in Maturity

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

Cherry Hill Senior Center at the Rowing Center

3301 Waterview Avenue,
Baltimore, MD 21230
410-354-5101

Forest Park Senior Center

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

Senior Centers in the State of Maryland

Baltimore City - Continued

Greenmount Senior Center

425 E. Federal Street
Baltimore, MD 21202
410-528-1552

Harford Road 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 E. Baltimore Street
Baltimore, MD 21224
410-396-9202

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 Ctr for Health and Active Aging

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

Baltimore County

Arbutus Senior Center

855A Sulphur Spring Road
Arbutus, 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
Catonsville, MD 21228
410-887-0900

Cockeysville Senior Center

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

Senior Centers in the State of Maryland

Baltimore County - Continued

Edgemere Senior Center

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

Essex Senior Center

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

Fleming Senior Center

641 Main Street
Baltimore, MD 21222
410-887-7225

Hereford Senior Center

510 Monkton Road
Hereford, MD 21111
410-887-1923

Jacksonville Senior Center

3605A Sweet Air Road
Phoenix, Maryland 21131
410-887-8208

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.
Nottingham, MD 21236
410-887-5220

Parkville Senior Center

8601 Harford Road
Parkville, 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.
Rosedale, MD 21237
410-887-0233

Seven Oaks Senior Center

9210 Seven Court Drive
Nottingham, 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

Senior Centers in the State of Maryland

Calvert County

Calvert Pines Senior Center

450 W Dares Beach Road
Prince Frederick, MD 20678
410-535-4606

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 #2
Federalsburg, MD 21632
410-754-9754

Carroll County

Mt. Airy Senior Center

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

North Carroll Senior Center

2328 Hanover Pike
Hampstead, MD 21074
410-374-5602

South Carroll Senior Center

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

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

Nanjemoy Community Center

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

Richard R. Clark Senior Center

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

Senior Centers in the State of Maryland

Charles County - Continued

Waldorf Senior Center
90 Post Office Rd
Waldorf, MD 20602
240-448-2810

Dorchester County

Cambridge MAC Senior Center
2450 Cambridge Beltway
Cambridge, MD 21613
410-221-1920

Hurlock Center
6210 Shiloh Church and Hurlock Rd.
Hurlock, MD 21643
410-943-1106

Frederick County

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

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

Frederick Senior Center
1440 Taney Avenue
Frederick, MD 21702
301-600-3525

Urbana Senior Center
9020 Amelung Street
Frederick, MD 21704
301-600-7020

Garrett County

Flowery Vale Senior Center
204 South Street
Accident, MD 21520
301-746-8050

Crellin Senior Center
1859 Hutton Road,
Crellin, MD 21550
301-334-9431

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

Mary Browning Senior Center
104 East Center Street
Oakland, MD 21550
301-334-9431

Harford County

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

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

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

Senior Centers in the State of Maryland

Harford County – Continued

Highland Community Association

708 Highland Road #2
Street, MD 21154
410-638-3605

McFaul Activity Center

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

Howard County

Bain 50+ Center

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

East Columbia 50+ Center

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

Elkridge 50+ Center

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

Ellicott City 50+ Center

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

Glenwood 50+ Center

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

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

Benjamin Gaithersburg Senior Ctr

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

Holiday Park Senior Center

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

Long Branch Senior Center

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

Margaret Schweinhaut Senior Ctr

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

North Potomac Senior Center

13850 Travilah Rd
Rockville, MD 20850
240-773-4805

Senior Centers in the State of Maryland

Montgomery County - Continued

Rockville Senior Center

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

Wheaton Senior Center

11701 Georgia Ave.
Wheaton, MD 20902
240-773-4825

White Oak Senior Center

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

Prince George's County

Bowie Senior Center

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

Camp Springs Senior Activity Center

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

Evelyn Cole Senior Center

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

Greenbelt Senior Center

25 Crescent Road
Greenbelt, MD 20770
301-345-6660

Gwendolyn Britt Senior Activity Center

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

John Edgar Howard Senior Center

4400 Shell Street
Capitol Heights, MD 20743
301-735-9136, 301-735-3340

Langley Park Senior Activity Center

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

Laurel-Beltsville Senior Activity Center

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

Southern Area Aquatics and Recreation Complex

13601 Missouri Avenue
Brandywine, MD 201613
301-782-1442

Queen Anne's County

Grasonville Senior Center

4802 Main Street
Grasonville, MD 21638
410-827-6010

Kent Island Senior Center

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

Sudlersville Senior Center

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

Senior Centers in the State of Maryland

St. Mary's County

Garvey Senior Activity Center

23630 Hayden Farm Lane
Leonardtown, MD 20650
301-475-4200, ext. 71080

Loffler Senior Activity Center

21905 Chancellor's Run Road
Great Mills, MD 20634
301-737-5670, ext. 71658

Northern Senior Activity Center

29655 Charlotte Hall Road
Charlotte Hall, MD 20622
301-475-4002 ext. 73101

Somerset County

Deal Island Senior Center

23275 Lola Wheatley Road
Deal Island, MD 21821
410-784-2616

Smith Island Senior Center

3414 Smith Island Road
Rose Point MD, 21824
410-425-5151

Westover Senior Services Center

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

Talbot County

Bay Hundred Senior Center

300 Seymour Avenue
St. Michaels, MD 21663
410-745-5963

Brookletts Place - Talbot Senior Center

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

Washington County

Washington County Senior Activities Center

535 East Franklin Street
Hagerstown, MD 21740
301-790-0275

Wicomico County

Salisbury-Wicomico Senior Services Center

909 Progress Circle
Salisbury, MD 21804
410-742-0505

Willards Senior Center

Hearn and Canal
Willards, MD 21874
410-742-0505

Worcester County

Berlin 50Plus Center

10129 Old Ocean City Blvd.
Berlin, MD 21911
410-641-0515

Ocean City 50Plus Center

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

Maryland Department of Aging Continuing Care Retirement Communities (CCRCs)

Asbury Methodist Village

201 Russell Avenue
Gaithersburg, MD 20877
Ms. Michele Potter, MPA
Executive Director
(301) 330-3000
Fax No. (301) 216-4054

Asbury-Solomons Island

11100 Asbury Circle
Solomons, MD 20688
Ms. Kelly Smith Friedman
Executive Director
(410) 394-3000
Fax No. (410) 394-3008

Bayleigh Chase

501 Dutchman's Lane
Easton, MD 21601
Mr. George Clemes
Executive Director
(410) 822-8888
Fax No. (410) 820-9438

BayWoods of Annapolis

7101 Bay Front Drive
Annapolis, MD 21403
Mr. Frank McGovern
Executive Director
(410) 263-7297
Fax No. (410) 268-4165

Bedford Court

3701 International Drive
Silver Spring, MD 20906
Ms. Adaeze Ikeotounye
Executive Director
(301) 598-2900
Fax No. (301) 598-8588

Blakehurst

1055 W. Joppa Road
Towson, MD 21204
Mr. Adam Funk
Executive Director
(410) 296-2900
Fax No. (410) 494-8236

Broadmead

13801 York Road
Cockeysville, MD 21030
Ms. Robin Somers, LCSW-C, NHA
Chief Executive Officer
(410) 527-1900
Fax No. (410) 527-0259

Brooke Grove

18100 Slade School Road
Sandy Spring, MD 20860
Ms. Patty Anderson
Executive Director
(301) 924-2811
Fax No. (301) 924-1200

Buckingham's Choice

3200 Baker Circle
Adamstown, MD 21701
Mr. Richard Curtis
Executive Director
(301) 874-5630
Fax No. (301) 631-5491

Carroll Lutheran Village

300 St. Luke Circle
Westminster, MD 21158
Mr. John Henry
Executive Director
(410) 848-0090 or (410) 876-8113
Fax No. (410) 848-8133

Charlestown Retirement Community

715 Maiden Choice Lane
Catonsville, MD 21228
Ms. Clara Parker
Executive Director
(410) 247-3400 Ext. 8119
Fax No. (410) 737-8857

Collington Episcopal Life Care Community

10450 Lottsford Road
Mitchellville, MD 20721
Ms. Ann E. Gillespie
Executive Director
(301) 925-9610
Fax No. (301) 925-7357

Diakon Senior Living-Hagerstown

Ravenwood Campus
1183 Luther Drive
Hagerstown, MD 21740
Robinwood Campus
19800 Tranquility Circle
Hagerstown, MD 21742
Ms. Tammy Clabaugh
Executive Director
(240) 420-4119
Fax No. (240) 420-4140

Edenwald

800 Southerly Road
Towson, MD 21286
Mr. Mark Beggs
Executive Director
(410) 339-6000
Fax No. (410) 583-8786

Fahrney-Keedy

8507 Mapleville Road
Boonsboro, MD 21713-1818
Mr. Stephen Coetzee
President/CEO
(301) 733-6284
Fax No. (301) 733-2733

Maryland Department of Aging Continuing Care Retirement Communities (CCRCs)

Fairhaven

7200 Third Avenue
Sykesville, MD 21784
Mr. Alonzo Kieffer
Executive Director
(410) 795-8800
Fax No. (410) 795-0518

Friends House

Retirement Community

17340 Quaker Lane
Sandy Spring, MD 20860
Mr. Philip Burkholder
Chief Executive Officer
(301) 924-5100
Fax No. (301) 924-2265

Ginger Cove

Annapolis Life Care
4000 River Crescent Drive
Annapolis, MD 21401
Mr. William M. Holman
Chief Executive Officer
(410) 266-7300
Fax No. (410) 266-6144

Glen Meadows

Retirement Community

11630 Glen Arm Road
Glen Arm, MD 21057
Mr. Peter Dabbenigno
Executive Director
(410) 592-5310
Fax No. (410) 592-6175

Goodwill Retirement Village

891 Dorsey Hotel Road
Grantsville, MD 21536
Mr. Anthony Lehman
Executive Director
(301) 895-5194
Fax No. (301) 895-3704

Heron Point of Chestertown

501 Campus Avenue
Chestertown, MD 21620
Mr. Garret A. Falcone
Executive Director
(410) 778-7300
Fax No. (410) 778-0053

Homewood at Frederick

7407 Willow Road
Frederick, MD 21702
Ms. Karen Main
Executive Director
(301) 644-5600
Fax No. (301) 293-6331

Homewood at

Williamsport

16505 Virginia Avenue
Williamsport, MD 21795
Ms. Melissa L. Hadley
Executive Director
(301) 582-1472
Fax No. (301) 582-1805

Ingleside at King Farm

701 King Farm Boulevard
Rockville, Maryland 20850
Ms. Michelle Kraus
Executive Director
(240) 499-9031
Fax No. (240) 499-9015

Lutheran Village at Miller's Grant

9000 Fathers Legacy
Ellicott City, MD 21042
Ms. Michelle Rosenheim
Executive Director
(410) 465-2005
Fax No. 410-461-8936

Maplewood Park Place

9707 Old Georgetown Road
Bethesda, MD 20814
Ms. Barbara Harry
Executive Director
(301) 571-7400
Fax No. (301) 571-7411

Maryland Masonic Homes

300 International Circle
Cockeysville, MD 21030
Ms. Maggie Kelley
Interim Executive Director
(410) 527-1111
Fax No. (410) 527-1379

Mercy Ridge

2525 Pot Spring Road
Timonium, MD 21093
Mr. David Denton
Executive Director
(410) 561-0200
Fax No. (410) 561-0400

North Oaks

725 Mount Wilson Lane
Pikesville, MD 21208
Ms. Felicia Anthony
Executive Director
(410) 484-7300
Fax No. (410) 484-1058

Oak Crest Village

8800 Walther Boulevard
Parkville, MD 21234
Mr. Mark Roussey
Executive Director
(410) 665-1000
Fax No. (410) 657-3504

Maryland Department of Aging Continuing Care Retirement Communities (CCRCs)

Record Street Home – Home of the Aged

115 Record Street
Frederick, MD 21701
Mr. Kevin M. Quirk
General Manager
(301) 663-6822
Fax No. (301) 663-5186

Riderwood Village

3150 Gracefield Road
Silver Spring, MD 20904
Mr. Gary Hibbs
Executive Director
(301) 572-8316
Fax No. (301) 572-1300

Roland Park Place

830 W. 40th Street
Baltimore, MD 21211
Mr. Sam Guedouar
President
(410) 243-5800
Fax No. (410) 243-2054

The Residences at Vantage Point

5400 Vantage Point Road
Columbia, MD 21044
Ms. Heather Funk
Interim Executive Director
(410) 964-5454
Fax No. (410) 964-8439

The Village at Augsburg

6811 Campfield Road
Baltimore, MD 21207
Mr. Russell Mitchell
Interim Executive Director
(410) 484-3099
Fax No. (410) 653-8744

The Village at Rockville

9701 Veirs Drive
Rockville, MD 20850
Mr. Kyle Hreben
Executive Director
(301) 424-9560
Fax No. (301) 424-9574

MESH Life Care at Home

2800 16th Street, NW
Washington, DC 20009
Mr. Jesse Villareal
Executive Director
(202) 629-1765

Approved Planned New Community

Carsins Run at Eva Mar (PCOR)

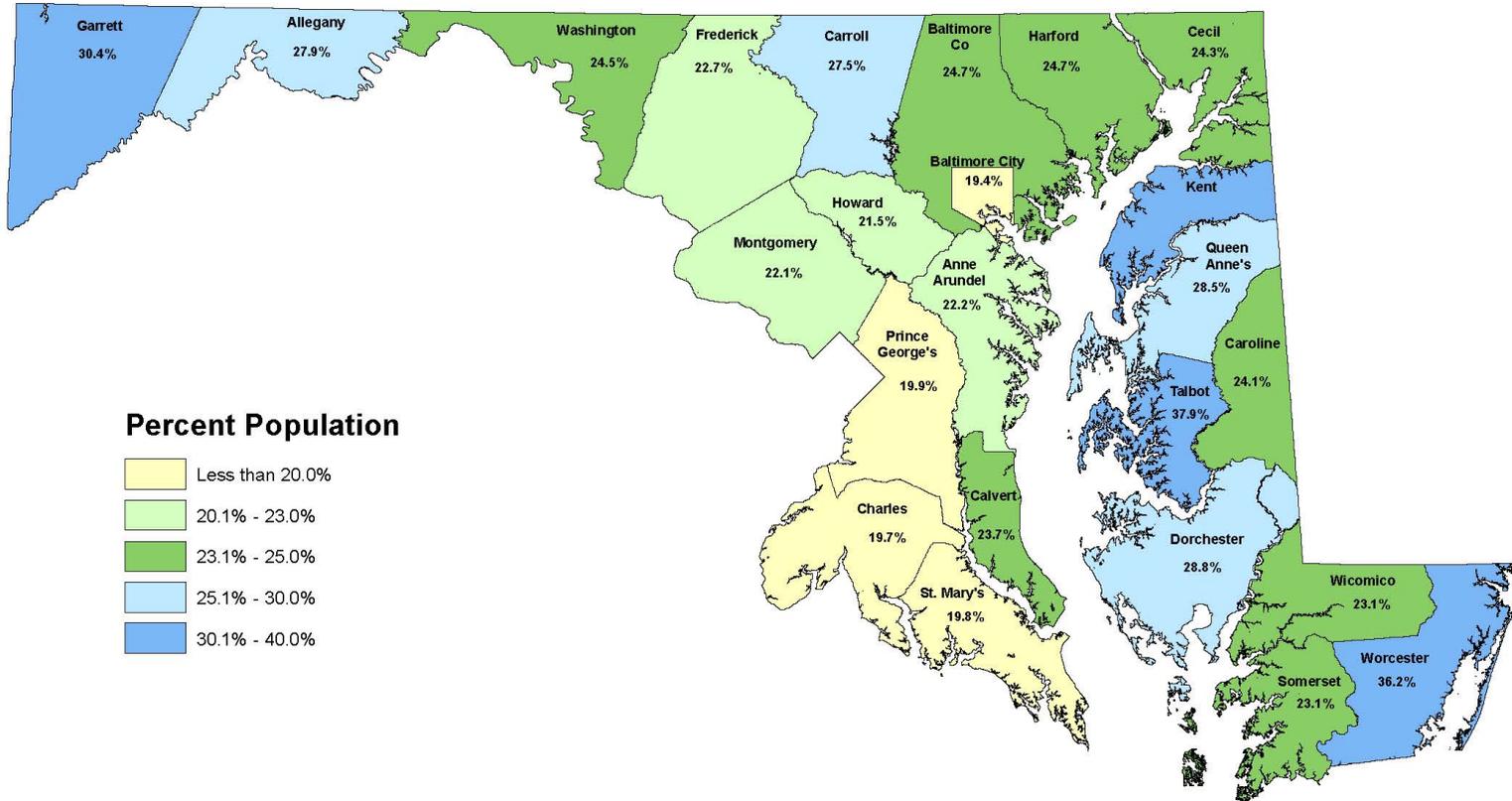
1200-C Agora Drive, #314
Bel Air, MD 21014
Ms. Susan F. Shea
Executive Director
(844) 410-4102
Fax No. (410) 823-0598

The Village at Providence Point (FS)

1997 Annapolis Exchange
Pkwy, Suite 300
Annapolis, MD 21401
Mr. William Hotchkiss
Director of Sales
(410) 972-4587
Fax No. (240) 386-8623

Attachment H

2020 Projected Percent Population 60 Years and Older for Maryland Jurisdictions



Percent Population

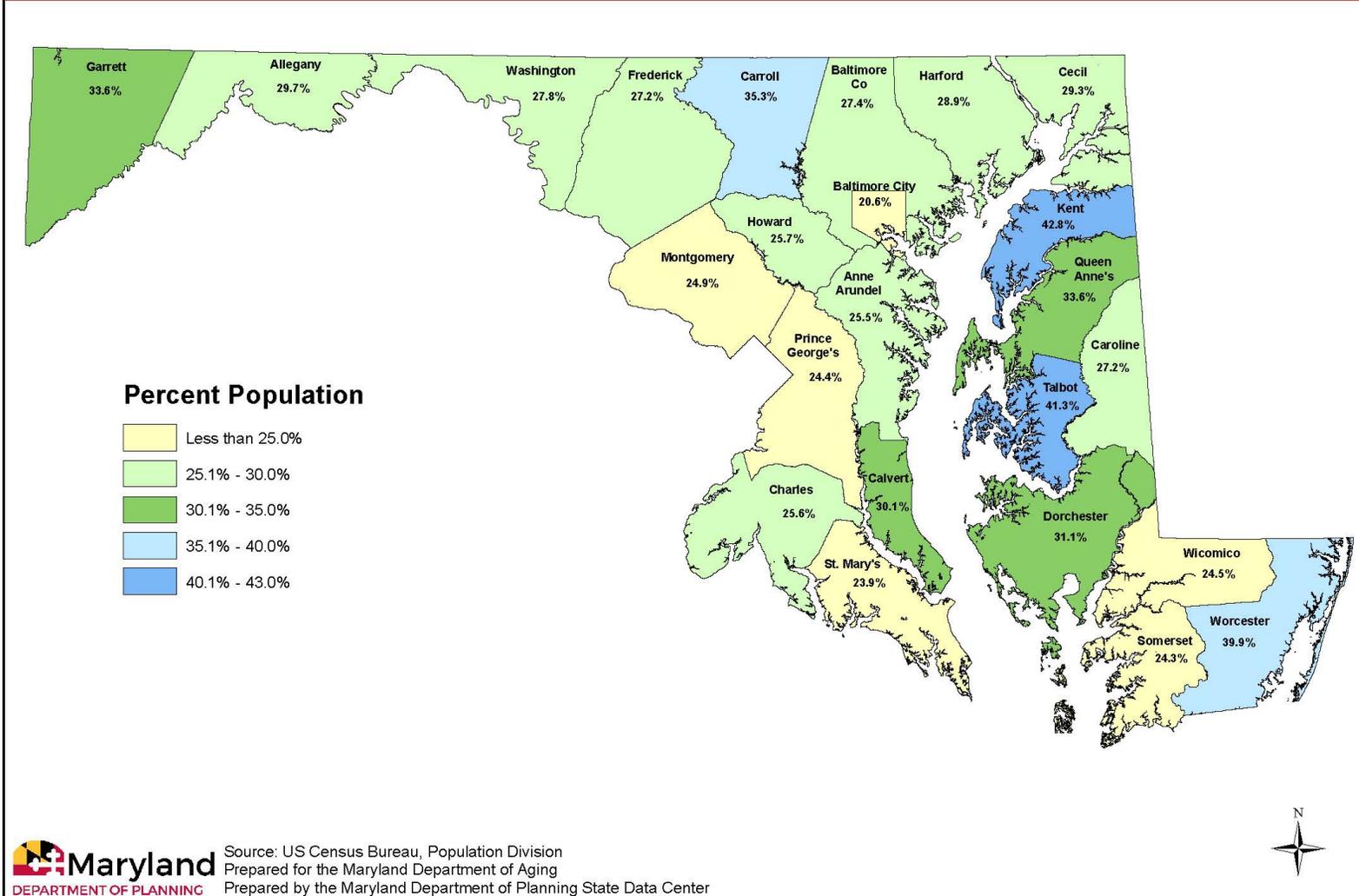
- Less than 20.0%
- 20.1% - 23.0%
- 23.1% - 25.0%
- 25.1% - 30.0%
- 30.1% - 40.0%



Source: US Census Bureau, Population Division
 Prepared for the Maryland Department of Aging
 Prepared by the Maryland Department of Planning State Data Center



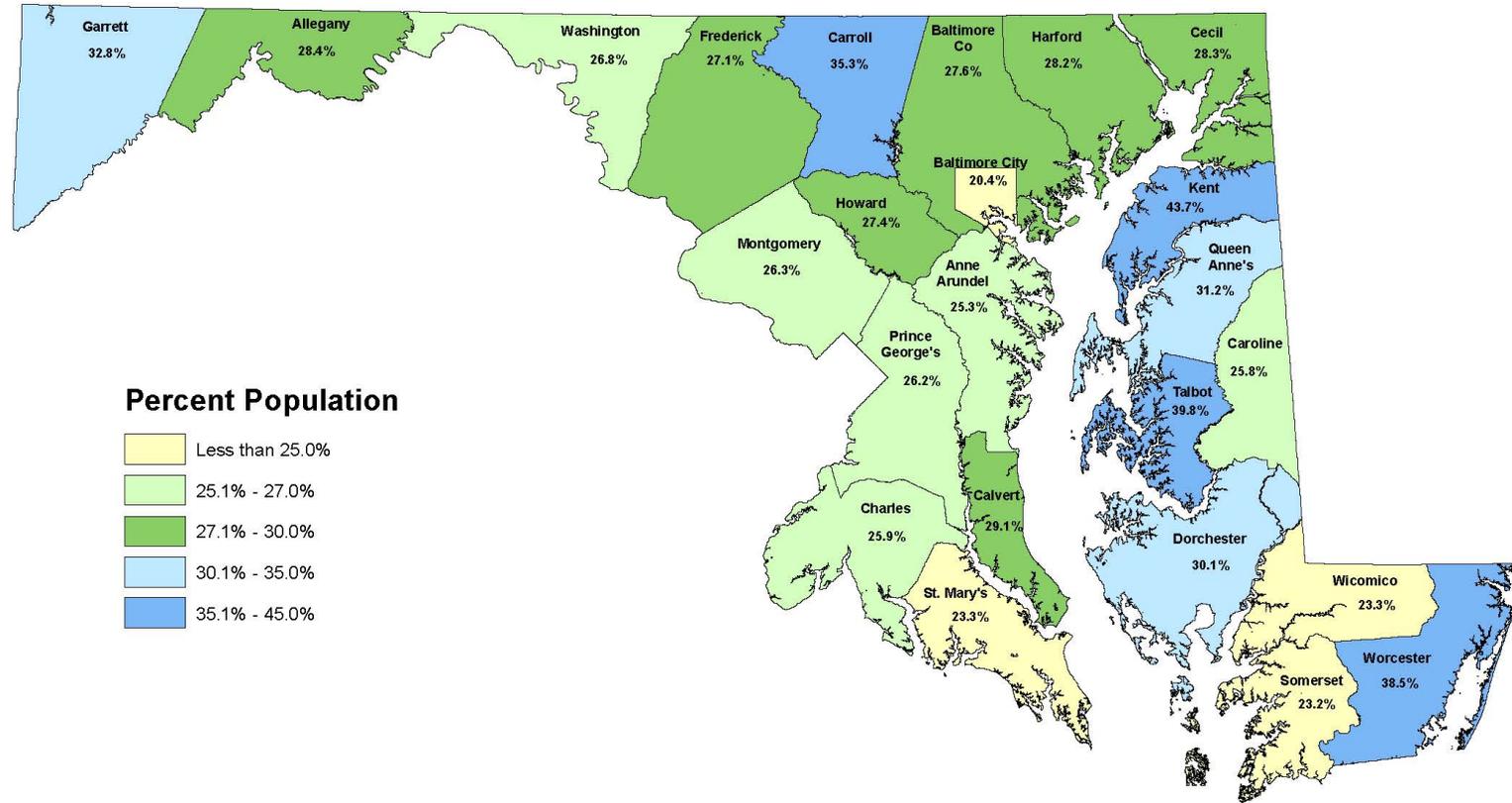
2030 Projected Percent Population 60 Years and Older for Maryland Jurisdictions



Source: US Census Bureau, Population Division
 Prepared for the Maryland Department of Aging
 Prepared by the Maryland Department of Planning State Data Center



2040 Projected Percent Population 60 Years and Older for Maryland Jurisdictions



Percent Population

- Less than 25.0%
- 25.1 - 27.0%
- 27.1 - 30.0%
- 30.1 - 35.0%
- 35.1 - 45.0%



Source: US Census Bureau, Population Division
 Prepared for the Maryland Department of Aging
 Prepared by the Maryland Department of Planning State Data Center



Maryland's 60+ Population Projections by Jurisdiction, 2020-2045

Jurisdiction	2020	2025	2030	2035	2040	2045	Percentage Change (2020 to 2045)
Allegany County	19,737	20,968	21,430	21,397	20,860	20,964	6.22%
Anne Arundel County	129,440	145,500	155,231	158,624	160,187	164,524	27.10%
Baltimore City	115,152	122,467	124,716	124,172	126,686	133,243	15.71%
Baltimore County	204,907	221,952	232,169	237,542	241,105	244,411	19.28%
Calvert County	22,114	26,851	29,498	29,545	28,904	28,792	30.20%
Caroline County	8,095	9,326	10,242	10,674	10,891	11,188	38.21%
Carroll County	46,424	55,469	61,500	63,901	63,883	64,488	38.91%
Cecil County	25,028	29,235	32,813	34,809	35,529	35,836	43.18%
Charles County	32,400	40,251	47,138	51,453	53,196	54,236	67.40%
Dorchester County	9,260	10,378	10,924	11,184	11,231	11,598	25.25%
Frederick County	59,973	73,161	81,784	87,032	89,333	91,293	52.22%
Garrett County	8,849	9,732	10,151	10,237	10,078	9,915	12.05%
Harford County	63,622	73,086	78,674	81,121	81,573	81,836	28.63%
Howard County	70,580	83,260	91,811	97,204	101,154	104,768	48.44%
Kent County	7,133	8,234	8,943	9,279	9,518	9,738	36.52%
Montgomery County	232,373	258,801	280,575	299,732	314,740	331,806	42.79%
Prince George's County	181,183	208,440	229,657	243,699	254,815	264,645	46.07%
Queen Anne's County	14,457	17,112	18,899	19,565	19,358	19,576	35.41%
St. Mary's County	22,841	28,001	31,353	33,034	34,036	35,798	56.73%
Somerset County	5,943	6,547	6,678	6,658	6,553	6,395	7.61%
Talbot County	14,229	15,611	16,357	16,638	16,333	16,204	13.88%
Washington County	37,217	42,187	45,853	47,627	48,143	48,218	29.56%
Wicomico County	24,109	26,846	28,315	28,717	29,080	29,129	20.82%
Worcester County	19,025	21,302	22,786	23,555	23,387	23,410	23.05%
Total	1,374,091	1,554,717	1,677,497	1,747,399	1,790,573	1,842,011	34.05%

Source: U.S. Census, Maryland Department of Planning, 12/3/2020

Maryland's 60+ Population Projections by Age & Gender, 2020-2040

Year	Age	Male	Female	Total	% of Total State Population
2020	60-64	188,097	211,015	399,112	6.57%
	65-69	146,836	175,554	322,390	5.31%
	70-74	113,193	141,161	254,354	4.19%
	75-79	73,309	97,202	170,511	2.81%
	80-84	43,319	62,313	105,632	1.74%
	85+	41,426	80,666	122,092	2.01%
	Total		606,180	767,911	1,374,091
2030	60-64	178,183	202,639	380,822	5.94%
	65-69	175,681	207,197	382,878	5.97%
	70-74	143,866	180,806	324,672	5.06%
	75-79	103,483	143,121	246,604	3.84%
	80-84	70,293	104,737	175,030	2.73%
	85+	59,566	107,925	167,491	2.61%
	Total		731,072	946,425	1,677,497
2040	60-64	166,263	185,371	351,634	5.22%
	65-69	150,576	177,170	327,746	4.86%
	70-74	140,468	177,990	318,458	4.73%
	75-79	127,581	172,827	300,408	4.46%
	80-84	91,613	136,505	228,118	3.38%
	85+	92,250	171,959	264,209	3.92%
	Total		768,751	1,021,822	1,790,573

Source: U.S. Census, Maryland Department of Planning, 12/3/2020

Maryland's 2017 Population, Selected Age Groups

Jurisdiction	Total Persons	60+	65+	75+	85+
Allegany County	72,590	18,315	14,025	6,465	2,035
Anne Arundel County	564,600	111,085	77,675	30,390	8,735
Baltimore City	619,795	115,710	79,260	33,350	9,665
Baltimore County	828,635	186,405	133,430	61,050	20,875
Calvert County	90,825	18,150	12,380	4,850	1,530
Caroline County	32,785	6,875	5,060	2,120	655
Carroll County	167,320	36,730	26,065	10,695	3,320
Cecil County	102,415	21,070	14,750	5,605	1,505
Charles County	156,020	26,070	17,760	6,640	1,690
Dorchester County	32,385	8,890	6,505	2,815	805
Frederick County	246,105	46,880	32,870	13,490	4,440
Garrett County	29,515	8,440	6,125	2,580	740
Harford County	250,130	53,290	37,365	14,860	4,320
Howard County	312,495	57,300	39,230	14,595	4,465
Kent County	19,665	6,225	4,945	2,195	775
Montgomery County	1,039,200	209,465	146,715	63,925	21,565
Prince George's County	905,160	159,435	106,530	39,025	10,235
Queen Anne's County	49,070	12,065	8,755	3,350	1,030
St. Mary's County	110,980	18,980	13,180	5,275	1,435
Somerset County	25,800	5,570	3,960	1,680	480
Talbot County	37,460	12,870	10,075	4,580	1,530
Washington County	149,545	33,145	23,990	10,675	3,250
Wicomico County	102,015	21,275	15,015	6,215	1,845
Worcester County	51,560	17,650	13,505	5,885	1,570
Total	5,996,070	1,211,890	849,170	352,310	108,495

Source: Administration for Community Living, agid.acl.gov. Data Source: ACL Special Tabulation - American Community Survey 2013-2017 (MDs21003) accessed May 10, 2021. Rounding may affect totals.

Attachment I

Public Comment



To assist with the development of the FY 2022-2025 Maryland State Plan on Aging, older adults, caregivers, advocates, services providers, advocates, and other public and private stakeholders were invited to give feedback, input, and comments on the draft State Plan. Public input on the State Plan were a culmination of three Virtual Town Hall meetings, an online Older Adult Needs Assessment Survey, and a comments submission process that included email, postal mail, telephone, and social media. On May 17, 2021, instructions on how to share a public comment on the draft FY 2022-2025 Maryland State Plan on Aging was published on our website as seen by visiting this link. <https://aging.maryland.gov/Pages/StatePlanonAging2.aspx>

We provided multiple avenues for the public to share comments:

Mail: Maryland Department of Aging
301 W. Preston Street Suite 1007
Baltimore, Maryland 21201
Attention: State Plan Feedback

Email: mdoa.executiveoffice@maryland.gov

Phone: 410-767-4170

A dedicated telephone line established for callers to leave their name and contact number for a member of the State Plan on Aging team to contact them and scribe their comments during the telephone conversation.

Online Form: <https://forms.gle/eV5SDojtxwagvoKF8>

Virtual Town Hall Meetings:

May 26, 2021: 10am-11:30am
May 27, 2021: 2pm-3:30pm
June 1, 2021: 6pm-7:30pm

To register:
<http://bit.ly/MDOAVirtualTownHall>
or call 410-767-4170

Join by computer:

u) [https://www.zoom.us/j/9171111111](#)
or

Join by phone:

) yo [https://www.zoom.us/j/9171111111](#)

How the Maryland Department of Aging marketed the public comment period:

Website

u) [https://www.maryland.gov/aging/virtual-town-halls](#)



Social Media

u) [https://www.facebook.com/MDAging](#)

Senior Call Check

u) [https://www.maryland.gov/aging/senior-call-check](#)

“Hello! We invite you to join the Maryland Department of Aging at an upcoming State Plan on Aging Virtual Town Hall event on May 26th, May 27th, or June 1st to learn about plans for programs and services for older adults. It’s an opportunity to tell us what you need. Please visit our website at aging.maryland.gov or call 410-767-4170 for details.”

Text Alerts through 211 Maryland

The following text alerts went out to subscribers on 3 dates:

Reminder, our [number] of three Virtual Town Hall events is [day of week], [month, day] at [time]. Your comments are important to develop and implement the Maryland Department of Aging's FY 2022-2025 State Plan on Aging. This plan is a framework for federal funding the Department receives to develop programs and services for older Marylanders. We invite the public to review and comment on the draft state plan now through June 4, 2021. There are several ways to provide your comments, as well as join us for one of our upcoming Virtual Town Halls. Please visit our website for details:

<https://aging.maryland.gov/Pages/StatePlanonAging2.aspx>

Email

An email went out to approximately 1,400 older adult, stakeholder, and advocate contacts encouraging recipients to review the draft State Plan and to share their public comments. Each registrant received a confirmation email with instructions on how to log into the Virtual Town Hall event and additional information on how to share their public comments.

2021 Maryland Department of Aging Older Adults Needs Assessment

During the draft review and comment period for the FY 2017-2021 Maryland State Plan on Aging, an Older Adult Needs Assessment was developed to coincide with the review and comment period of the state plan that was being developed at that time. This online survey provided an opportunity to gather the concerns, needs, and preferences of older Marylanders seeking to remain independent, healthy and a part of their community.

During this year’s FY 2022-2025 Maryland State Plan on Aging development process, a new Older Adults Needs Assessment was launched just as it was four years ago. With close to 800 respondents, the survey provided a different form of public comment. While the survey did not reference the state plan, it did, however provide insight on preferences and needs of older Marylanders that were incorporated into the development of objectives and strategies in the FY 2022-2025 Maryland State Plan on Aging. The complete survey and results are provided below.

Public Comments:

Town Halls

These sessions were designed to provide the opportunity for older adults, caregivers, advocates, and other public and private stakeholders to offer public comment on the draft FY 2022-2025 Maryland Department of Aging State Plan on Aging. All interested individuals were instructed to select, register and attend one of the following "repeat" virtual events:

Three virtual town hall meetings were held and the public was invited to attend. These sessions were designed to provide an opportunity for older adults, advocates, public and private organization stakeholders to offer public comment on the Draft FY 2022-2025 Maryland State Plan on Aging. This forum was also an opportunity to comment on the Department’s process for allocating funding to its local area agency on aging network and learn about innovative programs developed.

May 26, 2021: 10am-11:30am

May 27, 2021: 2pm-3:30pm

June 1, 2021: 6pm-7:30pm

At each town hall meeting, Maryland Department of Aging Secretary Rona E. Kramer welcomed participants and delivered a presentation on several innovative programs. Deputy Secretary, Bernice Hutchinson, also delivered a presentation and explained the purpose of the State Plan, the purpose of the local aging network and how it is funded, and the purpose of the Department’s new vision, to Change the Trajectory of Aging.

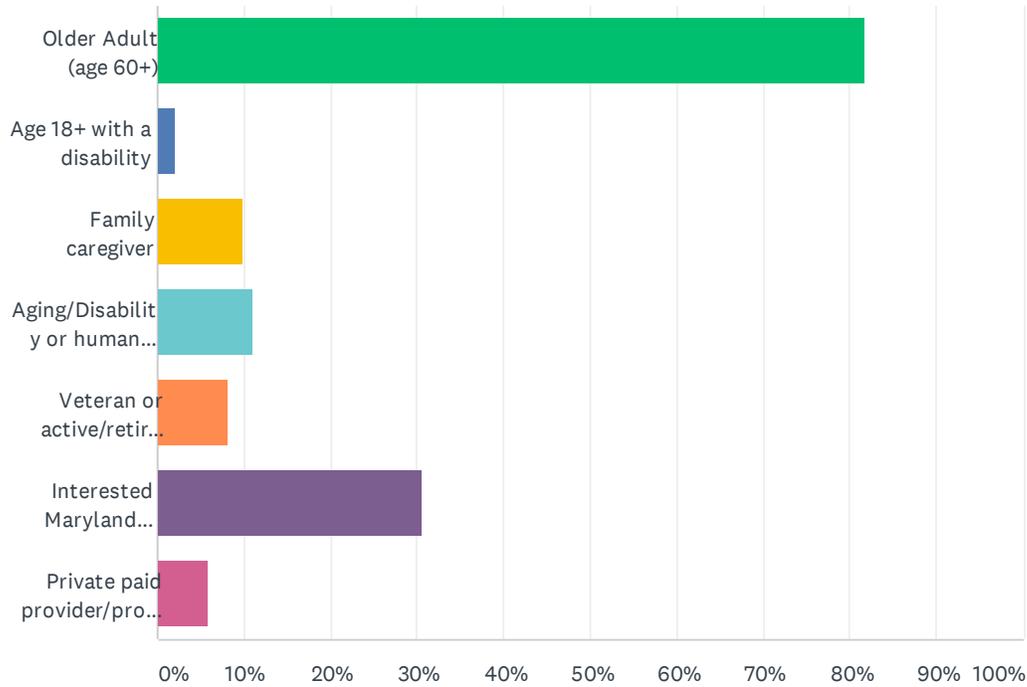
<u>Date</u>	<u>Attendees</u>	<u>Staff</u>	<u>Total</u>
5/26/2021	73	56	129
5/27/2021	75	64	139
6/1/2021	43	32	75
	191	152	343

Maryland Online Survey Results: Needs Assessment

Department of Aging Survey for 2022-2025 State Plan

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

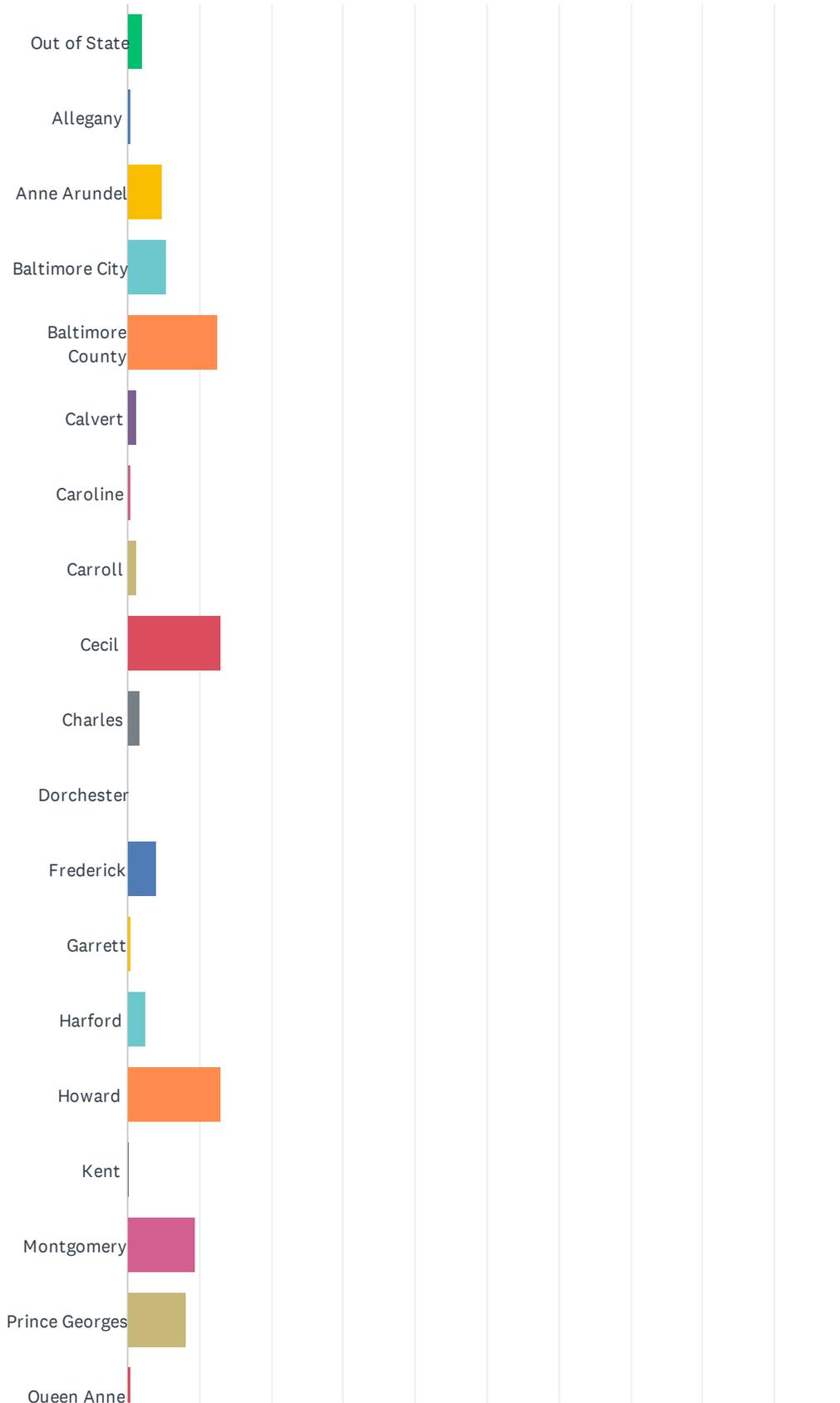
Answered: 781 Skipped: 0



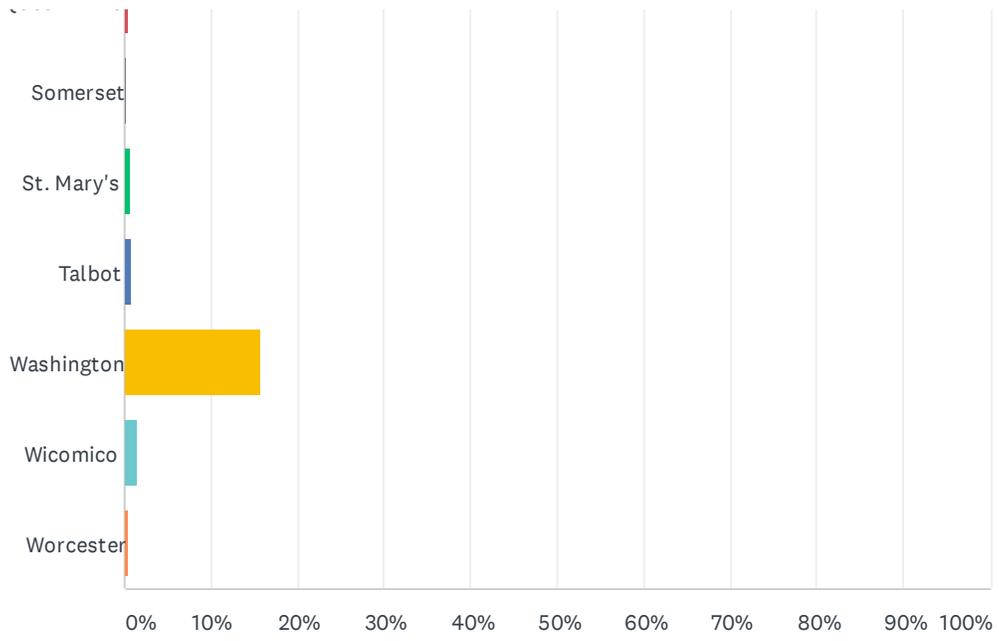
ANSWER CHOICES	RESPONSES
Older Adult (age 60+)	81.82% 639
Age 18+ with a disability	2.18% 17
Family caregiver	9.73% 76
Aging/Disability or human services professional (e.g. Area Agency on Aging staff, disability rights organization director)	11.14% 87
Veteran or active/retired military	8.19% 64
Interested Maryland resident	30.47% 238
Private paid provider/professional of health, home, and/or community based services	5.76% 45
Total Respondents: 781	

Q2 Jurisdiction/County where you reside

Answered: 781 Skipped: 0



Department of Aging Survey for 2022-2025 State Plan

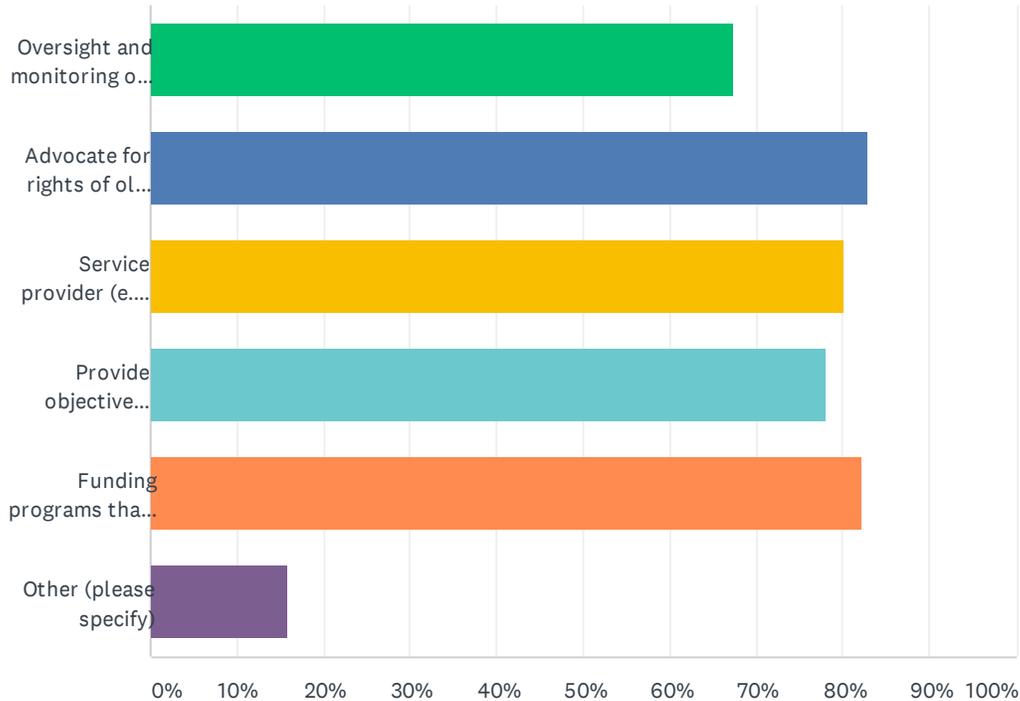


Department of Aging Survey for 2022-2025 State Plan

ANSWER CHOICES	RESPONSES	
Out of State	2.05%	16
Allegany	0.51%	4
Anne Arundel	4.74%	37
Baltimore City	5.38%	42
Baltimore County	12.55%	98
Calvert	1.15%	9
Caroline	0.38%	3
Carroll	1.28%	10
Cecil	13.06%	102
Charles	1.66%	13
Dorchester	0.00%	0
Frederick	3.97%	31
Garrett	0.38%	3
Harford	2.43%	19
Howard	13.06%	102
Kent	0.13%	1
Montgomery	9.48%	74
Prince Georges	8.07%	63
Queen Anne	0.51%	4
Somerset	0.13%	1
St. Mary's	0.64%	5
Talbot	0.90%	7
Washington	15.62%	122
Wicomico	1.41%	11
Worcester	0.51%	4
TOTAL		781

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.

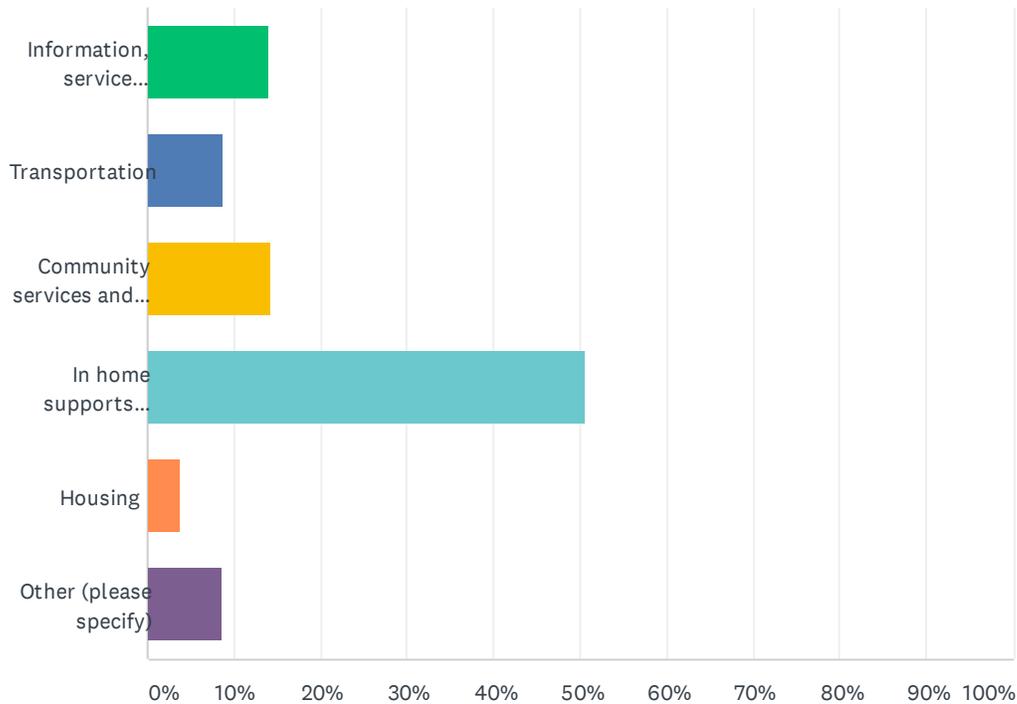
Answered: 708 Skipped: 73



ANSWER CHOICES	RESPONSES
Oversight and monitoring of public programs	67.37% 477
Advocate for rights of older adults, individuals with disabilities, and family caregivers	82.77% 586
Service provider (e.g. home delivered meals, senior centers, educational classes, service coordination, transportation, etc.)	80.23% 568
Provide objective information about resources to address your needs	77.97% 552
Funding programs that offer you aging and disability services	82.20% 582
Other (please specify)	15.96% 113
Total Respondents: 708	

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

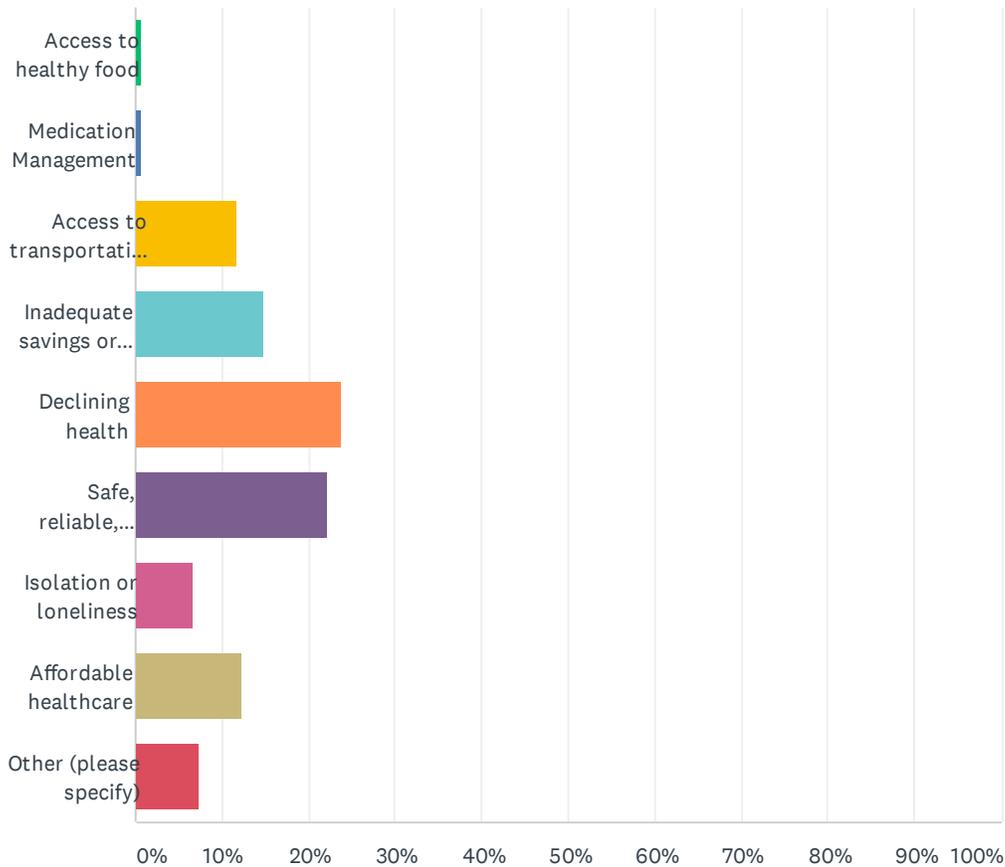
Answered: 706 Skipped: 75



ANSWER CHOICES	RESPONSES	
Information, service planning, and understanding my choices	14.02%	99
Transportation	8.78%	62
Community services and support (senior centers, family support)	14.16%	100
In home supports (caregiving, meals, chore services, home modifications)	50.57%	357
Housing	3.82%	27
Other (please specify)	8.64%	61
TOTAL		706

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

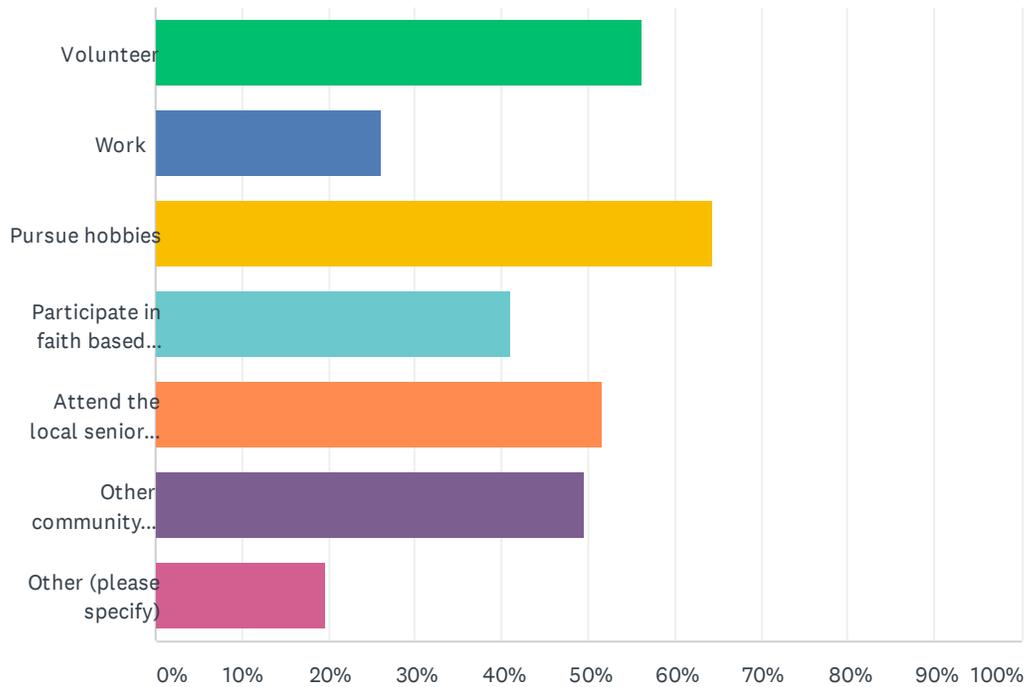
Answered: 711 Skipped: 70



ANSWER CHOICES	RESPONSES
Access to healthy food	0.56% 4
Medication Management	0.56% 4
Access to transportation (including being able to drive)	11.67% 83
Inadequate savings or income	14.91% 106
Declining health	23.77% 169
Safe, reliable, trustworthy caregiving	22.22% 158
Isolation or loneliness	6.61% 47
Affordable healthcare	12.38% 88
Other (please specify)	7.31% 52
TOTAL	711

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

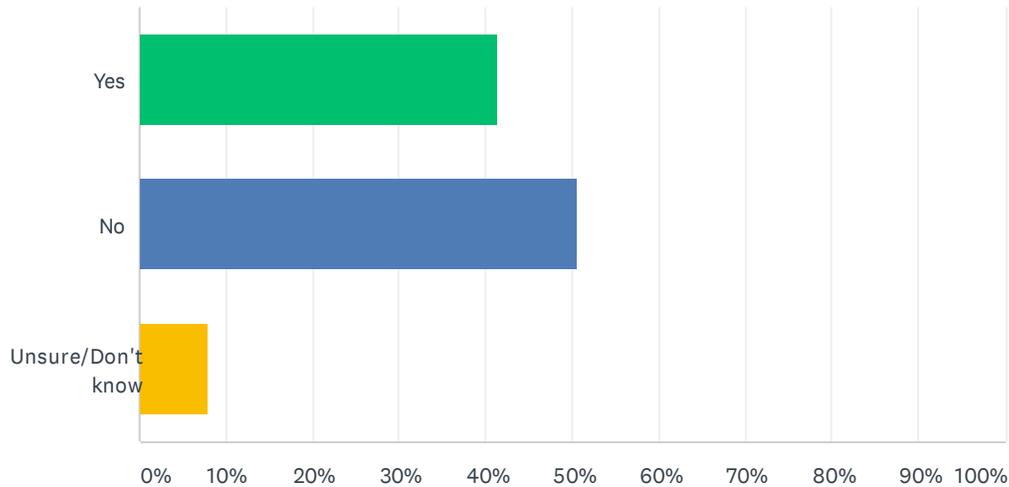
Answered: 713 Skipped: 68



ANSWER CHOICES	RESPONSES	
Volunteer	56.24%	401
Work	26.23%	187
Pursue hobbies	64.38%	459
Participate in faith based activities	41.09%	293
Attend the local senior center	51.61%	368
Other community activities (e.g., clubs, groups)	49.51%	353
Other (please specify)	19.64%	140
Total Respondents: 713		

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.)?

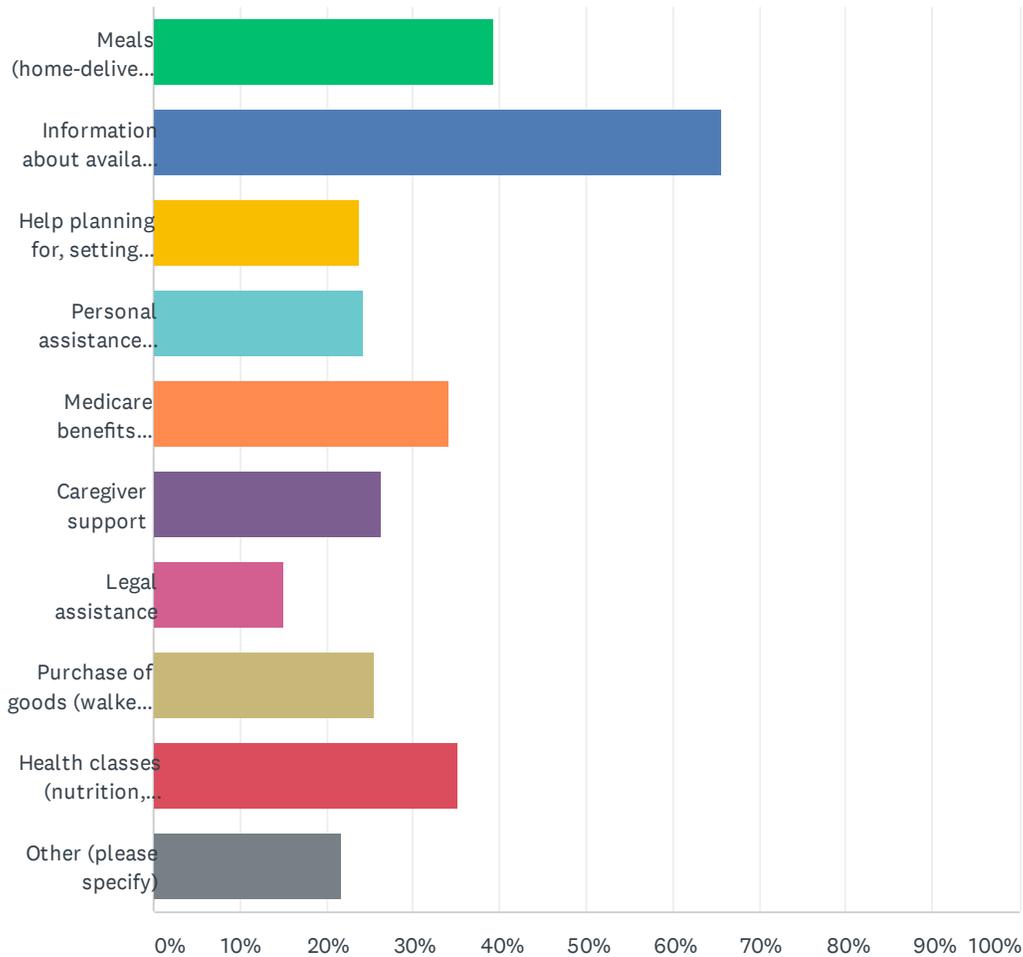
Answered: 711 Skipped: 70



ANSWER CHOICES	RESPONSES	
Yes	41.35%	294
No	50.63%	360
Unsure/Don't know	8.02%	57
TOTAL		711

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

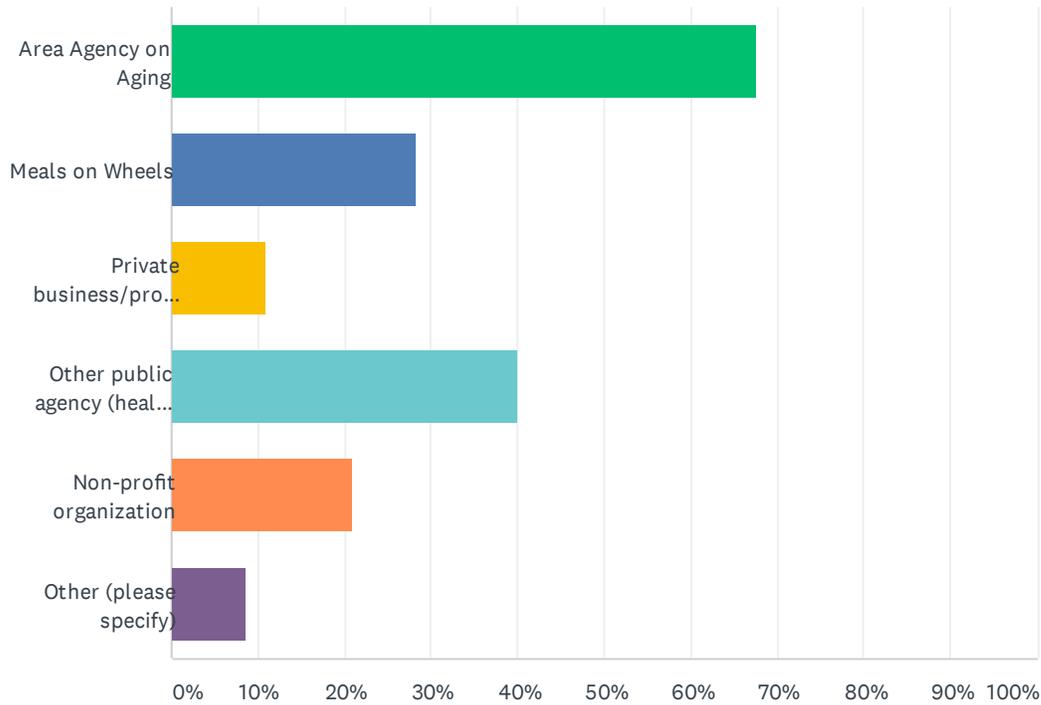
Answered: 285 Skipped: 496



ANSWER CHOICES	RESPONSES	
Meals (home-delivered or group/congregate)	39.30%	112
Information about available services and referrals	65.61%	187
Help planning for, setting up, and managing services	23.86%	68
Personal assistance services (bathing, dressing, grooming, etc.)	24.21%	69
Medicare benefits counseling or application assistance	34.04%	97
Caregiver support	26.32%	75
Legal assistance	15.09%	43
Purchase of goods (walker, personal emergency response system, adult diapers, etc.)	25.61%	73
Health classes (nutrition, exercise, health promotion)	35.09%	100
Other (please specify)	21.75%	62
Total Respondents: 285		

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

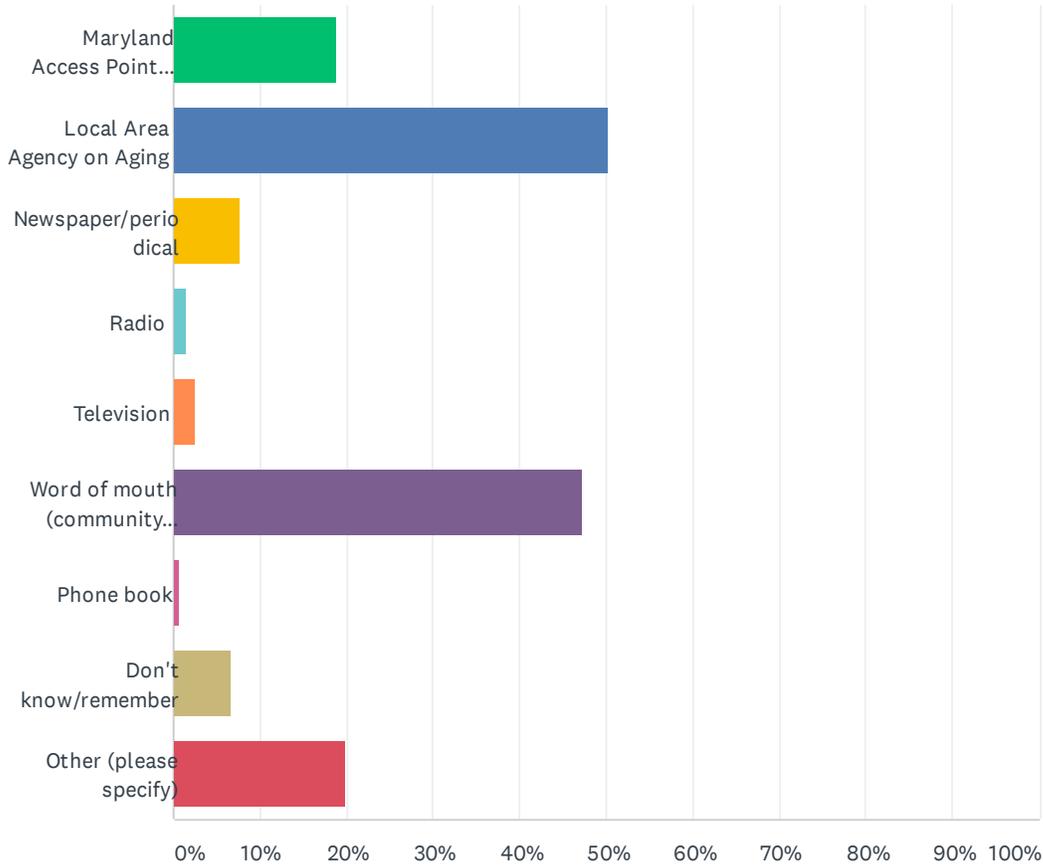
Answered: 283 Skipped: 498



ANSWER CHOICES	RESPONSES	
Area Agency on Aging	67.49%	191
Meals on Wheels	28.27%	80
Private business/provider	10.95%	31
Other public agency (health department, social services, etc.)	39.93%	113
Non-profit organization	20.85%	59
Other (please specify)	8.48%	24
Total Respondents: 283		

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

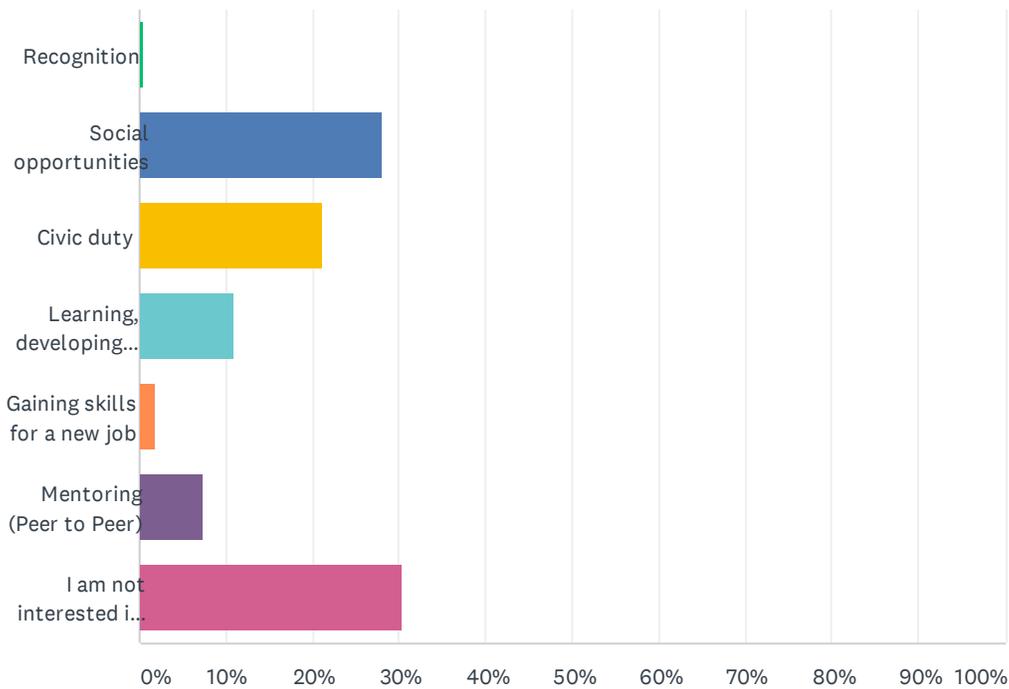
Answered: 283 Skipped: 498



ANSWER CHOICES	RESPONSES	
Maryland Access Point website	18.73%	53
Local Area Agency on Aging	50.18%	142
Newspaper/periodical	7.77%	22
Radio	1.41%	4
Television	2.47%	7
Word of mouth (community group, club, religious organization)	47.35%	134
Phone book	0.71%	2
Don't know/remember	6.71%	19
Other (please specify)	19.79%	56
Total Respondents: 283		

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

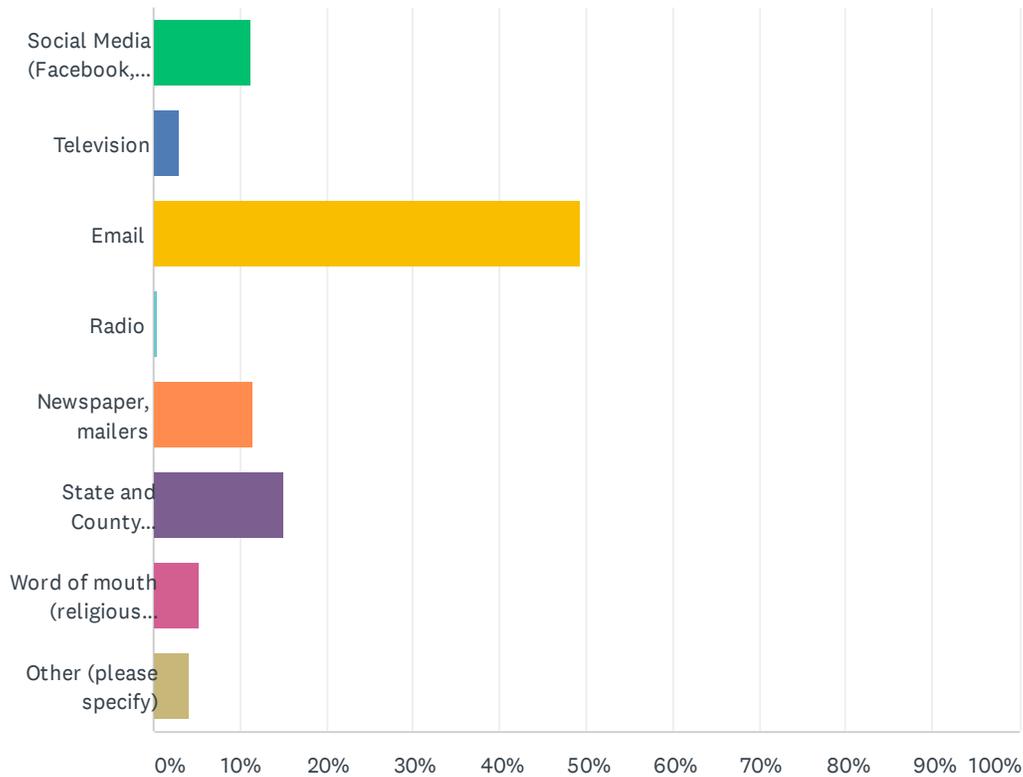
Answered: 674 Skipped: 107



ANSWER CHOICES	RESPONSES	
Recognition	0.45%	3
Social opportunities	28.04%	189
Civic duty	21.07%	142
Learning, developing expertise, obtaining credentials	10.83%	73
Gaining skills for a new job	1.93%	13
Mentoring (Peer to Peer)	7.42%	50
I am not interested in volunteering	30.27%	204
TOTAL		674

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

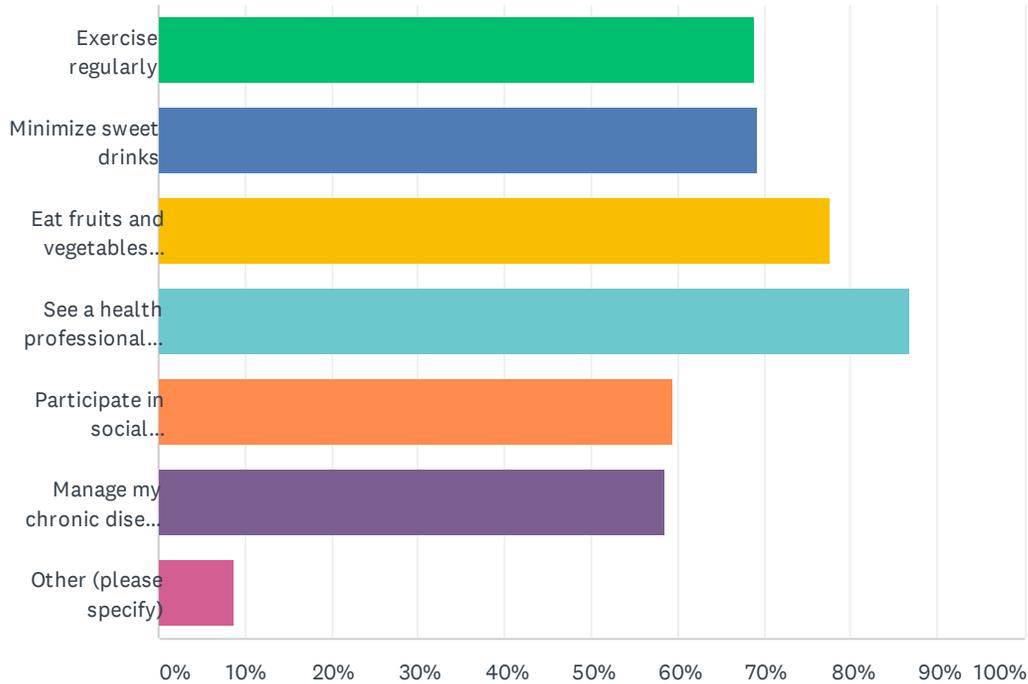
Answered: 684 Skipped: 97



ANSWER CHOICES	RESPONSES	
Social Media (Facebook, Twitter, etc.)	11.26%	77
Television	2.92%	20
Email	49.27%	337
Radio	0.44%	3
Newspaper, mailers	11.55%	79
State and County government websites	15.06%	103
Word of mouth (religious organizations, school, clubs, organization)	5.26%	36
Other (please specify)	4.24%	29
TOTAL		684

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

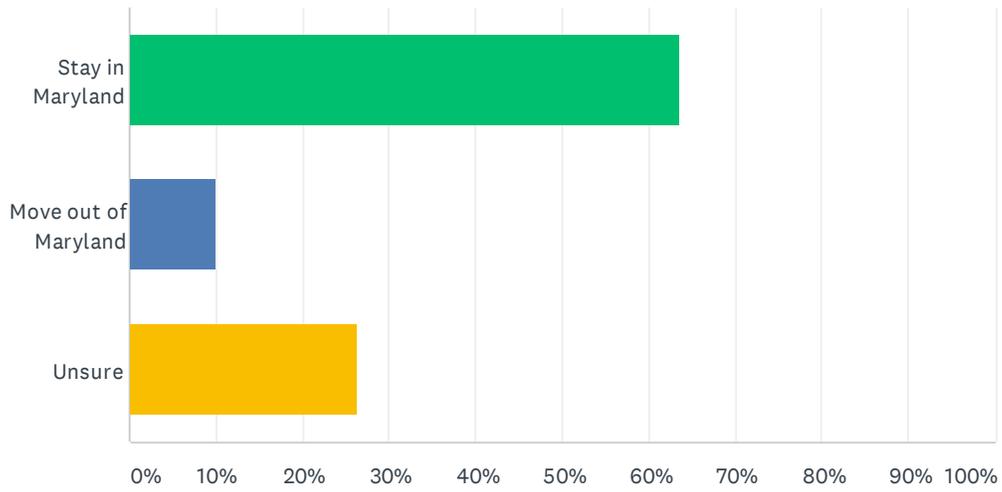
Answered: 694 Skipped: 87



ANSWER CHOICES	RESPONSES
Exercise regularly	68.88% 478
Minimize sweet drinks	69.31% 481
Eat fruits and vegetables regularly	77.52% 538
See a health professional for regular checkups	86.74% 602
Participate in social activities	59.37% 412
Manage my chronic disease (e.g. diabetes, hypertension, etc.)	58.50% 406
Other (please specify)	8.79% 61
Total Respondents: 694	

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

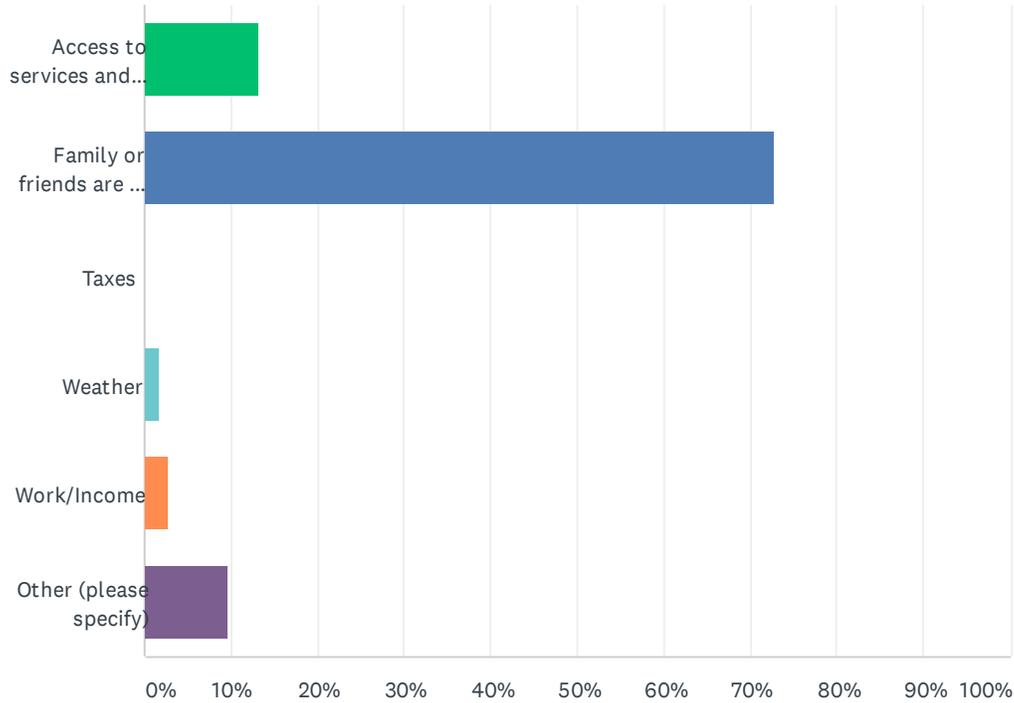
Answered: 691 Skipped: 90



ANSWER CHOICES	RESPONSES	
Stay in Maryland	63.53%	439
Move out of Maryland	10.13%	70
Unsure	26.34%	182
TOTAL		691

Q15 Why do you plan to stay in Maryland?

Answered: 430 Skipped: 351



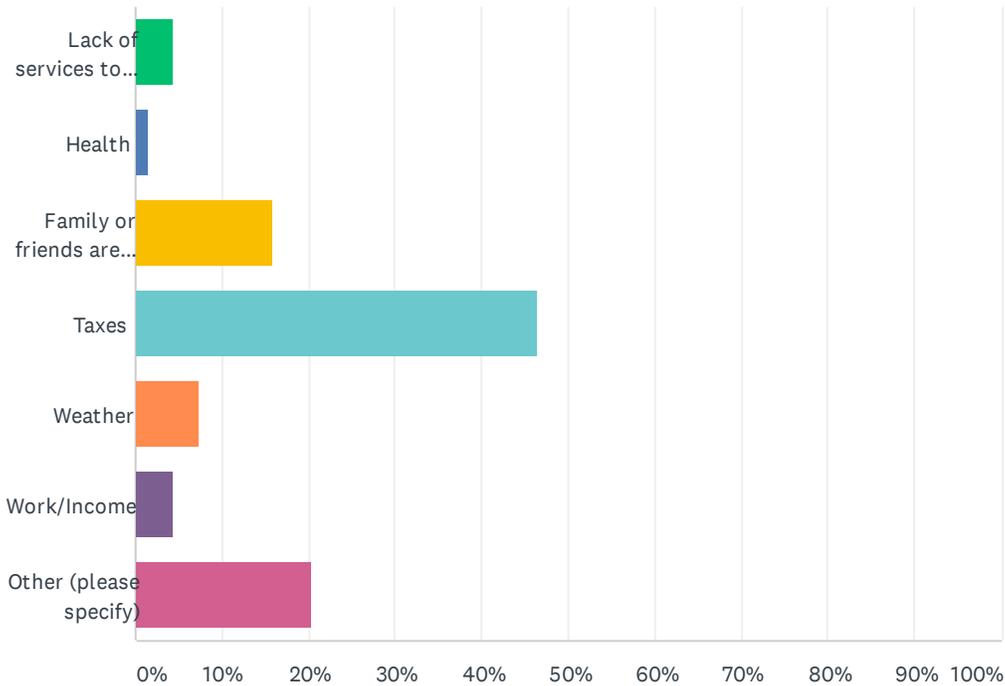
ANSWER CHOICES	RESPONSES	
Access to services and support to live independently at home/community	13.26%	57
Family or friends are in Maryland	72.79%	313
Taxes	0.00%	0
Weather	1.63%	7
Work/Income	2.79%	12
Other (please specify)	9.53%	41
TOTAL		430

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: 224 Skipped: 557

Q17 Why do you plan to leave Maryland?

Answered: 69 Skipped: 712



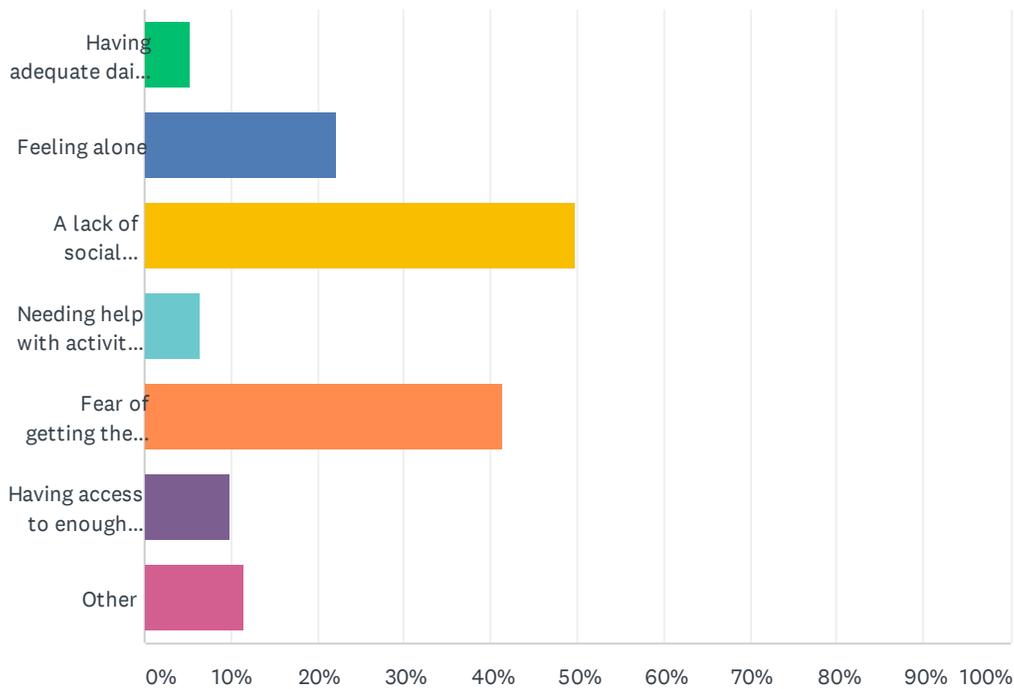
ANSWER CHOICES	RESPONSES
Lack of services to support independent living	4.35% 3
Health	1.45% 1
Family or friends are out-of-state	15.94% 11
Taxes	46.38% 32
Weather	7.25% 5
Work/Income	4.35% 3
Other (please specify)	20.29% 14
TOTAL	69

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: 34 Skipped: 747

Q19 What are your greatest concerns and challenges associated with the COVID-19 pandemic?

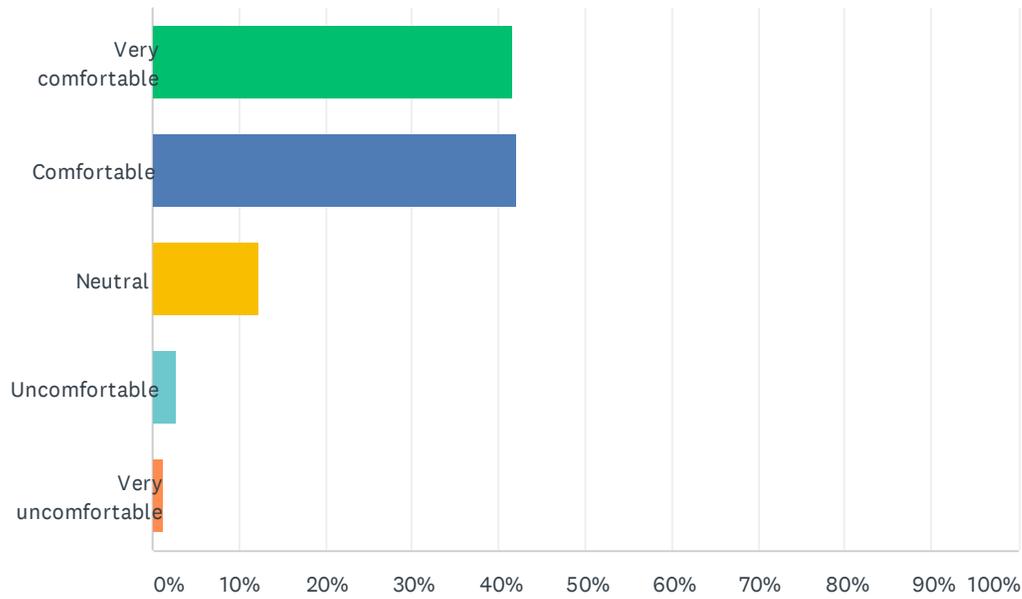
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Having adequate daily food supply	5.26%	22
Feeling alone	22.25%	93
A lack of social engagement	49.76%	208
Needing help with activities of daily living (bathing, grooming, dressing, meal preparation, for example)	6.46%	27
Fear of getting the COVID-19 virus	41.39%	173
Having access to enough COVID-19 supplies, such as masks and cleaning supplies	9.81%	41
Other	11.48%	48
Total Respondents: 418		

Q20 Are you comfortable with your access to information and support during the COVID-19 pandemic?

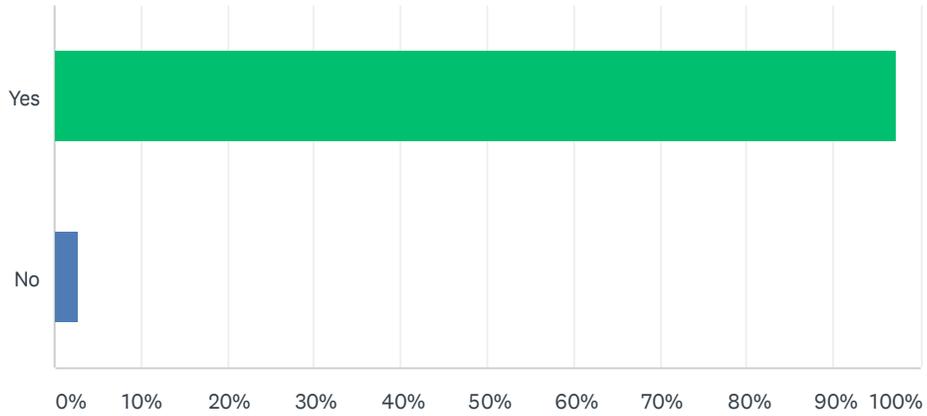
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Very comfortable	41.63%	174
Comfortable	42.11%	176
Neutral	12.44%	52
Uncomfortable	2.63%	11
Very uncomfortable	1.20%	5
TOTAL		418

Q21 Have you had daily internet and computer access during the COVID-19 pandemic?

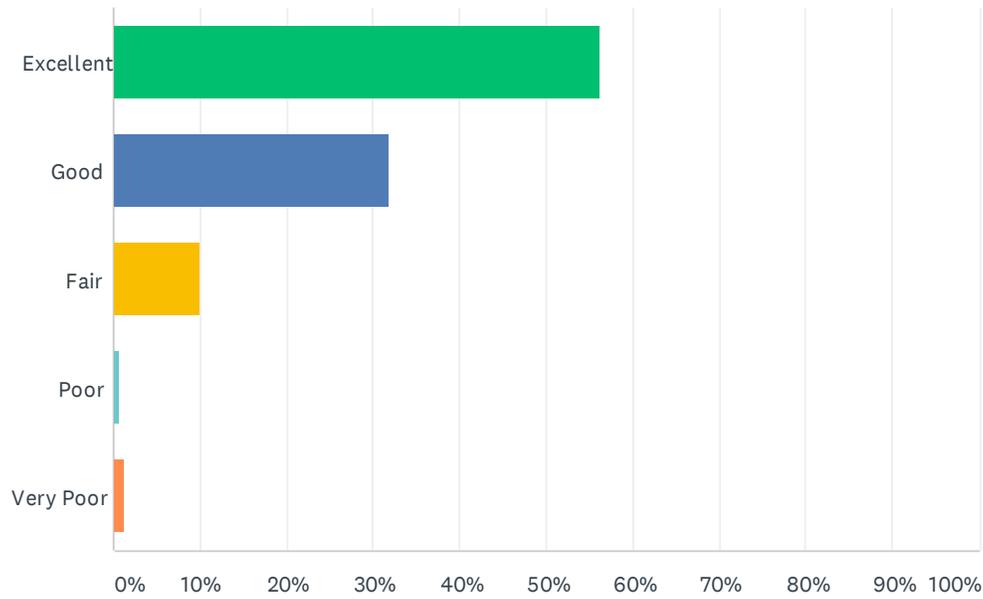
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Yes	97.37%	407
No	2.63%	11
TOTAL		418

Q22 What has been your comfort level using a computer during the COVID-19 pandemic?

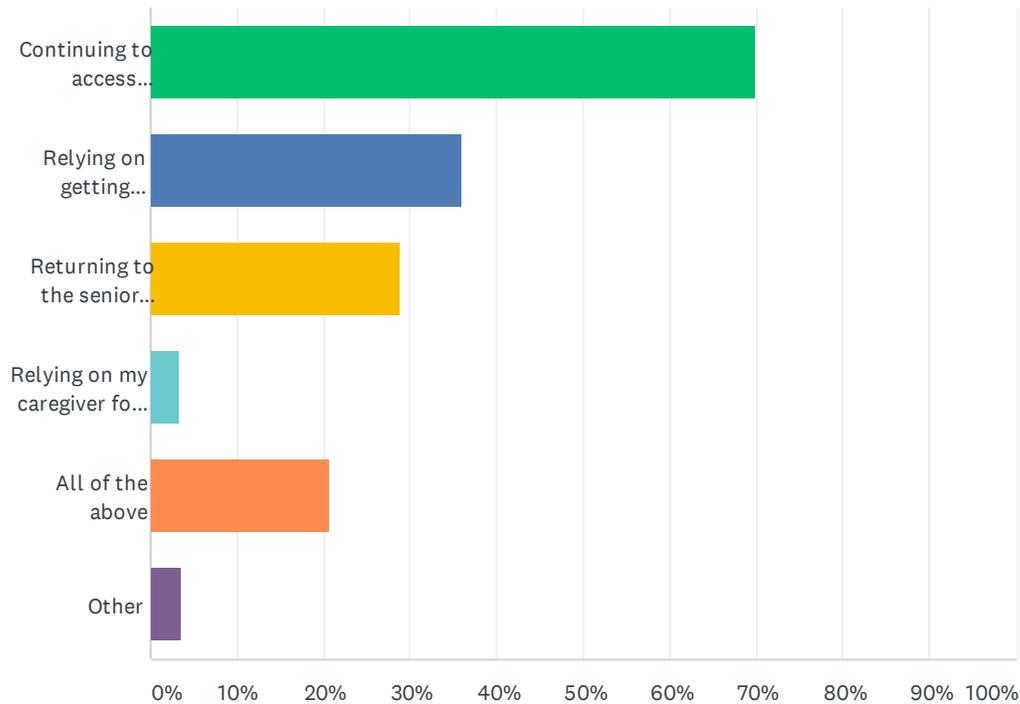
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Excellent	56.22%	235
Good	31.82%	133
Fair	10.05%	42
Poor	0.72%	3
Very Poor	1.20%	5
TOTAL		418

Q23 Moving forward, please describe your preference for keeping informed and socially engaged.

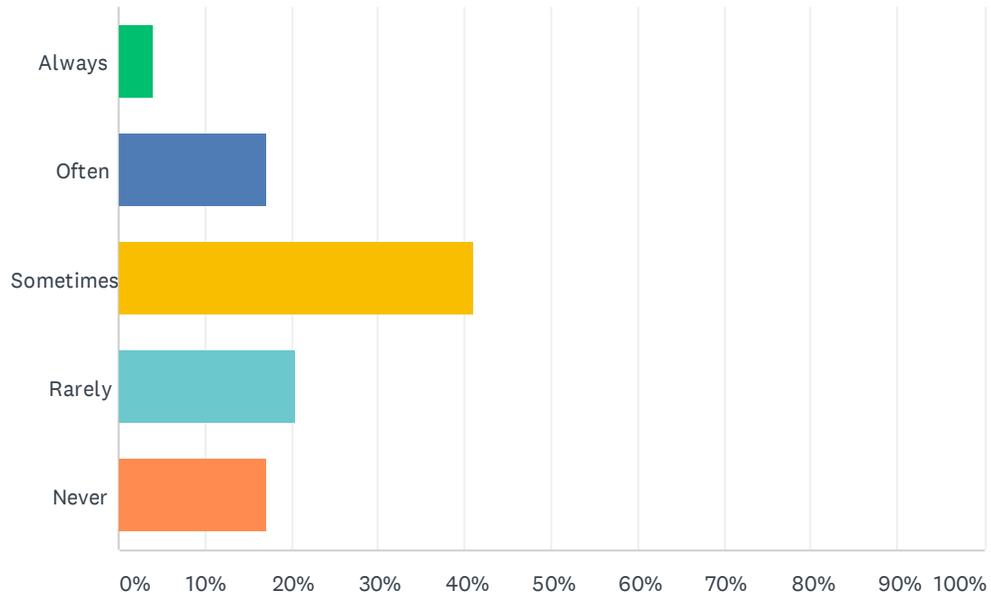
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Continuing to access information from a computer at home	69.86%	292
Relying on getting information from television, radio and newspaper	35.89%	150
Returning to the senior center, adult daycare, and other community settings	28.95%	121
Relying on my caregiver for information	3.35%	14
All of the above	20.81%	87
Other	3.59%	15
Total Respondents: 418		

Q24 Did you feel isolated or alone during the COVID-19 pandemic?

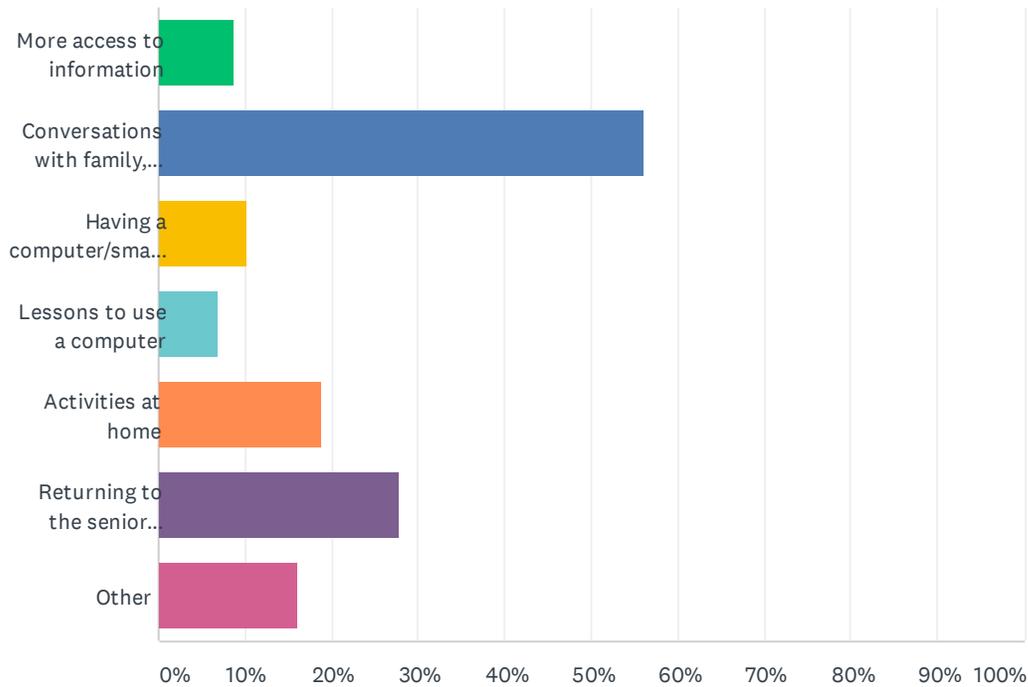
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Always	4.07%	17
Often	17.22%	72
Sometimes	40.91%	171
Rarely	20.57%	86
Never	17.22%	72
TOTAL		418

Q25 If you have experienced feelings of isolation and loneliness during the COVID-19 pandemic, what would help?

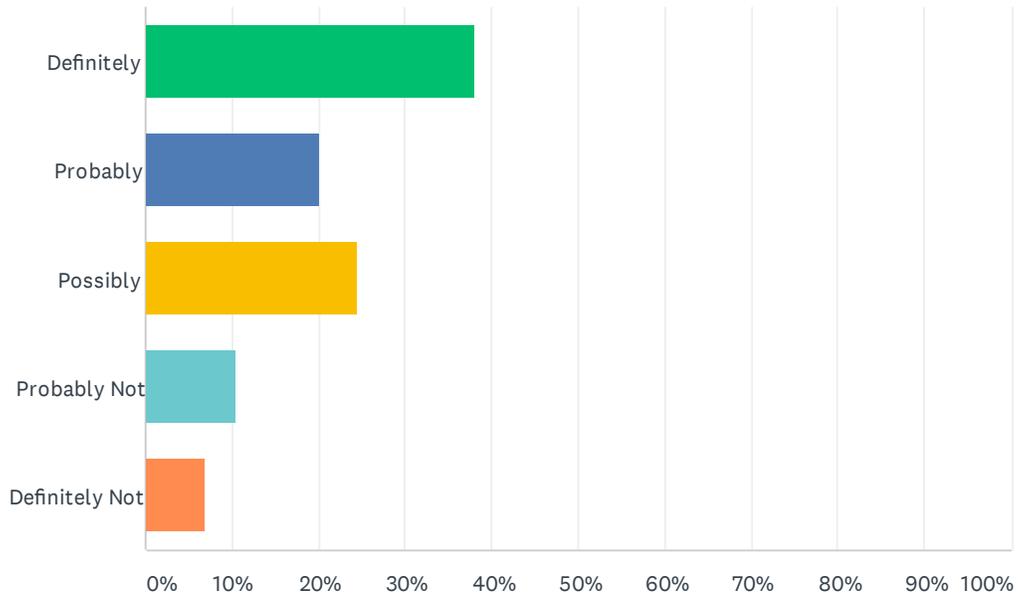
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
More access to information	8.85%	37
Conversations with family, friends, and others	55.98%	234
Having a computer/smart device	10.29%	43
Lessons to use a computer	6.94%	29
Activities at home	18.90%	79
Returning to the senior center	27.75%	116
Other	16.03%	67
Total Respondents: 418		

Q26 Will you return to your senior center after COVID-19?

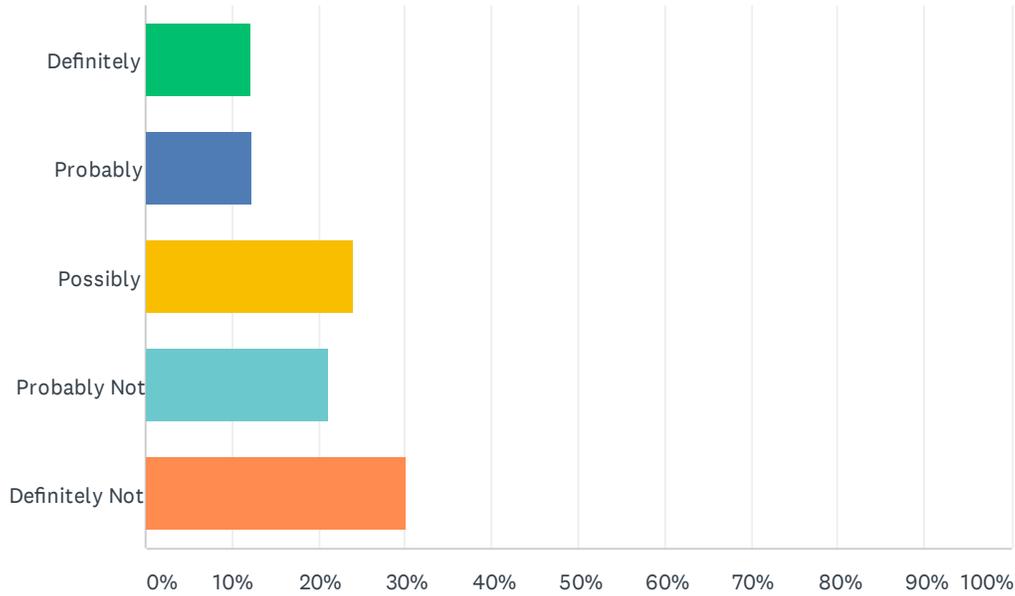
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Definitely	38.04%	159
Probably	20.10%	84
Possibly	24.40%	102
Probably Not	10.53%	44
Definitely Not	6.94%	29
TOTAL		418

Q27 If you were getting meals in the community (senior center), and since COVID-19, you have been receiving home delivered meals, how likely are you to return to getting meals in a community setting rather than at home?

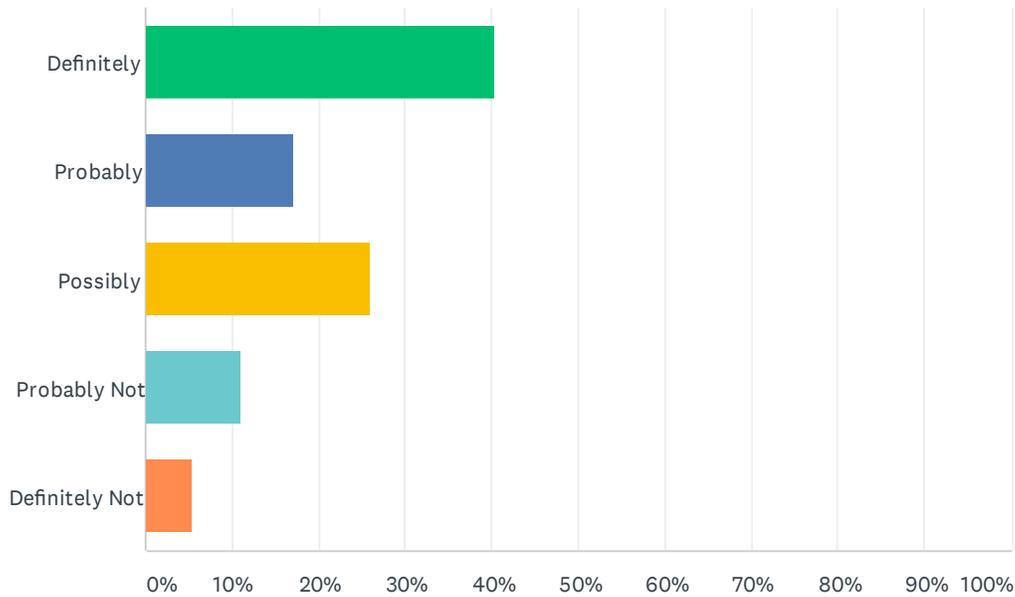
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES
Definitely	12.20% 51
Probably	12.44% 52
Possibly	24.16% 101
Probably Not	21.05% 88
Definitely Not	30.14% 126
TOTAL	418

Q28 As the risk of getting COVID-19 reduces, do you plan to return to or join the senior center in your community?

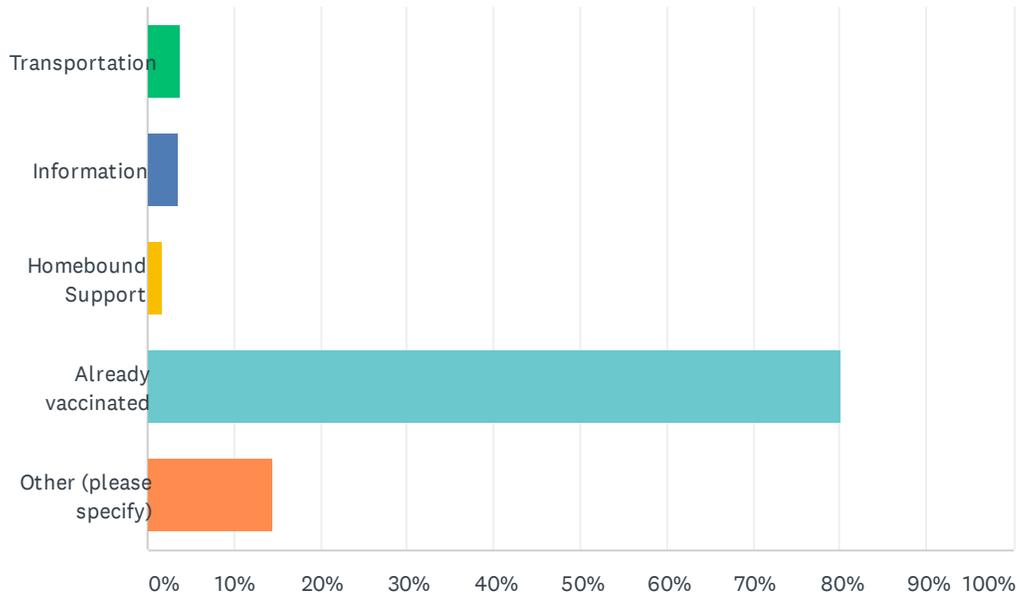
Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES	
Definitely	40.43%	169
Probably	17.22%	72
Possibly	25.84%	108
Probably Not	11.00%	46
Definitely Not	5.50%	23
TOTAL		418

Q29 How can we help you get a COVID vaccination?

Answered: 418 Skipped: 363



ANSWER CHOICES	RESPONSES
Transportation	3.83% 16
Information	3.59% 15
Homebound Support	1.67% 7
Already vaccinated	80.14% 335
Other (please specify)	14.35% 60
Total Respondents: 418	

Q30 If we can help, please provide the best way to contact you.

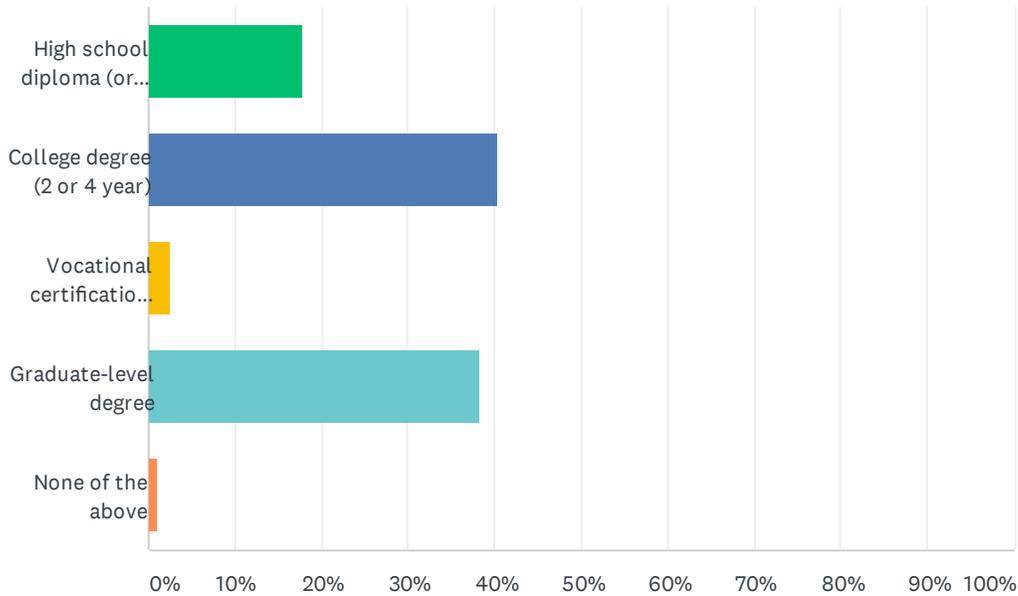
Answered: 418 Skipped: 363

Q31 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: 340 Skipped: 441

Q32 What is the highest level of school that you have completed?

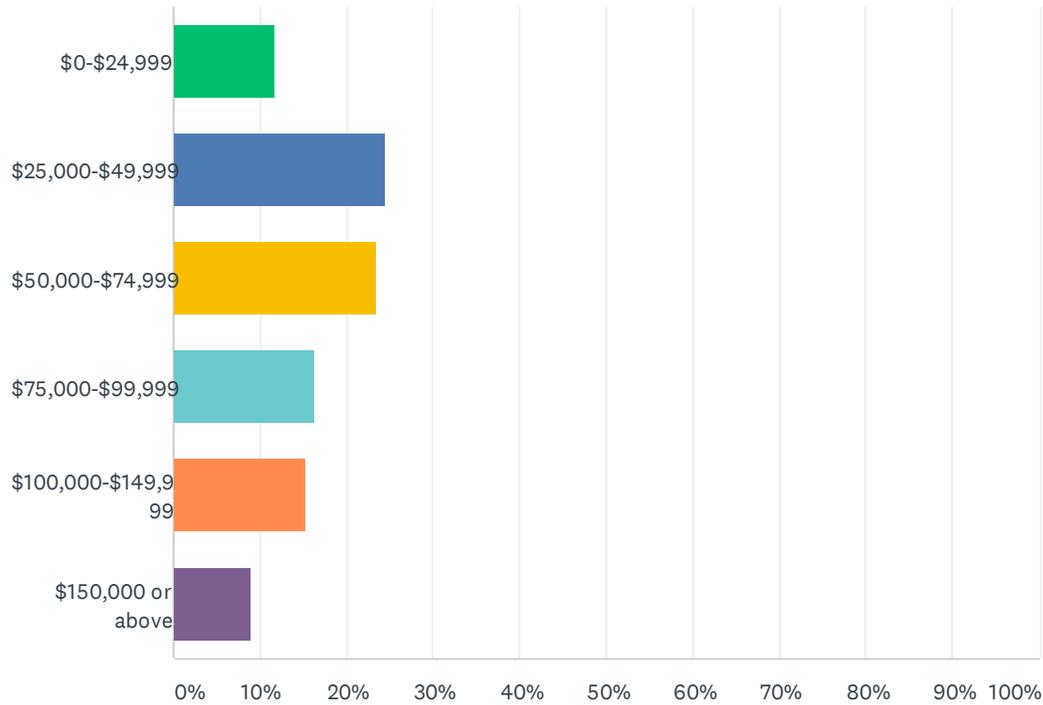
Answered: 622 Skipped: 159



ANSWER CHOICES	RESPONSES	
High school diploma (or GED)	17.85%	111
College degree (2 or 4 year)	40.35%	251
Vocational certification (electrician, plumber, automotive, etc.)	2.57%	16
Graduate-level degree	38.26%	238
None of the above	0.96%	6
TOTAL		622

Q33 What is your approximate average annual household income?

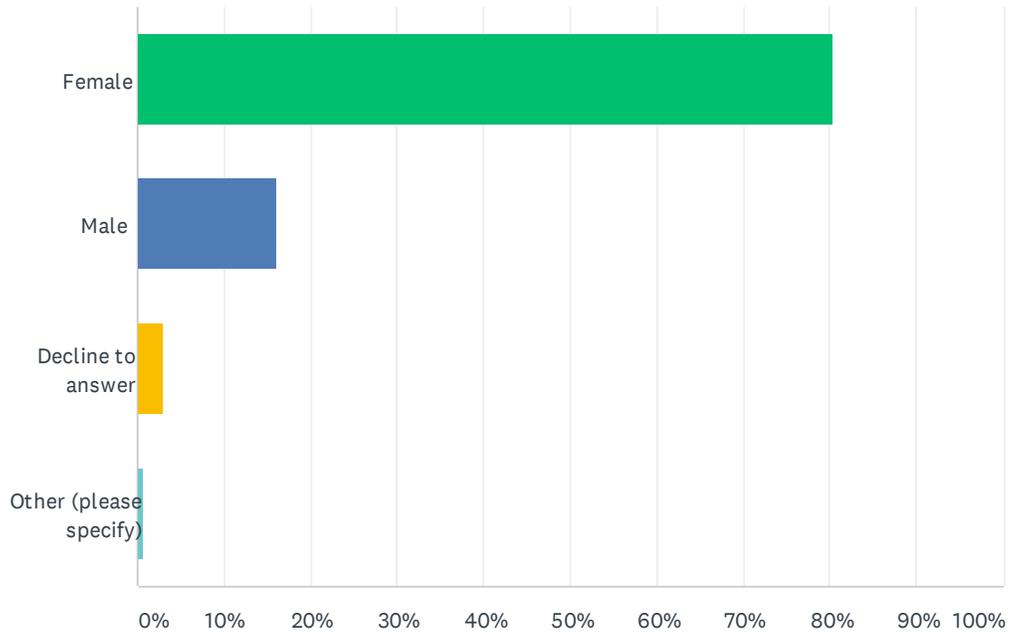
Answered: 565 Skipped: 216



ANSWER CHOICES	RESPONSES
\$0-\$24,999	11.68% 66
\$25,000-\$49,999	24.42% 138
\$50,000-\$74,999	23.36% 132
\$75,000-\$99,999	16.28% 92
\$100,000-\$149,999	15.22% 86
\$150,000 or above	9.03% 51
TOTAL	565

Q34 How do you identify your gender?

Answered: 622 Skipped: 159



ANSWER CHOICES	RESPONSES	
Female	80.39%	500
Male	16.08%	100
Decline to answer	2.89%	18
Other (please specify)	0.64%	4
TOTAL		622