Maryland
DEPARTMENT OF AGING



# State Plan on Aging 2022-2025

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# Maryland State Plan on Aging 2022-2025 Table of Contents

# Executive Summary

The Maryland Department of Aging (the Department) is pleased to present its State Plan on Aging for Fiscal Years 2022- 2025. Our State Plan on Aging is a blueprint for the Department's new vision, ***To Change the Trajectory of Aging.*** With five goals and a plethora of strategies, the State Plan opens a new chapter in the Department's planning to address the needs of older Marylanders over the next four years. We are pleased to partner with a dynamic local network of 19 Area Agencies on Aging (AAAs) to provide the 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 programs of grants to states. In Maryland, a State Plan is submitted every four years.

Developing a new four-year State Plan on Aging is a time for change. It gives the Department the opportunity to reflect on accomplishments of the past four years and to look forward to frame new priorities for the next four years to serve older adults and their caregivers. The Department continues to work collaboratively with a diverse group of Maryland stakeholders including older adults, caregivers, individuals with disabilities, AAAs, public and private organizations who inform direction.

Maryland offers the public opportunities to engage in the State Plan on Aging process. The Department takes into consideration the needs and opinions of the general public, including all stakeholders, as expressed through written comments, town hall meetings, and a survey designed to inform the Department of older adult needs and preferences. The views of AAA leadership are reflected through their Area Plans, meetings and comments derived from local public meetings. Opinions of advisory councils, commissions on aging, and senior groups are gathered through the public review and comment period for the State Plan on Aging. The collective goal is a high quality of life for older Marylanders.

Demographic trends in Maryland contribute to the focus of the State Plan on Aging. Between 2020 and 2045, Maryland's 60+ population is anticipated to increase by 35%, from 1.37 to 1.84 million. As advances in health and medicine are extending the lifespan of older adults, the need for more caregiving, home and community-based services, and other Long Term Services and Supports (LTSS) will increase dramatically.

The loss of more than one year of social engagement through community and senior centers activities brought on by the COVID-19 pandemic required a one-year extension on the FY 2017-2021 State Plan on Aging in Maryland. There were statewide shifts in congregate meal delivery to home delivered meals as well as the creation of 16 virtual senior centers. Suddenly, the state was facing paradigm shifts in all of its counties. Food security, social isolation, behavioral and physical health became the priorities of the work at the state level and in all 19 AAAs across the state. What was then 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 look different and reflect a new balance in programming in homes and communities.

Helping older adults and caregivers find their way to information and services is a priority for the state. Maryland's Aging and Disability Resource Centers, known as Maryland Access Point (MAP) established itself as a national front runner and a model for the nation for more than a decade. MAP continues to innovate through efforts to integrate human service agencies into a seamless No Wrong Door system that operates as the gateway to Medicaid and other community LTSS. Older adults, individuals with disabilities, and their family members can connect to MAP to reach the full complement of state and local programs to meet their individual needs.

The Department is committed to ensuring safe community living for older adults who desire to remain in their homes and communities for a lifetime. Innovations are necessary to shift the focus to proactive solutions to achieve better health and quality of life outcomes for older Marylanders. Funding at the state and federal levels is failing to keep pace with the steady growth of Maryland's older adult population. This disparity requires the Department to develop new solutions that make home and community-based services an affordable choice for older adults. Access to health promotion and LTSS will assist Maryland's older residents to remain independent. This includes strengthening existing partnerships and creating new ones for the aging network and health care providers.

**Changing the Trajectory of Aging** is the vision of the new State Plan on Aging. To change the trajectory of aging means innovative approaches to accomplishing goals. Innovations such as Maryland's daily free wellness checks, community service navigators, immediate and free access to durable medical equipment for all, and partnerships with community restaurants are reimagining how the Department assists older adults with solutions that prevent unnecessary emergency room visits, avoid spenddown and the burden of nursing home care on the Medicaid system, and increase diversity of food options. Intensifying the focus on health promotion and disease prevention will remain a priority to avoid costly nursing home

institutionalizations. On average, nursing home care costs more than $102,737 per person each year for individuals that Medicaid supports while community-based interventions can be provided at a fraction of that cost.

Maryland's Living Well Center for Excellence (LWCE) is leading the way for the state in its work to change the landscape of recognizing the needs of older adults and respecting the power of community partnerships within Maryland's health care system. LWCE was conceived as a sustainability strategy of state demonstration grants awarded by ACL. LWCE, is housed within a community-based AAA and has engaged a cadre of hospitals in revenue-generating partnerships. LWCE is also a key partner in the state's chronic disease self-management efforts. Local MAP is also engaging hospitals to support discharge planning and prevent re-hospitalizations.

The future holds promise for untapped coordination opportunities that connect Maryland's aging network services to hospitals. Changing the trajectory of the outcome of hospital to home requires a fresh look at hospital entry, discharge practices, and community service options. 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, 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 institutionalization.

Caregivers play an integral role in providing support for grandchildren and older adults in the community. The Department's efforts will address expanding dementia training, respite opportunities, and new approaches that maximize the use of federal resources to offer flexibility to address support of caregivers.

Volunteers are an indispensable part of local service provision. Maryland looks forward to strengthening its existing volunteer programs while developing new approaches to engage new volunteers in service delivery. The State Health Insurance Assistance Program (SHIP), Long-Term Care Ombudsman Program (LTCOP), and the Senior Nutrition Program continue to count on volunteers as the core of their operations. Many volunteers have built encore careers supporting the programs for decades and are now retiring. Efforts will continue to build quality volunteer opportunities through training and certification requirements to hold these programs to a high standard for fidelity and risk management.

Elder Rights remains the hallmark of Maryland's advocacy focus. The State will continue to honor its responsibility and commitment to advocate on behalf of all older adults in the community and facilities to prevent abuse, exploitation, and neglect. Elder Rights in the community will focus on financial exploitation to increase awareness through public education and legal services. In assisted living and nursing home facilities, the LTCOP will continue its efforts to standardize approaches and set a high bar for the work of ombudsmen who protect the rights of residents. The Department will change the trajectory of its work, by seeking ways to address behavioral health needs of abused older adults, establish new efforts to address gambling addiction in the older adult community and the impact of abuse and exploitation as a result of the pandemic. A longstanding partnership with Adult Protective Services (APS) will ensure work that addresses older public guardianship issues, building stronger communication across agencies and establishing new data collection efforts to address this national priority focus.

## 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.

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

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

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

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

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

## 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. |
| **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 |

## 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

## 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 Appendix B.

## Demographics

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

**The number of older Marylanders is increasing.** Of the nearly 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

## 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 | 22.62% |
| | | | | | |
| 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 | 26.15% |
| | | | | | |
| 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 | 26.57% |

*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.*

## Highlights of Accomplishments of Core Focus Areas

Following are key highlights of Core Function 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.
- 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 Once 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

**Maryland Community for Life℠**

The Maryland Community for Life℠ (CFL℠) 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 CFL℠ 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**

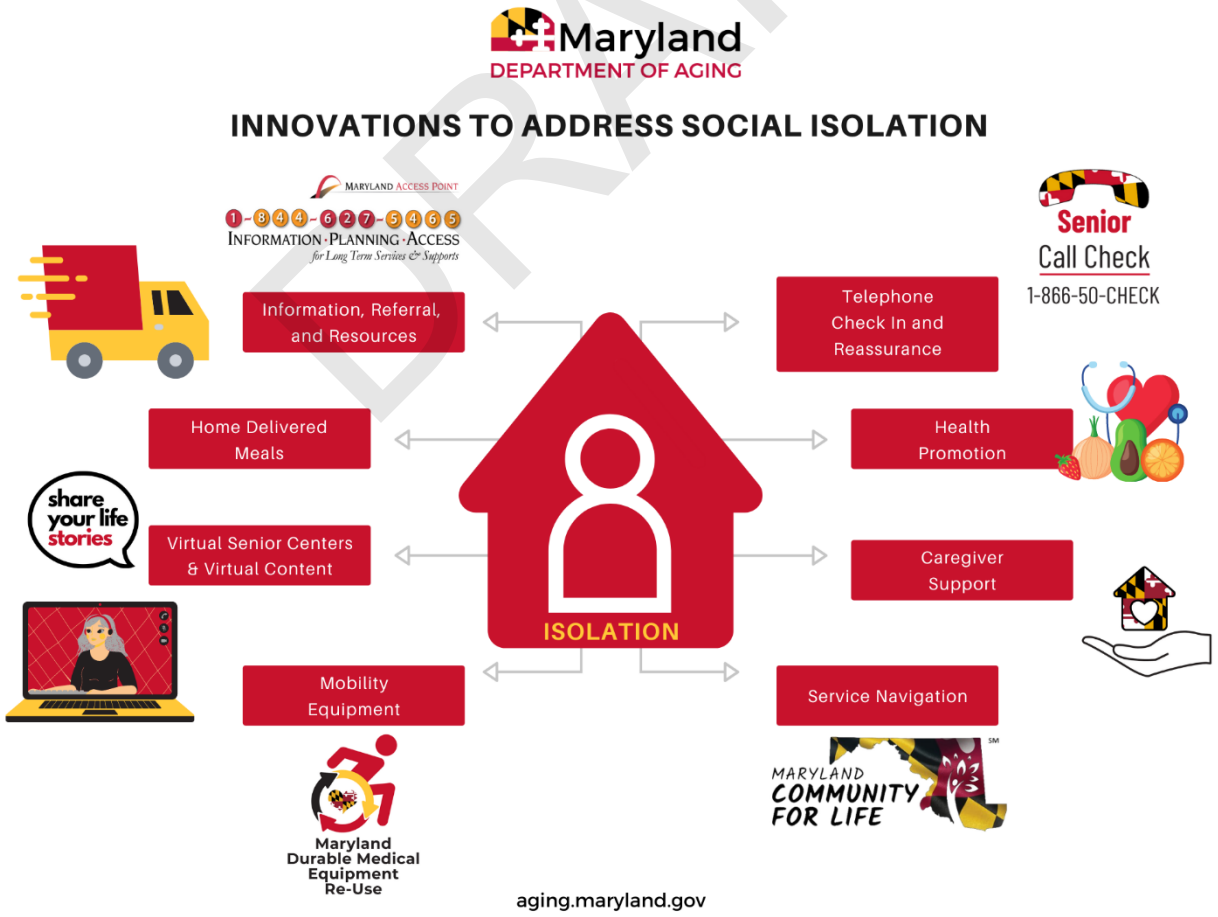
The Maryland Department of Aging is providing durable medical equipment to Marylanders with any illness, injury, or disability, regardless of age, and at no cost. All equipment is sanitized, repaired, and redistributed to Marylanders in need. This service is designed to improve the quality of life for 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.



## 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.

## 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 (*My Groceries to Go!)* | 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. |

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

**Ombudsman Objective 1.1**

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

1.1 Strategies

Refine the quality assurance process for the ombudsman volunteer program in order to develop improved recruitment and retention strategies for ombudsman volunteers.

Resume in person visits to nursing home and assisted living facilities, and refine virtual advocacy for greater outreach to all residents in Long Term care facilities.

Increase the number of community education events across the state including reaching out to hospitals, religious organizations, and to other stakeholders to raise awareness about the ombudsman program and to increase ombudsman access to residents.

Continue to collaborate with stakeholders of the ombudsman program and participate and support the efforts of the Elder Justice Task Force.

1.1 Measurable Outcomes

1. Number of ombudsman volunteers

2. Number of volunteers retained

3. Number of in-person and virtual outreach activities

4. Number of community education events

5. Number of new partners and stakeholders reached

**Elder Rights Objective 1.2**

Objective 1.2: Increase the awareness and delivery of educational information to older adults and their families to better equip them to protect themselves against abuse, neglect, and exploitation.

1.2 Strategies

Create a singular hub network for education, awareness, and resources for older adults and their families to access.

Continue to promote awareness through World Elder Abuse Awareness Day (WEAAD) events.

Partner with the AAAs and experts in the field to launch a new interactive platform for consumer participation in elder rights protection training on abuse, neglect, and exploitation.

Increase the profile of Elder Abuse on the Maryland Department of Aging website through targeted outreach and education for populations with social media access.

Increase the profile of Elder Abuse in communities across the state to target and reach underprivileged populations without social media access.

1.2 Measurable Outcomes

1. Meet with the AAAs and partner organizations quarterly to plan and execute the webinars held for the consumers.
2. Collaborate with the AAAs to increase the outreach awareness of the programs and services offered on the Maryland Department of Aging website.
3. Heighten the promotion and awareness of World Elder Abuse Awareness Day through more online and virtual marketing.

**Elder Rights Objective 1:3**

Objective 1.3: Enhance the legal understanding of rights of older adults, individuals with disabilities and their families so that self-determination can be independently exercised.

1.3 Strategies

Promote awareness and use of Project SAFE, CHANA's SAFE: Stop Abuse of Elders, and Older Adult Nest Egg through outreach and print material.

Invite a multidisciplinary team of professionals in legal services to collaborate and conduct a series of workshops on "Know Your Rights" for consumers.

Partner with Maryland Legal Aid to train, educate, and bring awareness to consumers on their services that include the Community Lawyering Initiative, Long Term Care Assistant Project, Maryland Senior Legal Hotline, and The Maryland Courts Self-Help Center.

1.3 Measurable Outcomes

1. Expand and enhance the dissemination of legal services interventions messaging and resources in places relative to the underserved population.

2. Continue to minimize and track the number of guardianship avoidance cases.

3. Adopt a new standard for AAAs to document and track the total hours spent on guardianship avoidance cases.

4. Strengthen the collaborative efforts so professionals in all fields and program staff can be better equipped to identify, assist, and report on suspected cases of elder abuse, neglect, and exploitation.

5. Increase the number of volunteers to promote awareness of resources and tools on elder abuse, neglect, and exploitation so that consumers and professionals in other fields feel empowered to speak up and speak out.

**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.

**Caregiver Objective 2.1**

Objective 2.1: Develop a coordinated statewide strategy to increase the transfer and use of electronic and social media platforms to reach, inform, and educate older adult caregivers, caregivers of older adults, caregivers of disabled persons, and older adult caregivers of children.

2.1 Strategies

Convene a multidisciplinary workgroup to create information, outreach, electronic and social media, assessment, training, outreach, and outcome goals.

Provide training and support to AAA coordinators to effectively assess electronic and social media currently used by older adults in their communities.

Design and implement outreach and information activities to directly target older adult caregivers, caregivers of older adults, caregivers of disabled persons, and caregivers of children.

Provide caregivers support to safely expand the use of social media to learn and to communicate.

Coordinate caregiver training with local senior centers to expand caregiver access to electronic platforms.

Engage partners across the state in supporting the expansion and use of social media for caregivers.

2.1 Measurable Outcomes

Caregiver engagement in expanding the use of social media platforms to provide caregiver training will increase by 10% or more annually.

Caregivers participating in social media training sessions will increase proficiency by 10% or more annually.

Caregiver proficiency in using multiple social media platforms will increase by 25% or more after engaging in training activities.

Access to and use of available services will be measured each year to document change.

**Caregiver Objective 2.2**

Objective 2.2: Support the adoption and implementation of Dementia Friendly America in local communities throughout the state.

2.2 Strategies

1. Provide support to Area Agencies on Aging in planning and implementing Dementia Friendly America training sessions and community engagement activities.
2. Coordinate Dementia Friendly America implementation sharing sessions with Caregiver coordinators.

2.2 Measurable Outcomes

1. Dementia Friendly America support provided to 100% of participating Area Agencies on Aging.
2. Information sharing sessions provided to 100% of all caregiver coordinators.

**No Wrong Door/MAP Objective 2.3**

Objective 2.3: Maintain Maryland's Aging and Disability Resource Center -- Maryland Access Point (MAP) -- as a quality, coordinated system for Marylanders to access information, referral, and assistance related to LTSS.

2.3 Strategies

Regularly convene the No Wrong Door Governance group to review, coordinate, plan, and refine the State's NWD/ADRC system.

Maintain MAP as a visible, trusted, and objective source of information, assistance, and access portal for LTSS through regular monitoring, using federal No Wrong Door guidance and requirements.

Provide training, resources, and technical assistance for MAP staff to delivery 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 call line.

Investigate and support statewide opportunities to improve automatic referral and data capture among No Wrong Door state partner agencies.

2.3 Performance Measures:

1. Host a minimum of 2 annual No Wrong Door Governance meetings
2. 100% of AAAs meet all MAP and No Wrong Door requirements
3. Host a minimum of 2 annual trainings focused on person-centered practice
4. Host quarterly annual trainings focused on programs and services
5. Increase the number of MAP website users
6. Increase the number of calls to the statewide MAP-LINK call line

**No Wrong Door/MAP Objective 2.4**

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

2.4 Strategies

Review existing intake, triage, and enrollment systems to ensure that there are adequate opportunities and tools for staff to identify individuals with dementia and related needs.

Partner with organizations that serve as an entry points 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 the accessibility of the MAP website for those with dementia and their caregivers.

2.4 Performance Measures

1. One hundred percent of AAAs participate in the statewide dementia capability training.
2. Fifty percent of MAP sites utilize a standard procedure to identify individuals with dementia and related needs.

**Elder Rights Objective 2.5**

Objective 2.5: Design a statewide person centered campaign for older adults, individuals with disabilities, and their loved ones, using a multidisciplinary team to increase awareness and use of strategies for advanced planning to make timely informed decisions.

2.5 Strategies

Provide uniform information and resources across all platforms that promote legal services.

Collaborate with program staff and wards to educate consumers through outreach on the legal documentation of personal preferences through advanced planning directives and powers of attorney.

Partner with AARP, Consumer Financial Protection Bureau (CFPB), Federal Communications Commission (FCC), and Maryland Departments of Health and Human Services to host A Day of

Learning each month with the AAAs to equip older adults, individuals with disabilities, and their families with the tools necessary to make informed choices.

Create a multidisciplinary teaching academy of law enforcement agents, bankers, funeral directors, social workers and the Maryland Insurance Administration to educate on scams, advanced directives, powers of health care and financial attorney, financial budgeting, will preparation, etc.

Work directly with the Senior Care, Communities for Life, and the NFCS Programs to support and encourage older adults by providing the education, resources, and tools to make self-determined and person centered decisions.

2.5 Measurable Outcomes:

1. Strengthen the pre-existing partnerships to help leverage new partnerships in other fields that contribute to the awareness and education for older adults, individuals with disabilities, and their loved ones.
2. Partner with the AAAs on monthly virtual meetings to plan and execute the training, webinars, workshops and outreach activities within the communities of the population.
3. Identify the point person for each partner organization and flush out all of the legal resources that could be collected and compiled to exist on the Maryland Department of Aging website.

**Elder Rights Objective 2.6**

Objective 2.6: Establish a streamlined process for legal interventions that populations in most need of services can access in a timely manner.

Strategies 2.6:

Collaborate with partners and AAAs on workshops to strengthen and promote the education and awareness of dedicated legal services to underserved populations.

Develop new partnerships that will meet the underserved where they are through targeted dissemination of marketing messages and materials.

Promote all statewide legal service assistance, tips, and Need-To-Know topics through Maryland's Senior Call Check Program.

Continue to participate and support efforts in the Elder Justice Task Force.

Measurable Outcomes 2.6:

1. Strengthen the collaborative efforts with professionals and stakeholders where program staff can become better equipped to identify, assist, and educate older adults, individuals with disabilities, and their families on making informed choices.
2. Conduct quarterly legal services training to ensure all program staff are up to date with current resources and the partners in the field.

Promote and encourage community-based service support that connects the underserved population facing problems of misinformation, lack of planning and coordination of all things funeral based.

Increase the number of formal partnerships between AAAs and other professionals in other fields.

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

**Nutrition Objective 3.1**

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 3.1

1. Identify gaps and barriers to nutrition services which may lead to food insecurity and malnutrition in older adults. This includes implementation of surveys, town halls and/or expos.

2. Increase the awareness of congregate and HDM meal services by expanding virtual platforms such advertisement through state and local website, social media and virtual programming.

3. Expand public and private partnerships that enhance nutrition services through access, education, training and care coordination. This includes partnering with internal state/federal core programs as well as other public and private community-based organizations.

4. Evaluate nutrition education campaigns approaches to better inform older adults with low literacy levels that will result in facilitating improved health outcomes.

5. Maintain menu policies that meet or exceed Older Americans Act requirements, which include the current Recommended Daily Intakes and Dietary Guidelines for Americans.

6. Explore ways to increase flexibility in meal options and service that keep pace with the growing older adult population's evolving expectations.

Measurable Outcomes 3.1

1. Conduct nutrition surveys with 100% participation from AAA with 65% completions rate.

2. Determine access and reliability to the internet at state and county levels with 79% (15) accessibility with AAA participating in virtual outreach activities.

3. Increase participation in prioritized HDM programming by 10%.

4. Continue and/or implement public/private partnerships to facilitate pathways towards nutrition wellness. Include internal OAA programs to expand resources and outreach efforts.

5. Develop standardized nutrition education materials for statewide use.

6. Maintain current dietary guidelines as a mandatory component of the state menus.

7. Explore menu options with food service professionals to facilitate unique and creative menus for Maryland's diverse older adult population; include those with diabetes and low sodium needs.

**Health Promotion Objective 3.2**

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

3.2 Strategies

Develop data sharing and utilization protocols between the Chesapeake Regional Information System for Our Patients (CRISP), the Maryland Living Well Center of Excellence's evidence-

based program delivery network, and AAA Health Promotion and Maryland Access Point programs across the state

Engage the MDH's Total Cost of Care model and the Maryland Primary Care Program to uplift evidence-based Health Promotion programs as a solution to reducing healthcare costs and improving population health

Improve referral pathways for evidence-based programs between clinical providers and the AAA network

Support the AAA network's capacity to receive financial compensation for evidence-based program delivery via 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

Increase virtual program capacity to reach underserved populations throughout the state

3.2 Measurable Outcomes

Increase in persons served in evidence-based programs

Increased diversity and quantity of evidence-based programs offered per AAA

Revenue generated for AAAs offering evidence-based programs via healthcare/insurance reimbursement models

Number of partners accessing new referral pathways

Number of tablet lending libraries

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

**No Wrong Door/HCBS Objective 4.1**

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.

4.1 Strategies

Develop effective partnerships that are aligned 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 facility or community-based LTSS services.

Embed MAP in hospitals to improve access to information, support, and 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.

Support the development of referral pathways between healthcare providers and community-based organizations through the Chesapeake Regional Information System for our Patients (CRISP).

Develop data sharing and utilization protocols between the Chesapeake Regional Information System for Our Patients (CRISP) and AAA Maryland Access Point programs across the state for care coordination and other AAA services.

Expand sustainable funding opportunities for care coordination services including cost sharing, establishing appropriate local matching fund contributions for FFP, and billing.

4.1 Performance Measures

Fifty percent of AAAs maintain formal partnerships between MAP and at least one hospital or other healthcare entities for care transition supports.

Twenty-five percent of AAAs with an established payment relationship with health and/or insurance providers.

Twenty-five percent of MAPs receive referrals and/or tracking data through CRISP.

**No Wrong Door/HCBS Objective 4.2**

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

4.2 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.

Maintain ongoing partnerships between MAP and Centers for Independent Living to provide appropriate person-centered counseling for persons interested in transitioning out of facilities.

Provide technical assistance for MAP staff and partners participating in FFP to appropriately identify Medicaid administrative activities, including MFP Options Counseling, and respond to random moment study results appropriately.

4.2 Performance Measures

1. Increase the percentage of MFP Options Counseling referrals that result in a completed session annually.
2. One-hundred percent of AAAs maintain a formal partnership with their CIL.
3. Average Medicaid activity percentage of MAP staff participating in FFP maintains or increases annually.

**LTSS Objective 4.3**

Objective 4.3: Enhance the creation and utilization of affordable LTSS.

4.3 Strategies

Support the use of assistive technology, durable medical equipment, and home modifications to keep individuals independent in their homes.

Support efforts to develop affordable housing options for low-income older adults and adults with disabilities.

Create a compendium of long term services options and associated costs for use in options counseling by MAP staff.

Expand the Community for Life program to meet the needs of middle-income Marylanders.

Track the Durable Medical Equipment program usage to meet the needs of older adults.

4.3 Performance Measures

1. Increase the number of MAP contacts associated with assistive technology.
2. Increase the percentage of Marylanders with access to a Community for Life.
3. Increase the number of older adults receiving DME annually.

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

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

**Nutrition Objective: 5.1**

1. With the assistance of community partners expand nutrition education and outreach by establishing virtual and telephonic identification systems for the HDM population within each AAA.

2. Enhance partnership opportunities with internal and external partners through resource sharing and program development.

Strategies 5.1

1. Explore industry expertise for implementation of remote programming.

2. Determine access and reliability of the internet at the county level.

3. Assess developmental cost, execution, and potential implications to establishing or extending platforms. Identify Data Privacy and Security concerns and risk.

4. Identify needs for sustainability i.e. funding, cost sharing, technology enhancement and community partnerships.

5. Identify programming that encourages multi-generational interactions, including those that support caregivers and grandparents.

Measurable Outcomes 5.1

1. Within the next 4 years 79% (15) of the nineteen AAAs are participating in virtual and/or telephonic HDM nutrition education programs

2. Track the number of nutrition education sessions with service units captured.

3. Increase access to available resources that support tech enhancement at each of the participating AAA. Support includes acquisition of tablets, iPads, etc. and other devices necessary to support programming

4. Investigate funding resources to support tech enhancement.

5. Work with Senior Care and Caregiver programs to promote access to technical support for program participants with nutritional needs.

**Ombudsman Objective 5.2**

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

5.2 Strategy

Increase ombudsman outreach to medical and psychiatric hospitals to provide education about the ombudsman program and Long Term care discharge planning and resources.

5.2 Measurable Outcomes

Number of medical and psychiatric hospitals to receive education and post discharge planning

**Health Promotion Objective 5.3**

Objective 5.3: Leverage partnership opportunities between AAAs and the Aging network, hospital and healthcare entities, state and local government, and community-based organizations to increase capacity and reach of Health Promotion programming.

5.3 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 MDH'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.

5.3 Measurable Outcomes

Increase in persons served in evidence-based programs.

Increased diversity and quantity of evidence-based programs offered per AAA.

Revenue generated for AAAs offering evidence-based programs via healthcare/insurance reimbursement models.

Number of partners accessing new referral pathways.

Number of tablet lending libraries.

**Objective 5.4**

Partner with academic institutions to evaluate services.

# 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*."

## 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:

| Factors | Weight |
|---|---|
| • 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. 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 "H"s 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:

| Factors | Weight |
|---|---|
| ● 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

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. 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 "H"s 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 = 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) = 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 Suppport | 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 |

# Area Agencies on Aging in the State of Maryland

**Allegany County**
Human Resources Development Commission
125 Virginia Avenue
Cumberland, MD 21502
301-777-5970
Director: Ashlee Lane

**Anne Arundel County**
Department of Aging and Disabilities
2666 Riva Road
Annapolis, MD 21401
410-222-4464
Director: Karrisa Gouin

**Baltimore City**
Division of Aging and Care Services
417 E. Fayette St., 6th Floor
Baltimore, MD 21202
410-396-4932
Director: Heang Tan

**Baltimore County**
Department of Aging
611 Central Avenue
Towson, MD 21204
410-887-2109
Director: Laura Riley

**Calvert County**
Office on Aging
450 West Dares Beach Road Prince
Frederick, MD 20678
410-535-4606 ext. 123
Director: Susan Justice

**Caroline, Kent, Talbot**
Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
Director: Gary Gunther

**Carroll County**
Bureau of Aging and Disabilities
125 Stoner Avenue
Westminster, MD 21157
410-386-3800
Director: Gina Valentine

**Cecil County**
Department of Community Services
200 Chesapeake Boulevard
Suite 2550
Elkton, MD 21921
410-996-5295
Director: David Trolio

**Charles County**
Aging and Human Services
8190 Port Tobacco Road
Port Tobacco, MD 20677
301-934-9305
Director: Lisa Furlow

**Dorchester, Somerset, Wicomico Counties**
Worcester MAC, Inc.
909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 102
Director: Pattie Tingle

**Frederick County**
Department of Aging
1440 Taney Avenue
Frederick, MD 21702
301-600-1605
Director: Carolyn True

**Garrett County**
Area Agency on Aging
104 East Center Street
Oakland, MD 21550
301-334-9431
Director: Regina Gearhart

**Harford County**
Office on Aging
145 North Hickory Avenue
Bel Air, MD 21014
410-638-3025
Director: Karen Winkowski

**Howard County**
Office on Aging and Independence
9830 Patuxent Woods Drive
Columbia, MD 21046
410-313-6052
Director: Jenna Crawley

**Montgomery County**
Department of Health and Human Services
401 Hungerford Drive, 3rd Floor
Rockville, MD 20850
240-777-3000
Director: Dr. Patrice L. McGhee

**Prince George's County**
Department of Family Services
6420 Allentown Road Camp
Springs, MD 20748 301-265-8450
Director: Theresa Grant

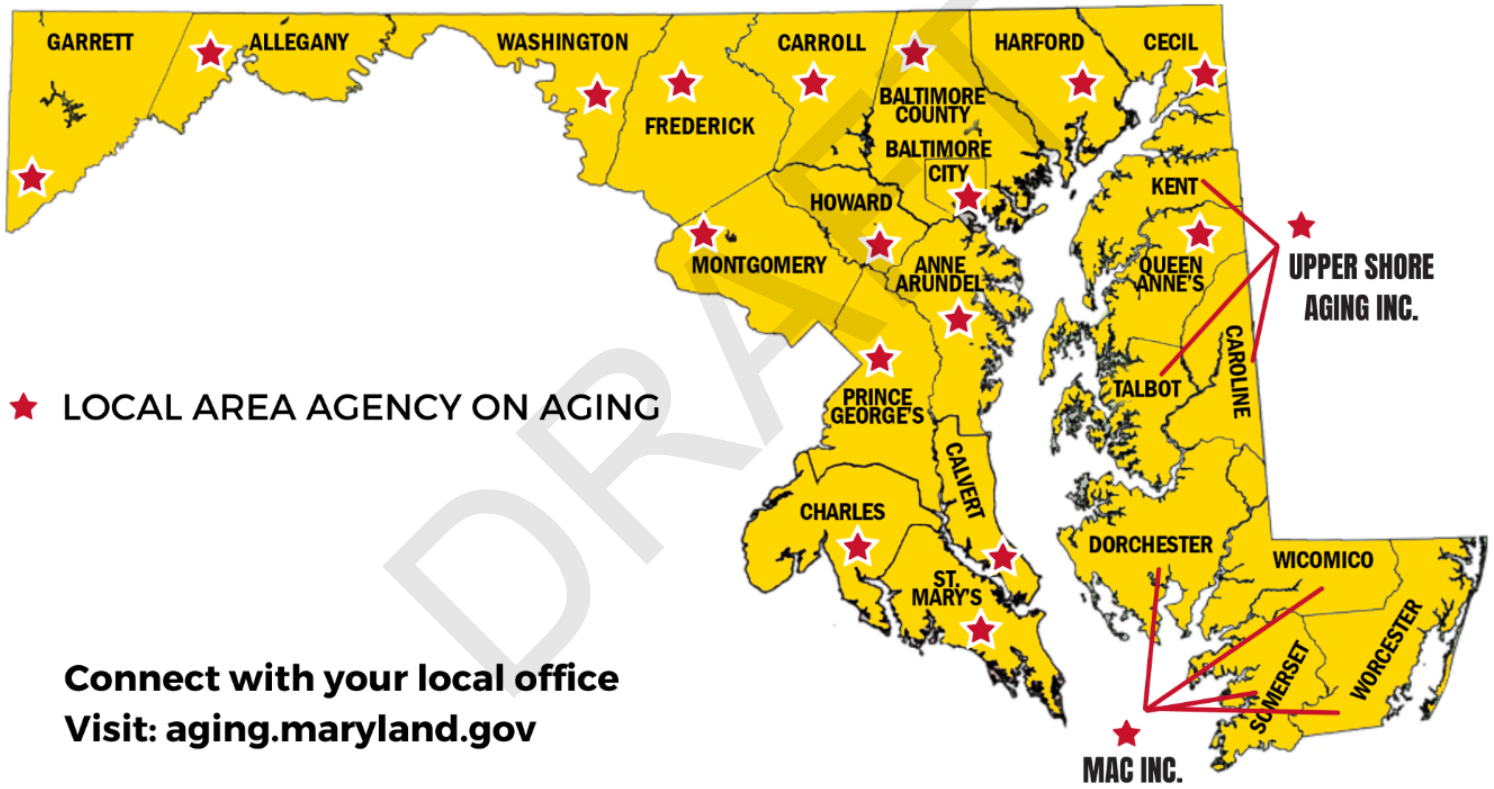
**Queen Anne's County**
Area Agency on Aging
104 Powell Street
Centerville, MD 21617
410-758-0848 ext. 2700
Director: Catherine Willis

**St. Mary's County**
Department of Aging & Human Services
41780 Baldridge Street
Leonardtown, MD 20650
301-475-4200 ext. 1070
Director: Lori Jennings-Harris

**Washington County**
Commission on Aging
535 E. Franklin Street
Hagerstown, MD 21740
301-790-0275 ext. 203
Director: Amy Olack

Maryland
DEPARTMENT OF AGING

# 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

## 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

## 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

## 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

## 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

## 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 Schauber 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

## 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

**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

301-699-1238

## 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. Janet S. Bradley
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 McGlone
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. Steven LaPierre
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
Acting Executive Director
(301) 571-7400
Fax No. (301) 571-7411

**Maryland Masonic Homes**
300 International Circle
Cockeysville, MD 21030
Ms. Megan 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
Ms. Cynthia Walters
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

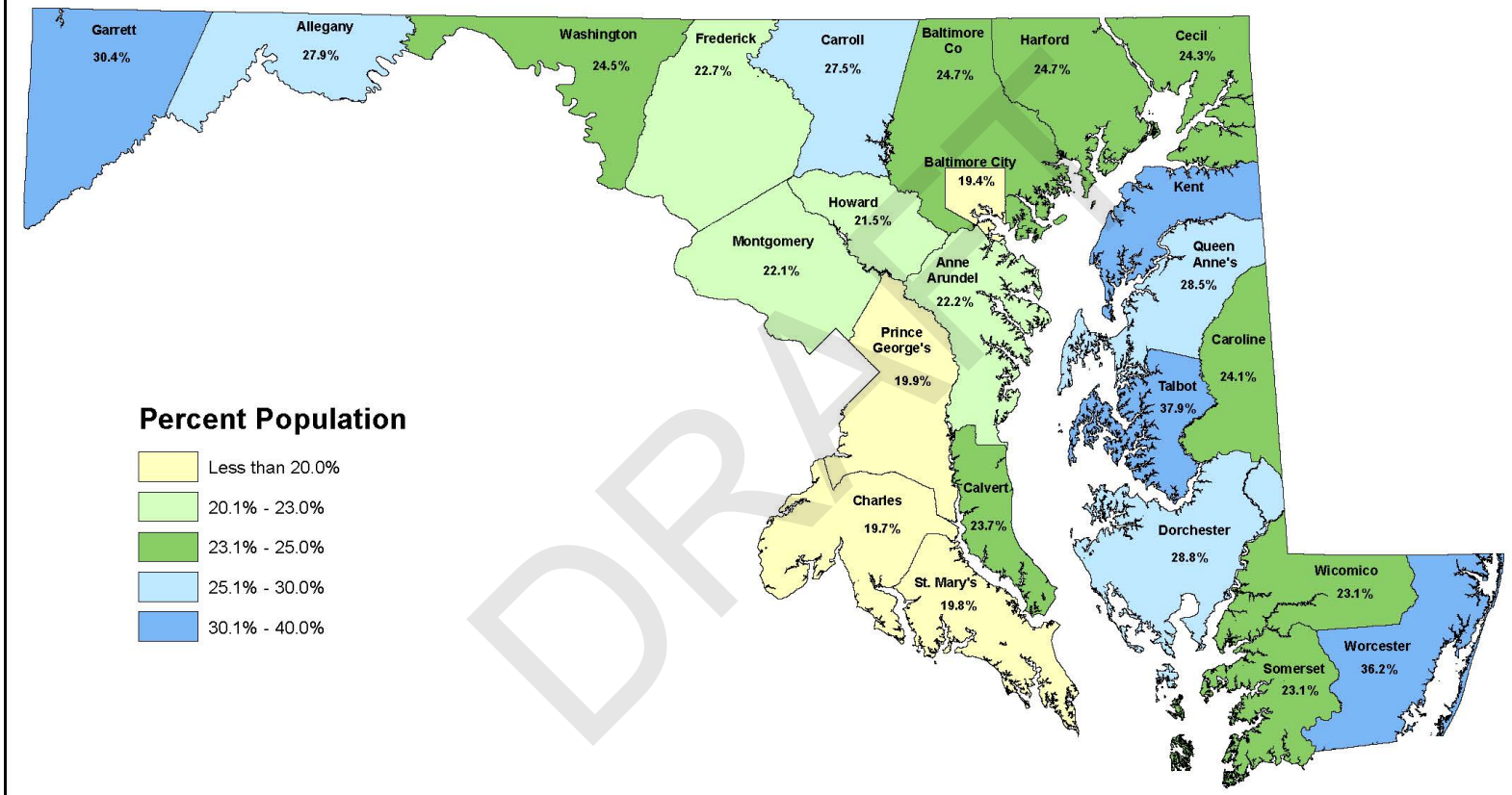
**MESH Life Care at Home**
2800 16th Street, NW
Washington, DC 20009
Mr. Jesse Villareal
Executive Director
(202) 629-1765

## 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

# 2020 Projected Percent Population 60 Years and Older for Maryland Jurisdictions

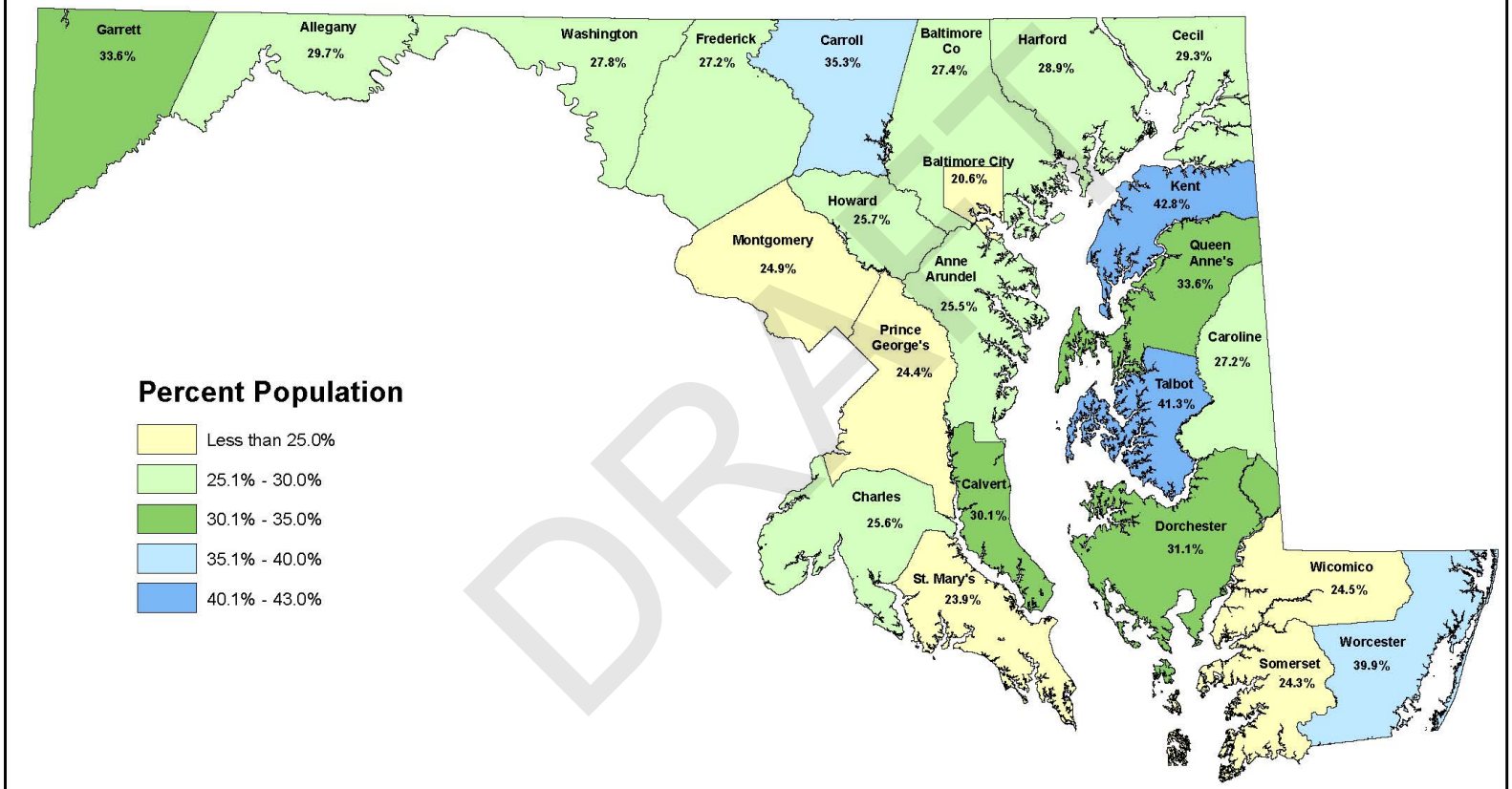





Maryland DEPARTMENT OF PLANNING

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

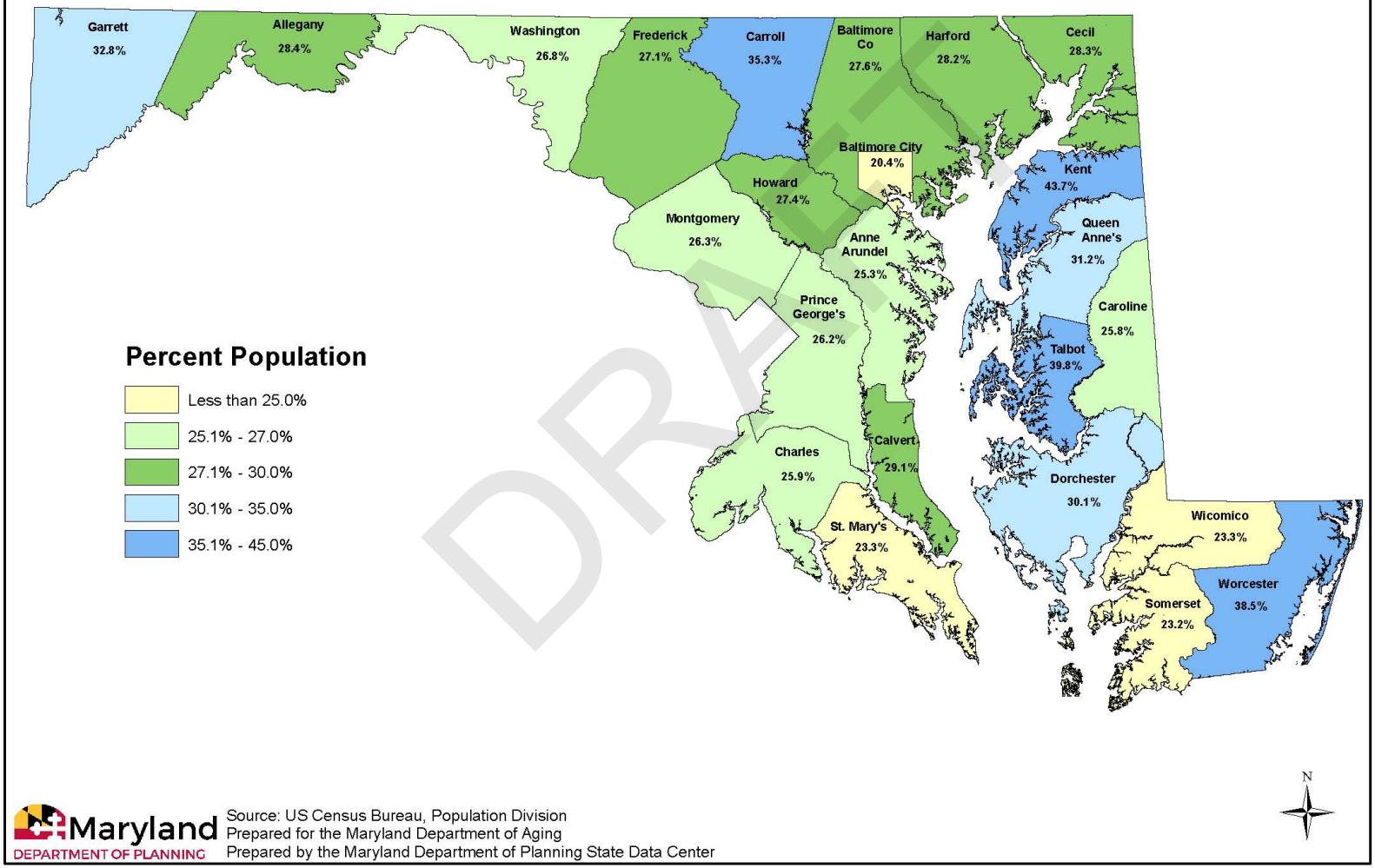





Maryland DEPARTMENT OF PLANNING

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






Maryland DEPARTMENT OF PLANNING

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

Public Comment

# Online Survey Results

**State Plan Guidance**
**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—

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, 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* *Date*

# INFORMATION REQUIREMENTS

**Section 305(a)(2)(E)**
**Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State Plan;**

*The Maryland Department of Aging continually strives to serve those 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.*

*According to the latest data available, approximately 13.6% of Maryland's total 60+ population reside in rural areas. This data represents the 2010 U.S. Census Bureau, prepared by the Maryland Department of Planning, Data Analysis and Projections/State Data Center, Among Maryland's 24 jurisdictions, seven jurisdictions have over 50% of their population residing in rural areas. These seven jurisdictions are parts of five AAAs.*

*In FY 2022 and in future years, the Department will continue to provide Title III support, excluding NSIP, to guarantee a minimum funding ratio that can address unique issues including challenges in rural areas. For each year moving forward, the Department provides assurance that it will expend more funding for these services than the amount spent in 2000.*

*While the Department expects the need and total cost for Aging services to increase between FY 2022-2025 as the number of older adults rises, the Department is anticipating level funding. The Department will continue to actively work with AAAs to maintain the costs for each jurisdiction to within the grant funded amounts and supplemental funds obtained through other methods. In FY 2020, for example, the Maryland Department of Aging continued to provide technical assistance and support to AAAs providing the Veteran Directed Care Program and participating in the Federal Financial Participation Medicaid Administrative Claiming process, both of which offer AAAs an additional source of revenue. Another such revenue source for AAAs is Medicaid Supports Planning (Case Management), which AAAs and several other entities provide through a contract with the Maryland Department of Health.*

**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. Local AAAs are continually encouraged to provide programs and services to a culturally diverse population.*

**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 its programs and services are in accordance with these assurances.*

# 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