

Older Marylanders & Aging Policy Memo

Prepared for: Unlocking Opportunities & Health Care Policy Committees

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A STRATEGY TO ADVANCE THE MOORE-MILLER PRIORITIES FOR OLDER MARYLANDERS.

A group of Maryland stakeholders comprised of individuals, who work in aging-related services and have policy expertise on issues affecting older adults, developed a strategic plan and action steps to help the Moore-Miller transition develop recommendations to make Maryland an “Age Friendly State” where older adults can thrive. The group focused its recommendations on the roles of the Governor’s office, the Department of Aging, and the Department of Health with a focus on positioning the Department of Aging as the advocate and coordinator for older Marylanders to ensure all state agencies serve the community. The vast array of participants in the workgroup sessions included representatives from service providers, national and state-based nonprofits, and local government offices focused on older adults and aging. The strategies identified align with the [Moore-Miller administration’s priorities for supporting seniors](#):

“EVERY MARYLANDER DESERVES THE OPPORTUNITY TO AGE COMFORTABLY AND WITH DIGNITY, HONORING THEIR LIVES AND CONTRIBUTIONS TO OUR STATE.”

“EXPAND LONG-TERM SERVICES AND SUPPORTS ACROSS HEALTH CARE, HOUSING, AND TRANSPORTATION”

“ADDRESS THE GROWING CONCERNS OF ELDER ABUSE, EXPLOITATION, AND FRAUD IN ORDER TO PROTECT AGING MARYLANDERS”

KEY TAKEAWAYS FROM THIS MEMO

- Funding to serve and support older Marylanders has not kept pace with the population growth. State annual budgets communicate priorities and older adults continue to be left behind.
- In addition to the Department of Aging, there are 19 Area Agencies on Aging (AAAs) that serve as the local infrastructure to provide robust federal programming as defined by the Older Americans Act and state programs.
- The Department of Aging serves as the advocate, convener, funder, and regulator. It is a complex department and one that requires a leader with aging services expertise.
- Coordination and collaboration among state agencies is essential to creating systemic change, utilizing resources effectively, leveraging state funds, and providing quality services to all Marylanders.

- “Age friendly,” the framework that focuses on community-wide strategies, is essential to making progress and creating a state that is forward-thinking and values older adults and their contributions to society.
- Maryland must address the significant needs experienced by the older adult population, including: fighting against social isolation; supporting cognitive and behavioral health; addressing food insecurity; promoting healthy aging; serving older adults and caregivers; rectifying extended waitlists for essential services; and building and enhancing infrastructure to support aging in place.
- Care needs to be better coordinated for Maryland seniors, including those dealing with complicated medical conditions such as Alzheimer's and other dementias

STRATEGIC RECOMMENDATIONS

Moore-Miller Administration Priority: “Every Marylander deserves the opportunity to age comfortably and with dignity, honoring their lives and contributions to our state.”

Why This Priority Is Important

There are more than 1.37 million older adults in the state of Maryland. Over the next twenty years, Maryland's 60+ population is projected to increase 27% to 1.79 million. For the first time in history, there will be [more older adults than children under the age of 18](#). Older adults are an economic driver, asset, and strength for the state, and should not be viewed as a drain on state resources. The Department of Aging needs to refocus their vision on addressing the needs of the community by serving as the voice, coordinator, and advocate for older Marylanders and ensuring that state regulatory agencies advance the vision for Maryland as an “Age Friendly State”.

Key Strategies

- Develop a master plan for aging to establish Maryland as an “[Age Friendly State](#).”
 - Utilizing the platform of Age Friendly, Maryland has the opportunity to demonstrate state-wide innovations; set strategic and coordinated priorities within state government; and leverage resources, including community members and public and private organizations, across sectors. This initiative is not about new work or increased funding but rather a new way of thinking strategically and collaborating to ensure Maryland remains a great place to live and age for residents of all communities and backgrounds.
 - The eight domains of livability– Housing, Transportation, Outdoor Spaces and Buildings, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information, and Community and Health Services– are areas that Maryland can improve upon to demonstrate that older adults are valued, there is a culture of inclusion, and that policy makers recognize their important role in designing and maintaining a state where all members can participate fully.
 - Adjust funding to prioritize the highest needs and shift away from narrow-scope initiatives. MDoA should collaborate with the programs it serves, such as AAAs, to prioritize policies that support both Maryland's seniors and their caregivers
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Moore-Miller Administration Priority: “Improve state and local service delivery for Maryland’s seniors by filling vacancies and increasing staffing levels at Maryland’s Department of Aging (MDOA), educating the public about the services offered by MDOA, and strengthening the Maryland Access Point, our state’s No Wrong Door single point of entry service.”

Why This Priority Is Important

According to the 2021 American Community Survey, older adults (aged 60 and over) in Maryland account for 23% of the total population, a group similar in size to children under age 18 (22%). Yet, older Marylanders' needs have not been prioritized at the same level as the needs of children. A new administration provides the opportunity to renew our commitment to older Marylanders, reinvigorate the state’s existing aging infrastructure, and capitalize on the state’s amenities that make it a naturally desirable place to live in a way that will also make it a comfortable state in which to age in place.

Key Strategies

- Assess the Department of Aging’s past budget priorities and rework the structure to meet the goals of the Moore-Miller administration, ensuring that priorities reflect the needs of the community and the organizations it serves.
- MDoA should collaborate with the programs it serves such as AAAs to identify funding needs and to ensure funding is sufficient to cover day to day activities and expenses. Priorities include:
 - Ending waitlists that allow people to age in place; creating subsidies for assisted living; supporting congregate housing and meal programs; providing information and assistance to caregivers; assisting those who need guardianship; and establishing aging in place villages, etc.
 - Increasing the Naturally Occurring Retirement Communities (NORC) budget, which hasn’t seen additional funding in at least 10 years. This has created many gaps in services and contributes to long waitlists.
 - Distributing the New Older Americans Act funding equitably across all 24 jurisdictions (may require increasing funding). Funding should not simply be reallocated (taken away) from one jurisdiction to provide for another.
- Address food insecurity among older adults and allow for flexibility in how older adults access high quality and nutrient-dense food. Food insecure older adults experience lower nutrient intake, poorer health outcomes, and mental health issues.
- Provide culturally competent programming and provide diversity, equity, and inclusion training to all MDoA staff.

Moore-Miller Administration Priority: “Improve access to affordable housing and support seniors’ ability to safely age-in-place by funding additional slots and reducing wait times for the Community Options Waiver so seniors have access to home-based care, increasing access to remote patient monitoring, expanding access to funding for accessible home modifications and finding new ways to provide financial support to family caregivers.”

Why This Priority Is Important

The Medicaid Home and Community-Based Services Options Waiver (HCBOW) permits the state to provide an array of home and community-based services to assist Medicaid beneficiaries who have disabling conditions and/or chronic illnesses in avoiding institutionalization. The program not only permits individuals to avoid nursing home placement but provides significant cost savings. The demand and need for this waiver for home and community-based services drastically exceeds the program cap of 7,500 participants. This has resulted in an extensive waiting list. The only way to bypass the waiting list is to enter institutionalized care first. Many individuals enter into more costly institutional settings and/or die waiting for community-based Medicaid Waiver services. While individuals await their waiver, most rely on three (3) state-funded programs administered by 19 Area Agencies on Aging (AAAs). These programs - Senior Care, Senior Assisted Living Subsidy (SALS), and Congregate Housing Program - provide minimal, yet essential services such as home health, transportation, respite, and housing. These state-funded programs also have extensive waitlists across all 24 jurisdictions.

In addition to helping older adults age in place, more investment and services need to be provided for older adults at risk or experiencing homelessness and to connect older adults and caregivers to services that help them age independently, within their communities, and with maximum quality of life.

Key Strategies

- Implement [HB 80/SB 28](#) as passed in 2022 by the General Assembly, which requires the Home and Community Based Services Waiver Program to serve at least 7,500 individuals. At the time the legislation was introduced, only 4,500 people were being served, and the waiting list exceeded 20,000.
- Direct MDH to establish a web-based system that allows clients/caregivers to track where their waiver application is in the process, much like Social Security has for disability applications, and regularly monitor data in a dashboard format to ensure that lists are accurate across agencies.
- Standardize the Medicaid process between levels of care and the waiver. An individual approved for Medicaid should be able to access all Medicaid services - healthcare, waiver, housing, and long term care without additional applications or steps.
- Improve access to housing assistance for older Marylanders by:
 - Providing/broadening housing, shelter, and alternative care arrangements for older adults who are not able to care for themselves independently but do not meet nursing facility levels of care.
 - Intertwining funding between Housing and Aging to provide alternatives to institutionalization.
 - Working to help older adults access funds to avoid tax sale and mortgage foreclosure (Homeowners Tax Credit, foreclosure prevention and mediation).
 - Improving programs to allow older Marylanders to stay in their homes, including home modification and repair, which can also be used as a platform for delivery of a variety of services (e.g. Housing Upgrades to Benefit Seniors (HUBS) in Baltimore City, Baltimore County Age-friendly Upgrades for Seniors (BCAUSE)).
 - Increasing the supply of permanent supportive housing serving older adults.
 - Improving utilization of Medicaid and HUD funds to create funding streams that allow Medicaid beneficiaries to access assisted living facilities similar to the [District of Columbia Medicaid model](#).

Moore-Miller Administration Priority: “Lower the cost of prescription drugs by empowering the Prescription Drug Affordability Board (PDAB) to review costs and set limits for prescription drugs, exploring bulk purchasing pools, and leveraging the state’s purchasing power to drive down costs.”

Why This Priority Is Important

Marylanders across the state are [struggling to afford the prescription drugs](#) they need, often having to choose between their medications and other necessities, like rent and groceries. As prescription drug costs continue to soar, the Maryland General Assembly must build upon and strengthen the state’s landmark 2019 [Prescription Drug Affordability Board law \(HB768\)](#) to ensure that all Marylanders have access to affordable medications, because drugs don’t work if people can’t afford them.

Key Strategies

- Fully fund the PDAB so they have the capacity to do their important work.
- Support legislation to allow for assessments on drug manufacturers, pharmacy benefit managers (PBMs), and insurers to [permanently fund the PDAB’s work](#).

Moore-Miller Administration Priority: “Improve existing long-term care facilities by leveraging federal dollars to ensure better oversight and compliance, addressing staffing shortages and fighting for better wages for nursing home staff.”

Why This Priority Is Important

Federal funding, particularly through the American Rescue Plan Act (ARPA) and Build Back Better Act (BBBA), is available to support many of the programs provided by MDoA. BBBA funding includes direct care workforce (DCW) grants and grants for DCW pay. “From April 1, 2021 to March 31, 2024, [states can use enhanced federal funding to](#): create financial incentives to recruit and retain DCWs; support training; increase rates to increase DCW compensation; offer leave benefits; and provide specialized payments, including hazard, overtime, and shift differential pay. States have already submitted initial spending plans but can modify their plan quarterly.” Maryland should ensure it is utilizing **all available federal resources**, and that is expending all ARPA dollars. According to the DLS Analysis of the FY 2023 Maryland Executive Budget for [Department of Aging](#), “After projected expenditures in fiscal 2023, \$6.9 million federal stimulus funds from the American Rescue Plan Act (ARPA) remain available. The ARPA funds must be expended by September 30, 2024.”

Key Strategies

- Ensure MDoA is expending all ARPA funds by the deadline of September 30, 2024 and that these funds are being used to fund top priorities that benefit the most people.
- Focus MDoA’s efforts on utilizing federal funding sources, including but not limited to: ARPA Funding, [CMS Health Care Innovation Awards](#), and [CDC BOLD](#) Funding. Many opportunities for funding were missed by the Department, especially during COVID.

- Implement [SB 204/HB 416](#) of 2021, which requires a long overdue update to Maryland's assisted living facility regulations by December 1 of 2022
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Moore-Miller Administration Priority: “Combat elder abuse, exploitation, and fraud by partnering with community organizations to increase training for older Marylanders about their rights, as well as home health care workers, law enforcement officers and family members so they can more easily recognize and report these incidents.”

Why This Priority Is Important

Elder justice issues such as abuse and exploitation are often overlooked and underfunded, leaving individuals and their families without the support and services that they need. Investing in Adult Protective Services (APS) across the state and improving coordination between APS and other state agencies can significantly improve outcomes for vulnerable adults.

Key Strategies

- Invest more resources in Adult Protective Services (APS) in order to address and prevent elder abuse and neglect, including self-neglect, by:
 - Allocating funding under the Department of Human Services (DHS) to hire more APS staff for the state-wide abuse and neglect hotline with expertise in serving older adults. The hotline is primarily staffed by child welfare personnel.
 - Ordering the DHS to increase funding to local DSS offices in order to provide 24/7 APS intervention in each County. This includes support for mobile crisis intervention teams to receive training to meet the needs of older adults (dementia behaviors, substance misuse, suicide, etc.).
 - Establishing a better system of community-based mental capacity evaluations to avoid sending older adults who appear to lack mental capacity to a hospital emergency department.
 - Requiring that DHS/Adult Protective Services disclose interventions and treatment plans for community-dwelling adults who are served by other community providers (e.g. AAAs).
 - Exploring additional types of guardianship to address the increase in those who require or will require guardianship in the near future.
 - Expanding the Mobile Integrated Community Health Team pilot program to apply statewide under the Department of Health. These programs can have cost-savings benefits by helping people avoid hospital readmissions and reduce frequent 911 calls.

We thank the Moore-Miller transition for considering these recommendations. For more details related to these ideas please contact: Regan Vaughan, Catholic Charities at rvaughan@cc-md.org.