

HHS COMMITTEE #1  
April 24, 2014

**MEMORANDUM**

April 22, 2014

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst *Linda McMillan*

SUBJECT: **FY15 Operating Budget: Department of Health and Human Services  
Aging and Disability Services**

***Those expected for this worksession:***

Uma Ahluwalia, Director, Department of Health and Human Services  
Dr. John Kenney, Chief, Aging and Disability Services  
Pazit Aviv, DHHS Village Coordinator  
Stuart Venzke, DHHS Chief Operating Officer  
Patricia Stromberg, DHHS Management and Budget  
Rachael Silberman, Office of Management and Budget

**Aging and Disability Services**

Excerpts from the County Executive's Recommended Budget for Aging and Disability are attached at © 1-4.

**Background Information – Testimony from Commissions on Aging, People with Disabilities, and Veterans**

**1. Commission on Aging**

Testimony from the Commission on Aging is attached at ©5-7. A copy of the Senior Agenda is attached at ©8-11.

The Commission is requesting or supporting the Executive's funding for: (1) a Caregiver Coalition and Support Services, (2) an increase to the Adult Day Care Subsidy to increase the number of people served, (3) an increase in the Adult Day Care Subsidy rate to be closer to Medicaid (\$73.58/day) or Maryland Senior Day Care (\$71/day), (4) increasing the rate for Adult Foster Care and Small Group Homes; (5) Restoring one full-time position to the Long-Term Care Ombudsman program; (6) additional funding for the Schweinhaut, Damascus, and Holiday Park senior centers to meet growing demand; (7) full-year funding for the JCA senior transportation partnership; (8) Addition of a Social Worker in Adult Protective Services/Social Services to Adults; (9) the expansion of income eligibility requirements for Call N Ride; (10) Assignment of a fire department officer to address the needs of seniors. The Commission also voices its support for the proposal to double the senior property tax credit.

## **2. Commission on People with Disabilities**

Testimony from the Commission on People with Disabilities is attached at ©12-13. The Commission asks for (1) additional funding for the Silver Spring Library's Disability Resource Center; (2) approval of the funds to increase the Adult Foster Care reimbursement rate; (3) support for InterACC/DD's request for a \$950,000 increase to the County's DD Supplement; (4) strong monitoring by the County of the transition of Resource Coordination/Targeted Case Management to the State; (5) continued Resource Coordination by the County for individuals on the waiting list (about 900) to be placed with adult services.

## **3. Commission on Veterans Affairs**

Testimony from the Commission on Veterans Affairs is attached at ©14. The Commission notes that the Maryland Department of Veterans Affairs has hired a full-time Veterans Benefits Officer (VBO) who is working at Montgomery College's Rockville campus and that they are working to have a VBO at the Universities at Shady Grove, 2 days a month at MontgomeryWorks in Wheaton, and 2 days a month at the Silver Spring Vet Center. The request Council support for 3 grants: (1) Warrior Canine Connection (\$40,000); (2) Mental Health Association (\$75,000) for community based resource connection; and (3) Team River Runner (\$33,500) for a van to support therapeutic paddling program.

## **Update – Senior Villages**

The HHS Committee previously asked that the Village Coordinator, which was funded as a new position for FY14, attend this session. Ms. Aviv will provide the HHS Committee with an update on the Senior Village program. There is no specific new FY15 funding for the Senior Villages although, as discussed by the joint HHS/PHED/T&E Committee, the Villages are supported by ongoing efforts to improve the senior mobility management/transportation system.

## Aging and Disability Services FY 15 Budget Overview

For FY15, Aging and Disabilities Services is organized into 11 program areas. Expenditures of \$43,112,933 are recommended, which is a 9.9% increase from the FY14 Approved funding. Staffing of 164.93 FTEs is recommended for FY15. The following table show the budget changes since FY11.

<b>Aging and Disability Services Expenditures in \$000's</b>	<b>FY11 Budget</b>	<b>FY12 Budget</b>	<b>FY13 Budget</b>	<b>FY14 Budget</b>	<b>FY15 Rec</b>	<b>Change FY14-15</b>
Community Support Network for People with Disabilities	15,799	15,061	15,167	16,016	16,685	4.2%
Assessment and Continuing Case Management Services	6,136	6,000	6,954	7,121	7,590	6.6%
Assisted Living Services	2,008	1,978	1,934	1,899	2,028	6.8%
Community First Choice*	1,353	1,400	1,788	2,002	4,152	107.4%
In-Home Aide Services/Home Care Services	4,467	4,789	4,401	4,292	4,416	2.9%
Aging and Disability Resource Unit	1,003	809	834	825	848	2.8%
Omsbudman Services	637	644	655	654	717	9.6%
Respite Care	904	914	928	946	971	2.6%
Senior Community Services	2,316	2,225	2,266	2,464	2,707	9.9%
Senior Nutrition Program	2,283	2,344	2,454	2,550	2,518	-1.3%
Service Area Administration	458	444	405	460	480	4.3%
<b>TOTAL</b>	<b>37,364</b>	<b>36,608</b>	<b>37,786</b>	<b>39,229</b>	<b>43,112</b>	<b>9.9%</b>

\*Community First Choice was previously called Home and Community Based Waiver for Older Adults

### A. Community Support Network for People with Disabilities

Total FY15 recommended funding for this program is \$16,684,791 and 35.5FTEs. This program coordinates a wide range of services for people (adults and children) with disabilities including employment, services for the visually impaired, autism waiver services, and funding for community based and residential services.

#### ***1. Increase to DD Supplement to account for Enrollment Increases***

***\$500,000 and 0.0FTE***

***2% Inflationary Adjustment***

***\$169,382 and 0.0FTE***

For FY14, a total of \$8,469,101 was appropriated for the County supplement to non-profit organizations providing direct services to the developmentally disabled. Within this total was

\$246,615 for a 3% inflationary adjustment and \$350,000 in recognition of the increased number of clients served by the organizations. Both of these adjustments were added by the Council through the reconciliation process.

**For FY15, the Executive is recommending a 2% inflationary adjustment of \$168,686 and a \$500,000 increase to recognize that the organizations are serving an increasing number of clients.**

**Council staff recommends the Committee place \$84,348 for an additional 1% inflationary adjustment, consistent with the Committee's recommendation for non-profit contracts.**

During the last two years, the HHS Committee has discussed the purpose of this County supplement and, starting in FY13, the Council included a budget provision that requires an organization to demonstrate to DHHS that its hourly wage exceeds the minimum State pay for the appropriate program and that the intent of the Council was that most of this funding was to increase wages. The FY14 Operating Budget Resolution includes the following provision.

*This resolution appropriates \$8,469,101 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. The Council intends that the majority of these funds should be used to increase the pay of direct service providers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. In order to receive this supplement, an organization must demonstrate to DHHS that its hourly wage exceeds the minimum State pay for the appropriate program. Beginning in FY 2014, each organization must report to DHHS on the amount of funds used to improve hourly pay. Beginning in FY 2015, the Council expects each organization to allocate 75% of any supplement received to improve hourly pay.*

*Section G of this resolution includes entities eligible to receive this non-competitive payment.*

Council staff asked DHHS for an update on how it intends to monitor compliance with the requirement that 75% of the supplement improve hourly pay. DHHS provided the following response.

The Department conducted a survey of the DD Providers earlier this year to assess the capacity of the providers' financial management systems to capture and report the required information to DHHS. Based on feedback received from the survey, we are developing a template that will be used in FY15 to track the use of the County supplemental funds. The department will share this template with Council staff once it is finalized. Also, the General Assembly passed **HB1238 Developmental Disabilities Administration Payment of Providers**, a companion bill to the Governor's minimum wage bill, which lays out accountability measures to ensure that the increased funding intended for direct support wages and benefits in HB295 is passed on to direct support professionals. We hope to participate in the working group and will incorporate forms and procedures as applicable.

Montgomery County Inter ACC/DD provided testimony (©15-16) saying that they want the County to start a multi-year effort to return to a County supplement that equals 8.7% of the total

amount of State funding received. For FY15 they are requesting that the County supplement equal 7.8% of expected State funds, or \$956,822. InterACC/DD is asking the Council to fund the amount not funded by the Executive. (The Council also received testimony from several individuals and provider organizations supporting additional funding for the supplement.)

Council staff asked DHHS whether the Executive had a view regarding this recommendation to provide a supplement equal to 8.7% of State funding. DHHS has provided the following response.

The amount of the County's supplemental funding to the DD Provider community has always been based on the amount of local funds available in any fiscal year in the context of the overall economy and competing priorities. The County strives to provide this financial assistance to our DD providers to the fullest extent available and appropriate but there is no target percentage match.

**Council staff cannot find any comments in packets since FY07 that would indicate that there was a policy that the DD Supplement would be a certain percentage of State funds and so agrees with the comment from DHHS. Council staff is not recommending any additional funding beyond the 3% adjustment (which requires additional funding) and the \$500,000 for client expansion.**

## ***2. Multi-program Adjustments \$168,750 and -2.50FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

## ***3. Other Issue – Resource Coordination/Targeted Case Management***

The original FY14 Recommended Budget included a reduction of about \$3.4 million because the Maryland Developmental Disabilities Administration had made decision to transition to a fee-for-service system that would also include the choice of using private providers for resource coordination. DDA said, "The Developmental Disabilities Administration (DDA) is transitioning the current resource coordination service delivery methodology for all people receiving services from the DDA to Medicaid Targeted Case Management for all Medicaid eligible and DDA rate based service for non-Medicaid eligible. The transition will provide standardized scope of services, deliverables, rates, and increase federal matching funding." While Montgomery County could be a "vendor," the County determined that the State rates for service are insufficient to cover the County's costs. As a vendor it would have to serve all clients selecting the County. While the County expressed an interest in handling transitional and complex clients, this cannot be done under the rules of this program.

The State was not able to put the vendor system in place for the start of FY14 and so agreed that the County would continue to provide Resource Coordination/Targeted Case Management during FY14 but that the County would end this service once the private vendors were in place. The

Executive forwarded an adjustment to the budget to reflect this change and the FY14 budget was adopted with the understanding that the County would not provide this service in FY15.

The Executive's FY14 Recommended Budget adjustment said that, "The State restructured this program from a grant-funded program to a fee-for-service reimbursement program. The County Executive's Recommended Budget assumed that the County would transfer it 3,300 clients to private service providers and eliminate all case management and supervisory positions because the State's fee structure was significantly short of covering the County's costs. Since March 15, 2013 HHS has held additional discussions with the State. As a result, the State has made changes to the program, including increasing the reimbursement rate. The County Executive recommends a budget adjustment to allow HHS to retain 1,100 of its most intensive cases and transfer the remaining 2,200 cases to private service providers on July 1, 2013. The Executive recommends that HHS serve these 1,100 clients during FY14 as a one-time extension of this service, but completely exit the program for FY15."

The Council received testimony from individuals and from the Commission on People with Disabilities that the County should continue to provide Resource Coordination/Targeted Case Management to transitioning youth. **Attached at © 17 is an April 3, 2014 letter from the DDA saying that DHHS cannot solely serve transitioning youth after December 31, 2014. Also attached at ©18 is a letter from Director Ahluwalia to Resource Coordination clients explaining the change to this program.**

**The State has made a decision to restructure this program and it does not allow the County to serve a targeted population.** Council staff understands that all clients will be notified that they must select a new provider as of January 1, 2015; however, Council staff also understands that the State is now indicating there will be a transition period until February 2015. DHHS will be serving a declining number of clients until then.

**Council staff recommends a reduction of \$743,430 in broker contract services and in Medicaid revenues to the General Fund to reflect this change.** This amount represents four months of broker services which will no longer be needed. While this reduction does not free up funds for other purposes (because revenues are also reduced), for purposes of the aggregate operating budget it is important not to have unneeded tax-supported appropriation.

If the State reconsiders the transition, then a supplemental will be needed (just as it is in FY14).

## **B. Assessment and Continuing Case Management**

Total FY15 recommended funding is \$7,590,219 and 63.55FTEs for this program which provides multi-disciplinary assessments, care planning, and case management to frail seniors and adults with disabilities. This program area includes Adult Protective Services, Adult Evaluation and Review Services (AERS), and the public guardianship program.

**1. Add one Social Worker to Reduce Waitlist for Social Services to Adults  
\$69,324 and 1.0FTE**

The budget says that that a Social Worker is being added to Adult Protective Services/Social Services to Adult Program to address an increase in investigations of financial exploitation resulting from new bank mandatory reporting requirements. DHHS explains that since Adult Protective Services (APS) is a mandated service, when necessary staff from Social Services to Adults (SSTA) is redeployed to APS. With the increase in APS cases, fueled largely by the mandatory reporting of suspected financial exploitation by banks/financial institutions (but also due to the demographics of an aging population), SSTA staff have been routinely deployed to address the APS caseload which results in the growth of the SSTA Waiting List. There are 12 Social Worker III positions funded to provide both APS Investigations and SSTA Assessments; 8 Social Workers are designated for APS and 4 for SSTA. Six Social Worker IIIs are assigned to provide continuing SSTA services.

The following table shows trends in the SSTA waitlist. Council staff notes that in FY13, two Social Workers were added through an increase in the Senior Care/Gateway grant.

Social Service To Adult Wait List

Actual FY11	Actual FY12	Actual FY13	Target FY14	MMR FY14*	Target FY15
179	84	275	150	268	140

\*DHHS monthly average through Dec 2013

In response to a question from Council staff about the expected impact from this additional Social Worker, the Department has responded that,

The capacity to restore a Social Worker III to conduct SSTA Assessments (by the addition of a Social Worker III to the APS Investigation Team) will result in approximately 120 clients receiving assessment per year (the caseload standard for SSTA Assessments is 10 per worker per month). It is frequently lower due to APS cases having to be assigned to these staff as explained above. We concur that the targeted reduction should be revised and recommend that it be 150 for FY15.

**Council staff recommends approval.**

**2. Enhance the Adult Day Care Subsidy  
\$52,500 and 0.0FTEs**

As a part of the FY08 Operating Budget, \$105,000 was approved to pilot an Adult Day Care Subsidy Program. At the time it was noted that the program would provide a subsidy to families/caregivers to enroll elderly individuals in community-based day care at a rate of \$56 per day for a maximum of two days per week (the full daily cost was estimated to be \$72 per day). It was expected that the pilot would serve 19 clients in FY08. The DHHS program would be similar to Maryland's Senior Care Program. It would use the same income eligibility but allow a higher asset limit (\$35,000 as opposed to the State limit of \$11,000 excluding the value of a home and car). It was estimated that the need was between 150 and 500 seniors.

The FY14 Budget is \$105,000, unchanged from FY08 and the rate is \$56/day. DHHS reports that most clients attend 2 days/week. Twenty clients are currently in the program and 9 more would be able to participate with the increased funds. The Executive is not recommending an increase in the subsidy paid to providers. The Commission on Aging is advocating an increase in the rate from the current County \$56/day subsidy to \$71/day which is in alignment with the current Senior Care Program rate (and closer to the Medicaid reimbursable rate of approximately \$72/day).

**Council staff recommends the HHS Committee place \$64,065 on the reconciliation list to serve 11 additional seniors. This along with the Executive's recommendation would result in 20 additional seniors receiving this assistance. Council staff is not recommending an increase in the rate as the intent of the program was to be a subsidy to help families, not a program to cover the full cost. Council staff believes that serving more people is the higher priority that increasing the subsidy.**

**3. Multi-program Adjustments  
\$346,975 and 3.0FTEs**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

**C. Assisted Living Services**

Total FY15 recommended funding is \$2,028,238 and 7.07FTEs for this program that provides subsidies and case management to low-income seniors who live in group homes or in adult foster care homes.

**1. Increase the Adult Foster Care Reimbursement Rate  
\$105,000 and 0.0FTEs**

The Executive is recommending \$105,000 to increase the subsidy to operators of small group homes that house vulnerable adults at the request of the County. DHHS provides the following description of the purpose of the program:

The purpose of the Assisted Living Program is to provide social work case management services and subsidized housing payments to adults 18 years with physical health disabilities and frail elders who require 24 hour custodial care who are residents in small group homes (5-8 residents per home.). The clients receive supervision, meals, assistance with activities of daily living, socialization, and medication management. The subsidies allow them to continue residing in the community in a safe protected environment. The constituents who are served by the program have an income at or below poverty level and lack the financial resources to pay the full cost of the care.

The policy basis for the program is that the only clients considered for placements are clients who have been referred for an Adult Protective Services investigation and there are issues of

self-neglect, neglect by others or abuse. The program is 100% County funded, there are no State or Federal dollars subsidizing these placement. The FY14 Budget is \$715,320. Currently there are 73 clients. The average client contribution is \$700 and the average County subsidy is \$475.00 per month. Most clients contribute their entire income less \$60 per month that they may keep for personal use.

The County sets a maximum amount that a provider may charge for a single room or double room occupancy. Currently the maximum is \$1,375 for single room and \$1,175 for double room occupancy. Subsidy rates per client in this program are not based on levels of care, only the cost based on single or double occupancy. The other subsidy programs administered by Aging and Disability Services pay according to levels of care, unlike this one. A table showing the FY14 rates and funding for programs is attached at ©19.

The Committee discussed this issue last year and discussed the Commissions on Aging and People with Disabilities recommendation for a \$310,000 increase. It was noted that the rate has not been increased in 20 years. Councilmembers have received information from the Metropolitan Assisted Living Group Home Association discussing how costs have increased in the past 20 years and asking for an increase in the amount paid.

**The Executive's proposal is to increase the maximum amount a provider may charge by \$120. The new rates would be \$1,495 per month for single room occupancy and \$1,295 per month for double occupancy. This would bring the rate more in line with those paid through Project Home and Level 2 Care for clients in the Older Adults Waiver program.**

**Council staff is concerned that the Executive's recommendation is not sufficient to provide funding for the average number housed (109) and recommends adding \$51,840 to provide enough funds to increase the rate by \$120 per month and provide for an average of 109 people per month in order to avoid a delay in placements that might have to occur if funds are not available.**

## ***2. Multi-program Adjustments*** ***\$24,140 and 0.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

## **D. Home Care Services**

Total FY15 recommended funding is \$4,416,397 and 15.0FTEs for this program which provides in home assistance to senior and adults with disabilities that need help with daily tasks in order to remain independent and live in the community. In home services prevent abuse, neglect, and exploitation of vulnerable adults. Services include personal care assistance, chore assistance, therapeutic assistance, self-care education, and escorted transportation.

There are no specific funding items listed for this program area. In FY13, programs were enhanced by \$50,000 to re-establish the Chore Services program for about 21 people and \$20,000 to re-establish the Heavy Chore Services program which is generally used to assist with hoarding situations. The escorted transportation program (\$110,000) has been operational for about one year and, as discussed at the HHS/PHED/T&E meeting on senior transportation, Council staff recommends that the Council receive an evaluation of the program for the FY16 budget.

***1. Multi-program Adjustments***  
***\$124,541 and 0.5FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum full-time and part-time positions. **Council staff recommends approval.**

**E. Community First Choice**  
**(previously Home and Community Based Waiver Services)**

Total FY15 recommended funding is \$4,151,569 and 13.0FTEs for this program which coordinates Medicaid long-term care programs. Previously, this program identified several “waiver programs” including the Living at Home Waiver, the Older Adults Waiver, the Traumatic Brain Injury waiver, the Community Pathways waiver, and the New Directions waiver. Maryland is now providing these services through the Community First Choice Program.

***1. Community First Choice Monitoring Services***  
***\$2,266,000 and 0.0FTEs***

As a part of the Affordable Care Act, Maryland has implemented Community First Choice (CFC) that combines the Waiver for Older Adults, Living at Home Waiver, and State Plan Medical Assistance Personal Care program as of January 6, 2014. A summary description of the program is attached at ©20 and letters sent by the State to participants in the Waiver for Older Adults and Medical Assistance Personal Care programs explaining the transition are attached at ©21-24. The Executive’s Recommended Budget includes \$2,266,000 for nurse monitoring services associated with the program. Because this is a Medicaid reimbursement program, it is part of the General Fund rather than the Grant Fund.

While there are no new FTEs showing as a part of this change, DHHS has explained that 4 vacant positions in HHS have been reallocated to this program and two of these have been reclassified. The approved complement for this new program will be 2 full-time Grade 25 Nurse Managers and two full-time Grade 21 Program Specialists.

DHHS has provided the following regarding the County’s responsibilities for providing the contractual nurse monitoring services.

Effective January 2, 2014, the State DHMH requires that all the local health departments provide Nurse Monitoring services but allows for this specific service to be

contracted out. HHS amended four contracts that were in place to provide Personal Care/In-Home Aide Services in order to be operational by the January 2, 2014 implementation. These contracts expire in December 2014 and a competitive RFP is being issued for Nurse Monitoring services to begin January 2015.

As the designated department the Montgomery County Department of Health and Human Services (MCDHHS) is responsible for "Nurse Monitoring" services with the objective of enhancing oversight and quality assurance of home-based personal care assistance and supportive services. MCDHHS is responsible for compliance with Medicaid Regulations, billing DHMH as a fee for service in 15 minutes increments, audit participation, notifying applicants in writing when they are not found to meet program eligibility criteria, contract management with our vendors, regular site visits to vendor agencies to ensure compliance with Medicaid regulations, review of incident reports and approval of each CFC participant's plan of service.

Nurse Monitoring services occur by way of home visits conducted on a regular basis. This Nurse Monitoring service component includes:

- Developing a caregiver service plan, communicating the plan with client's personal physician and other medical personnel;
- Supervising and instructing independent personal care assistance providers;
- Evaluating personal care assistance providers; and
- Entering Nurse Monitoring visit data into the Long Term Services and Supports (LTSS) tracking system within 15 days of the client visit to ensure timely authorization of services.

The State expects the Community First Choice program to grow based on increased utilization due to:

- Increased services to certain current clients;
- Participation of currently eligible participants not receiving services, and
- Improved reimbursements to most providers.

DHHS reports that in January 2014, a total of 1,920 CFC participants were assigned. As of March 2014, an additional 250 persons residing in Montgomery County have applied for CFC and are waiting for State DHMH approval and initial assessment.

**Council staff recommends approval.**

## ***2. Money Follows the Person Options Counseling Grant -\$105,600 and 0.0FTEs***

The Money Follows the Person program provides Options Counseling (O.C.) to help individuals leave nursing facilities and re-enter the community. The County provides education about community-based living options, and helps people apply for programs that can help them live independently. The Maryland Department of Aging grant was reduced from \$275,000 to \$169,400 in

FY14. The reduction is due to a decrease in the projected number of service units from 2,000 to 1,232. The unit funding of \$125 per occurrence and \$12.50 per occurrence of administrative cost maintain unchanged.

**Council staff recommends approval.**

**3. Multi-program Adjustments**  
**- \$11,055 and 0.0FTEs**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum full-time and part-time positions. **Council staff recommends approval.**

**F. Aging and Disability Resource Unit**

Total FY15 recommended funding is \$848,463 and 9.0FTEs for this program that assists seniors, people with disabilities, and their families in defining needs, locating services, and facilitating any the application process.

**1. Multi-program Adjustments**  
**\$23,698 and 0.0FTE**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

**G. Ombudsman Services**

Total FY15 recommended funding is \$717,361 and 6.5FTEs for this program that investigates and resolves complaints in nursing homes and assisted living facilities.

**1. Program Manager to Long Term Care Ombudsman Program**  
**\$65,385 and 1.0FTEs**

The Executive is recommending the addition of a Program Manager in the Ombudsman program to allow the County to add more volunteers and provide more long-term care facility residents with protection and advocacy. DHHS expects the program will be able to recruit, train, and support the professional activities for between 9-12 additional volunteers. Ombudsman representatives provide an average of 20-25 hours per month of voluntary advocacy services. The addition of this position is also requested by the Commission on Aging.

**Council staff recommends approval of this position but notes that when the position was abolished it was a reduction by the State to the Senior Ombudsman Grant.**

**2. Multi-program Adjustments**  
***-\$2,430 and 0.0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

**H. Respite Care**

Total FY15 recommended funding is \$971,352 and 0.0FTEs for this program that provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behaviors and/or medical conditions in order to give relief to family members and primary care givers.

**2. Multi-program Adjustments**  
***\$24,996 and 0.0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

**I. Senior Community Services**

Total FY15 recommended funding is \$2,706,820 and 9.31FTEs for this program that provides a variety of services that help seniors remain independent and active in the community such as legal services, senior transportation to recreation centers and to grocery shopping, and health insurance counseling.

**1. Add Senior Center Operating Grant**  
***\$79,088 and 0.0FTE***

DHHS says that Maryland Department of Aging awards grants on a competitive basis to enhance senior activity centers and to address priority issues of the Department. These priorities have included health promotion, exercise programs and oral health care. This year's award to Montgomery County was \$79,088 to provide basic dental care and dentures to low-income seniors lacking dental insurance, as well as exercise equipment and scales for use at two senior centers. The award in FY13 was \$28,618, all of which was used for dental services.

**Council staff recommends approval.**

**2. Add Caregiver Support Senior Fellow  
\$50,835 and 0.0FTE**

The Executive is recommending funding for a Caregiver Support Senior Fellow to coordinate outreach to seniors and persons with disabilities regarding the available services to ease the burden on caregivers. The budget recommends \$25,835 for a .385FTE permanent merit position and \$25K in one-time-only operating costs. DHHS explains that the hiring of a Senior Fellow for this Caregiver Support Initiative will allow the Department to gauge the amount of work required to develop and sustain a coordinated network of public and private resources to address the needs of caregivers. Based on the success of the use of Senior Fellows in other critical areas (e.g., Transportation, Housing, Policy), this was considered the preferred approach at this time.

**Council staff recommends approval.**

**3. Maryland Access Point Expansion Grant  
\$18,843 and 0.0FTE**

DHHS says that this is a grant from the Maryland Department on Aging that funds the co-location of a part-time staff person from Independence Now, Inc. with the Aging and Disability Resource Unit in Aging and Disability Services.

**Council staff recommends approval.**

**4. Multi-program Adjustments  
\$94,016 and 1.0FTE**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

**J. Senior Nutrition Program**

Total FY15 recommended funding is \$2,517,883 and 3.0FTEs for this program that provides lunches to seniors at sites around the County, as well as providing home-delivered meals, nutrition education, and physical fitness activities.

**1. Multi-program Adjustments  
-\$32,297 and 0.0FTE**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

## 2. Update on Meal Programs

During FY14 congregate meals at the White Oak Community Center were expanded to 5 days per week. Year-to-date 3,245 meals have been served at this site, which has almost tripled in service since it began last year. Meals served range from 50-70 per day, 5 days per week. It has become DHHS' largest congregate lunch site.

For FY14 the Cold Box Meal Project has served 13,924 meals to low income buildings that have not received Senior Nutrition Program services prior to the initiation of this program.

The programs did not suffer reductions due to sequestration because of additional funds from Maryland that were used to fill sequestration gaps.

The following two tables provide update on the Home Delivered Meal and Congregate Meal programs.

	FY13	FY14	FY15
	Budget	Budget	Recommend
<b>Home Delivered Meals</b>			
Older Americans Act Grant	385,224	455,561	406,766
Nutrition Services Incentive Program	58,697	50,770	55,075
Program Income	33,704	35,000	35,000
State Nutrition Grant	30,989	30,990	30,990
General Funds	171,536	252,665	260,834
<b>TOTAL FUNDING</b>	<b>680,150</b>	<b>824,986</b>	<b>788,665</b>
People Served	985	2,430	
Meals Delivered	177,808	99,103	

FY14 people and meals served is for eight months

	FY13	FY14	FY15
	Budget	Budget	Recommend
<b>Congregate Meals</b>			
Older Americans Act Grant	841,962	845,067	888,921
Nutrition Services Incentive Program	176,090	152,300	205,500
Program Income	101,112	105,000	95,000
State Nutrition Grant	92,965	92,964	92,644
General Funds	514,610	511,995	515,990
<b>TOTAL FUNDING</b>	<b>1,726,739</b>	<b>1,707,326</b>	<b>1,798,055</b>
People Served	4,887	4,282	
Meals Served	205,263	130,638	

FY14 people and meals served is for eight months

## **K. Service Area Administration**

Total FY15 recommended funding is \$479,840 and 3.0FTEs for this program that provides service wide administration.

### ***1. Multi-program Adjustments \$20,188 and 0.0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

# Aging and Disability Services

## FUNCTION

The staff of Aging and Disability Services shares the Montgomery County vision, where seniors, persons with disabilities, and their families are fully participating members of our community. The mission of this service area is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities, which promote choice, independence, and inclusion.

## PROGRAM CONTACTS

Contact Jay Kenney of the HHS - Aging and Disability Services at 240.777.4565 or Rachel Silberman of the Office of Management and Budget at 240.777.2786 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Community Support Network for People with Disabilities

This program area provides supported employment for adults with developmental disabilities, service coordination, services for people with visual and hearing impairments and physical disabilities, summer camp for children with multiple disabilities, crisis management and intervention, school-to-work transition assistance, and the Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver). This program area also provides financial assistance to State-funded providers who serve adults with developmental disabilities.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving supportive services <sup>1</sup>	N/A	N/A	95	95	95

<sup>1</sup> Data not available for FY12.

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>16,016,041</b>	<b>38.00</b>
Enhance: Enrollment Increases and Service Delivery for Developmental Disability Supplement Providers	500,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	168,750	-2.50
<b>FY15 CE Recommended</b>	<b>16,684,791</b>	<b>35.50</b>

### Assessment and Continuing Case Management Services

This program area provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. Services include Adult Protective Services, Adult Evaluation and Review Services (AERS), Statewide Evaluation and Planning Services, Social Services to Adults, and the Public Guardianship Program.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Number on Social Services to Adults (SSTA) waiting list	84	275	190	140	140

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>7,121,420</b>	<b>59.55</b>
Enhance: One Social Worker III Position to Reduce Adults Waitlist for Social Services	69,324	1.00
Enhance: Adult Day Care Subsidy	52,500	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	346,975	3.00
<b>FY15 CE Recommended</b>	<b>7,590,219</b>	<b>63.55</b>

## Assisted Living Services

This program area provides subsidies and case management for low-income seniors who live in group homes for the frail elderly and adult foster care homes for frail seniors and adults with disabilities.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of clients remaining in community placement (i.e., not entering institutional setting) <sup>1</sup>	NA	95	95	95	95

<sup>1</sup> Data not available for FY12.

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>1,899,098</b>	<b>7.07</b>
Increase Cost: Raise the Adult Foster Care Reimbursement Rate	105,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	24,140	0.00
<b>FY15 CE Recommended</b>	<b>2,028,238</b>	<b>7.07</b>

## Home Care Services

This program area provides personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical and/or mental impairments. In-home aide services prevent abuse, neglect, and exploitation of vulnerable adults, and enhance overall quality of life by providing personal care, chore assistance, therapeutic support, self-care education, and escorted transportation.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Number of clients served annually	345	315	315	315	315
Percentage of clients with no unmet personal care needs	93	88	95	95	95

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>4,291,856</b>	<b>14.5</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	124,541	0.5
<b>FY15 CE Recommended</b>	<b>4,416,397</b>	<b>15.00</b>

## Community First Choice

Community First Choice was formally known as Home and Community Based Waiver for Older Adults. This program area administers and operates Maryland's new Long Term Care Medicaid program, Community First Choice. The program provides a continuum of services designed to allow people of all ages and in need of long term care to live in the community, rather than in institutions.

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>2,002,224</b>	<b>13.00</b>
Add: Community First Choice Nurse Monitoring Services	2,266,000	0.00
Decrease Cost: HHS Money Follows the Person Options Counseling Grant (2001061)	-105,600	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-11,055	0.00
<b>FY15 CE Recommended</b>	<b>4,151,569</b>	<b>13.00</b>

## Aging and Disability Resource Unit

This program area assists seniors, persons with disabilities, and their families, in defining service needs, locating required services, and facilitating the application process to access services.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of callers that received referrals/information they need	93	92	92	92	92

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<b>FY15 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY14 Approved</b>	<b>824,765</b>	<b>9.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	23,698	0.00
<b>FY15 CE Recommended</b>	<b>848,463</b>	<b>9.00</b>

### Ombudsman Services

This program area investigates and resolves complaints made by residents, staff, and family members in nursing homes and assisted living facilities for seniors and people with disabilities.

<b>Program Performance Measures</b>	<b>Actual FY12</b>	<b>Actual FY13</b>	<b>Estimated FY14</b>	<b>Target FY15</b>	<b>Target FY16</b>
Percentage of complaints resolved and partially resolved	86	88	85	85	85

<b>FY15 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY14 Approved</b>	<b>654,406</b>	<b>5.50</b>
Add: One Program Manager I Position to Long Term Care Ombudsman Program	65,385	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-2,430	0.00
<b>FY15 CE Recommended</b>	<b>717,361</b>	<b>6.50</b>

### Respite Care

This program area provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behaviors and/or medical issues to give relief to families and other primary caregivers.

<b>Program Performance Measures</b>	<b>Actual FY12</b>	<b>Actual FY13</b>	<b>Estimated FY14</b>	<b>Target FY15</b>	<b>Target FY16</b>
Percentage of customers with disabilities that remain in the community <sup>1</sup>	NA	NA	NA	NA	NA

<sup>1</sup> Data not available because survey was not conducted. A new set of measures is under development for FY14.

<b>FY15 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY14 Approved</b>	<b>946,356</b>	<b>0.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	24,996	0.00
<b>FY15 CE Recommended</b>	<b>971,352</b>	<b>0.00</b>

### Senior Community Services

This program area provides funds for services that help seniors to remain independent in the community including: coordinating community 'villages' to help seniors remain safe and independent in their communities, legal services, representative payee services, health insurance counseling, "visitor" services, grocery shopping, providing transportation and mobility management to evaluate and advocate for transportation resources for seniors and individuals with disabilities, subsidized employment, and socialization for seniors with visual impairments.

<b>Program Performance Measures</b>	<b>Actual FY12</b>	<b>Actual FY13</b>	<b>Estimated FY14</b>	<b>Target FY15</b>	<b>Target FY16</b>
Percentage of clients receiving Representative Payee services who report adequate funds for food, medical care, and shelter.	93	86	93	93	93

<b>FY15 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY14 Approved</b>	<b>2,464,038</b>	<b>7.93</b>
Add: Senior Center Operating Grant (2001047)	79,088	0.00
Add: One Caregiver Support Senior Fellow	50,835	0.38
Add: Maryland Access Point Expansion (MAP) Grant (2000519)	18,843	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	94,016	1.00
<b>FY15 CE Recommended</b>	<b>2,706,820</b>	<b>9.31</b>

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### Senior Nutrition Program

This program area provides lunches to seniors at sites around the County and provides home-delivered meals, nutrition education, and physical fitness activities. It is administered in cooperation with a variety of public, private, and nonprofit organizations.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Number of unduplicated customers served in the Senior Nutrition Program	5,177	4,894	5,744	6,000	6,000

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>2,550,180</b>	<b>3.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-32,297	0.00
<b>FY15 CE Recommended</b>	<b>2,517,883</b>	<b>3.00</b>

### Service Area Administration

This program area provides leadership and direction for the administration of Aging and Disability.

FY15 Recommended Changes	Expenditures	FTEs
<b>FY14 Approved</b>	<b>459,652</b>	<b>3.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	20,188	0.00
<b>FY15 CE Recommended</b>	<b>479,840</b>	<b>3.00</b>

## PROGRAM SUMMARY

Program Name	FY14 Approved		FY15 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Community Support Network for People with Disabilities	16,016,041	38.00	16,684,791	35.50
Assessment and Continuing Case Management Services	7,121,420	59.55	7,590,219	63.55
Assisted Living Services	1,899,098	7.07	2,028,238	7.07
Home Care Services	4,291,856	14.50	4,416,397	15.00
Community First Choice	2,002,224	13.00	4,151,569	13.00
Aging and Disability Resource Unit	824,765	9.00	848,463	9.00
Ombudsman Services	654,406	5.50	717,361	6.50
Respite Care	946,356	0.00	971,352	0.00
Senior Community Services	2,464,038	7.93	2,706,820	9.31
Senior Nutrition Program	2,550,180	3.00	2,517,883	3.00
Service Area Administration	459,652	3.00	479,840	3.00
<b>Total</b>	<b>39,230,036</b>	<b>160.55</b>	<b>43,112,933</b>	<b>164.93</b>

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## COMMISSION ON AGING

April 8, 2014

Good Evening,

My name is Judith Levy, Chair of the Montgomery County Commission on Aging on behalf of the Commission. I am pleased to provide you this testimony tonight. The Commission on Aging supports the County Executive's creation of a Senior Initiative as part of his FY '15 budget proposal. It shines a light on the resources seniors need to move Montgomery County toward the goal of being a Community for a Lifetime. The Initiative contains recommendations on the priorities promoted by the Commission and the Senior Agenda adopted by the County Council.

A. Provide Funding to Create a Caregiver Coalition and Support Services and Increase Adult Day Care Subsidies: Recommendation \$200,000.

1. Caregiver Coalition

- Caregiver support is a top priority for the Commission on Aging.
- The Commission on Aging Summer Study included a recommendation for the creation of a Caregiver Coalition.
- A Caregiver Coalition can engage public and private partners in identifying the needs, resources and supports and services for caregivers and the recipients of care.
- A coalition can raise the visibility of caregivers, and assist in developing strategies for the County to meet their needs.
- The County Executive proposes funds (\$50,835) for a Senior Fellow-Caregiver Support position to coordinate outreach to seniors and persons with disabilities regarding available services for caregivers.
- The Commission believes this to be a good first step, but do not believe that it will be sufficient to meet the ongoing needs of this growing segment of the County population.

2. Adult Day Care

- A critical support for caregivers is Adult Day Care, but the County subsidy has not been increased in many years despite the growing need for the program.
- Adult Day Care is used to relieve the caregiver of his or her duties during the day, while ensuring that the care recipient receives proper care in a safe and appropriate environment.
- The Commission supports the County Executive's proposal to add funds (\$52,500) for Adult Day Care subsidies.

**Department of Health and Human Services**

401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

- The Commission also believes that an increase in the County subsidy reimbursement rate (currently \$56.00 per day) is also needed to bring it in line with other programs with the same service. Medicaid reimburses \$73.58 per day and the State funded Senior Care Program reimburses \$71.00 per day for adult day care. The Commission recommends a higher appropriation be allocated.

**B. Increase Rates in Adult Foster Care Small Group Homes**

- The Adult Foster Care Program provides reimbursement for the cost of care for seniors and younger adults with disabilities in a homelike setting, who cannot otherwise live independently.
- The County reimbursement rate for this program has remained unchanged for more than 20 years, while the state reimbursement rate has continued to increase over the same period.
- The Commission believes this gap can and should be closed over the next three years.
- While the Commission applauds the County Executive for proposing an increase (\$105,000) to partially close the gap, we hope the gap can be eliminated in three years and thus recommend a higher allocation be appropriated.

**C. Restore 1 Full Time Position for the Long Term Care Ombudsman Program**

- The Long Term Care Ombudsman Program provides on-sight monitoring and advocacy for the more than 8,100 residents in 192 assisted living facilities and 34 nursing homes.
- A reduction in funding in FY '11 eliminated one staff position and ultimately caused a substantial reduction in the number of volunteers, who serve as the eyes and ears of the program.
- Without these resources, the program has struggled to adequately monitor and protect the vulnerable residents in all of the facilities.
- The Commission strongly supports the County Executive's proposal to add funds to the Long Term Care Ombudsman Program for a full time staff position to supervise volunteers and advocate for residents in assisted living facilities and nursing homes.

**D. Expand Health and Wellness Recreation Programs in Partnership with Diverse Community Groups. Provide Appropriate Budget Support Based on Recreation Department's Strategic Plan**

- The Commission on Aging supports the strategy of the Recreation Department to encourage and support vital living of older adults by providing opportunities for physical, mental and social interaction.
- The Commission supports the County Executive's proposal to provide funding (\$56,846) to increase operating hours at the Margaret Schweinhaut, Damascus and Holiday Park senior centers to meet the growing demand for this service.
- The Commission applauds the extension to a full year the Jewish Council on Aging Senior Partnership providing flexible, alternative transportation services between neighborhoods and senior centers (\$318,750).
- The Commission is concerned about the administrative and managerial infrastructure of the senior programs due to the elimination of several key positions years ago. The COA recognizes that the growth in these programs require appropriate management and support staff for the Recreation Department.

E. The Commission fully supports these additional enhancements included in the County Executive's Senior Initiative.

- The addition of a Social Worker position in the Adult Protective Services/Social Services to Adults Program. Since the passage of the State law requiring financial institutions to report financial fraud and abuse, there has been a 33% increase in the number of reports received by the program.
- Expansion of income eligibility for subsidized taxi trips for low-income seniors and persons with disabilities in the Call N Ride program will provide greater accessibility to this service for more county residents.
- Assignment of a fire department officer to address specific needs of seniors (\$100,000).

F. The Commission supports Councilmember Riemer's proposal to double the senior property tax credit. This credit aids low income homeowners meet their tax bill as a supplement to the state circuit breaker provisions.

Thank you for the opportunity to share the COA's position with you today.

Judith Levy, Chair  
Commission on Aging



# A Community for a Lifetime: The Senior Agenda

*Montgomery County will be a community for a lifetime, a place for older adults to live safe, healthy and vital lives.*

Adopted by the Montgomery County Council - December 2012

## **Commitment to Older Adults:**

- The County will have a policy against ageism, including age stereotyping.
- Older adults are a valuable economic, cultural, and social resource and will be included in all County planning activities at the Executive and Council levels.
- Planning related to older adults will include consideration of diversity, inclusiveness, and intergenerational elements.
- Demographic data about older adults will be maintained, analyzed, and incorporated into planning.
- Resource information relevant to older adults will be distributed and accessible.
- The County will have a plan to address options for aging in place and alternatives.
- The County will promote public-private partnerships that contribute to implementation of this Agenda.



## Transportation

**Vision:** *Montgomery County will have public and private transportation and mobility systems that enable older adults to go where they want to go, when they want to go and how they want to get there.*

- Affordable senior transportation will be a priority.
- Planning will include in-neighborhood options to make transportation accessible and to make affordable escorted transportation available.
- Planning will encompass the needs and safety of both pedestrians and those who do not drive.
- Transportation planning will include a focus on the needs of older adults as they become less able to drive.



## Housing

**Vision:** *Montgomery County will promote choices of dwelling types so that as the needs and preferences of older adults change, they can age in place, downsize, choose rental or ownership, or find housing with the appropriate level of supportive services without having to leave the community.*

- Affordable senior housing will be promoted and made available.
- Housing options and alternatives will be part of County planning efforts.
- Visitable and livable options will be included in County planning.
- New and existing construction and redevelopment will consider the needs of both current and prospective older residents.
- The County will assist and encourage efforts to create supportive communities such as villages, co-housing and other options.
- Redevelopment planning will encourage walkable communities.
- Planning efforts will include public-private partnerships as an option to providing housing suitable for older adults.





## Socialization and Leisure

**Vision:** *Montgomery County will encourage and support vital living of older adults by providing opportunities for physical, mental and social interaction.*

- Recreation programs will facilitate socialization and other activities that integrate health and wellness.
- Recreation programs will be available and easily accessible to older adults throughout the County, particularly in areas where there are no senior centers.
- Lifelong learning opportunities will be available.
- Libraries will be a location of activities and resources for older adults.
- Active efforts will be made to engage older adults as volunteers.



## Health and Wellness

**Vision:** *Montgomery County will expand public health and prevention programs that promote physical, mental, social and environmental health for older adults.*

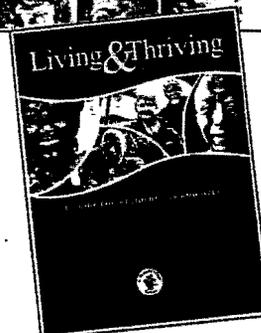
- Healthcare providers will be encouraged to accept private and public health insurance including Medicare and Medicaid.
- Medical care for older adults will be available, accessible, and affordable.
- Direct services and educational programs to plan for serious illness and to manage chronic diseases including promotion of self-management programs will be a priority.
- Access to hearing and dental care will be available.
- Nutrition support including education and meals will be provided.
- Specialized mental health care will be available as an integral part of the health services delivery system.
- Caregiver support will be a priority.
- Services to address cognitive impairment will be available, accessible and affordable for affected older adults and their families and caregivers.



## Communications

**Vision:** *Montgomery County will distribute and publicize recognizable, understandable, timely, and accessible information on County and public resources and services for older adults.*

- Information will be understandable and accessible by older adults and their caregivers in diverse ethnic population groups
- Information will clearly state who is eligible for services at no cost and who is eligible at specified costs.
- Information for older adults will be branded uniformly for consistency and recognizable identification
- The County will use and publicize multiple media to disseminate information relevant to older adults, including social media, its regularly updated website and a 24/7 information resource line.



## Employment

**Vision:** *Montgomery County will recognize the extent and value of the contribution of older adults to the economy.*

- The County will encourage County agencies and private companies to offer employment opportunities as older adults transition to retirement.
- The County will provide information that promotes the value of older workers.
- The County will encourage job fairs, partnerships, and forums to help older adults prepare themselves to continue in or reenter the workforce and find jobs.



## Security and Safety

**Vision:** *Montgomery County will provide physical, financial, and technological protection and safety for older adults.*

- The County will expand its police and fire safety programs targeted toward older adults.
- The County will educate both older adults and their caregivers about the potential for financial crimes, including telephone and computer scams.
- The County's Ombudsman Program will increase its monitoring of the safety of group homes and assisted living facilities.
- The County will work to assure legal protection from financial exploitation of older adults.



MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES  
OPERATING BUDGET TESTIMONY BEFORE THE COUNTY COUNCIL

# 3

Patricia Gallalee, Chair  
Charlie Crawford, Vice-Chair  
April 8, 2014

Good Evening. My name is Patricia Gallalee and I am testifying on behalf of the Commission on People with Disabilities.

Our FY 15 budget priorities are as follows:

We would like to thank you for supporting the staffing at Gaithersburg and Olney libraries, which have allowed those branches to reopen. **We would further appreciate your support for additional funding to go toward the new Silver Spring Library's Disability Resource Center.** These funds would go toward acquiring accessible e-readers to enable volunteers to teach patrons with disabilities how to download books from the library's website.

**We ask that you support the County Executives recommended \$105,000 increase to the Adult Foster Care Reimbursement Rate.** We recommend that the Council to increase Adult Foster Care rates that include 24 hour care and supervision but have remained the same for 20 years from \$1,175 double room/\$1,375 single room to \$1650 per month. This would give Adult Foster Care providers closer parity with what Senior Assisted Living providers receive from the group home subsidy program. Adult Foster Care serves 60% seniors and 40% younger adults with disabilities.

**We ask that the Council to support INTERACC/DD's request for \$950,000 additional dollars for FY 15 for agencies providing services to people with developmental disabilities. The County Executive has recommended \$500,000 and this would mean the Council add an additional \$450,000.** The number of individuals entering the system continues to explode, and the supply does not meet the demand. This supports INTERACC/DD's request for additional funding for FY 15 for expansion, new people entering the system, and for a rate adjustment to make up for reductions during the recession. INTERACC/DD has presented a four year plan to return to prerecession levels of funding for individuals with developmental disabilities.

In addition to budget priorities, we are asking for the County to have a strong role in the monitoring of Targeted Case Management for individuals with Developmental Disabilities receiving DDA services. With the CDC's announcement of autism now being diagnosed at 1:69 births it is more important than ever for us to have strong, viable supports in place so that adults with developmental disabilities, including autism, are able to transition to adult services and have not only fulfilling lives, but also be able to be contributing members of our community. During the last year case management services have been erratic, and training of new case managers has been minimal. Our understanding is that Aging and Disability Services is conferring with the state to see how that support can continue to be provided to transitioning youth. Developmentally disabled youth transitioning from public school this year still do not know their placements that are effective July 1, and we can only imagine the stress this situation is causing these families.

For all of these reasons we continue to be concerned about the transition of Resource Coordination now called Targeted Case Management (TCM) funded by the Developmental Disabilities Administration from the County's Community Support Network administered in Aging and Disability Services to non-profits. The Commission is now in the process of organizing a formalized group to continue to monitor/address the issue of Targeted Case Management for individuals with developmental disabilities receiving DDA services.

The community of people with developmental disabilities has benefited for many years from the County's case management services. Until last year, this service was funded through a grant from the state, and the County provided services to all 3300 individuals eligible for this service.

In July, 2013, the state changed the funding mechanism so that this service was reimbursed per hour of service. Private vendors were recruited by the state to provide the service, and the county felt they needed to opt out of this new system and proceeded to dismantle the program. For many reasons the private vendors were unable to provide the service in Montgomery County, and HHS hired contractors to

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temporarily continue the service until private vendors could be identified. Again, new vendors have been recruited, and our understanding is that HHS plans to transfer all individuals to the new vendors.

We fully understand that most of this was out of the control of the County, but we think that it is imperative that these individuals, some of our most vulnerable residents and their families, be assured that they receive the support they require. Based on last year's attempt, and failure, to transfer case management services, we are recommending that the county proceed cautiously to transfer those existing case management individuals to the new vendors. A slow, careful transfer provides the best chance of success.

Additionally, we are concerned about the level of expertise and high turnover of persons hired to work with this population. The resource coordinator's job is to make the individual, and/or their families, are aware of all the services they are entitled to, and help them access them. The most critical time for an individual to receive these services is as they transition from the public school domain (age 21) to adult services. Parents tell us that this is an extremely difficult time. Families must go out and find three different agencies to tour and interview to see if they can provide their child with appropriate adult services. A well trained resource coordinator guides these families through this process and the complicated process of securing a smooth transition into the adult agency. From that point on the case manager meets annually with the individual and their family to monitor services and develop a plan for the future.

It should, we would think, be obvious why these case managers must be knowledgeable about resources available in the County. If things don't go well the results can be disastrous. Individuals can end up homeless, without necessary medical equipment, and parents can lose jobs because come July 1, they have no one to look after their dependent child. We can't overstate how difficult and stressful this time period can be. This is why we ask that the County keep case management services for individuals for transitioning youth, and transfer existing cases to the new companies that are approved to provide TCM in the County by DDA. Those families that are established in adult services do not need the level of support that new families do. It is very important to have them serviced by people who know the county, and the agencies that serve county residents.

We are further recommending that those individuals on the waiting list, about 900 people, be maintained by the county for resource coordination. By remaining a provider of this service, the county will be able to better monitor the performance of the private vendors, assist those without service providers, and navigate the system into adult services with each person. Once a person is placed with an adult service provider, a safety net established, the person would have the opportunity to choose among any private vendors providing this service. We believe that a coordinated system like this in Montgomery County is the best outcome for our citizens.

Please let us know if you have any questions. And thank you for your work and leadership on behalf of people with disabilities.

Schaffer  
LM

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**COMMISSION ON VETERANS AFFAIRS**  
**Testimony on the FY 15 Operating Budget before the County Council**  
**April 9, 2014**  
Jerry Godwin, Chair  
Dan Bullis, Vice Chair

Good evening, my name is Jerry Godwin and I am speaking on behalf of the Montgomery County Commission on Veterans Affairs.

Since the Commission was established, we have been working to ensure that the Maryland Department of Veterans Affairs and the U.S. Department of Veterans Affairs provides needed services and supports to our estimated 50,000 veterans living in our County. This past year, we are pleased to inform you that the Maryland Department of Veterans Affairs hired a full-time Veterans Benefits Officer (VBO) for the County. This person is now working at the Montgomery College Rockville Campus. We are also working to establish a VBO presence at the Universities of Shady Grove. He will also be spending two days a month at MontgomeryWorks in Wheaton and two days a month at the Silver Spring Vet Center.

We do ask that you support the County Executives recommended funding for the following community grants which will better support programs serving veterans:

1. Warrior Canine Connection - \$40,000
2. Mental Health Association of Montgomery County, MD, Inc. - \$75,000 – Community-based model to coordinate resources and increase awareness for military, veterans and their families.
3. Team River Runner, Inc. - \$33,500 – Van purchase to support therapeutic paddling for wounded veterans.

We will work with the County to increase its outreach to veterans regarding programs and services that they are eligible for. To achieve this we ask for your support in having the County identify the veterans that apply for services in the County. We are hopeful to educate the public on veteran resources such as a cable TV show, ride on bus posters and radio station spots. Our county's veterans are local citizens as well, and can/should be using the services afforded to *all* residents.

One of the Commission's duties is to assist in planning appropriate public acknowledgement of the contributions made by veterans and assist in planning commemoration activities recognizing the contributions of veterans. We are in the planning stages of having 2015 be designated the Year of the Veteran and Family in the County. This campaign will require much planning, community/business outreach in informing the community and identifying sponsors and partners as we honor our own.

Thank you for the opportunity to speak with you tonight. We are working to make our community an even better veteran friendly community.

**Montgomery County Inter ACC/DD**  
 10408 Montgomery Ave, Kensington, MD 20895  
**Testimony before the Montgomery County Council**  
**In Consideration of the FY15 Operating Budget**  
**Present by Tim Wiens, Co-Chair of Inter ACC/DD**  
**And Executive Director of Jubilee Association of Maryland Inc**

InterACC/DD, is a collation of 25 providers of adult services supporting 3,000 Montgomery County residents who have developmental disabilities.

**Background:** For over 25 years, Montgomery County Government provided a match to state funded services for county residents with intellectual and developmental disabilities. These critical funds are paid on behalf of county residents directly to local provider agencies licensed and funded by the Maryland Developmental Disabilities Administration (DDA) to supplement wages for Direct Support Professionals (DSP) supporting people in residential, employment, day and community support services. There are currently more than 3,000 Montgomery County residents with intellectual and developmental disabilities receiving these supports.

Since the economic downturn of 2009, the County match fell to approximately 7% - a significant decrease from previous funding. Over this same period, DDA increased funding by 4.4% each year to meet the needs of approximately 100 new county residents who enter the system annually and a slight increase in the costs of doing business. Unfortunately, Montgomery County's match remained flat and new county residents entering the support system have not benefited from the match. This increase is needed to bring the County's funding to the pre-recession level of support (FY09). In addition, the added responsibility of not only meeting, but exceeding minimum wage guidelines for Montgomery County will put more pressure on the need for matching funds.

**Request for Increase in Matching Funds:** The Montgomery County match is an essential resource to provide competitive wages to Direct Support Professionals whose work positively impacts the lives of thousands of Montgomery County's most vulnerable residents and their families. The partnership among DDA/Montgomery County Government and county providers of services is vital to allow county residents with developmental disabilities to live quality lives. In addition, for providers to remain viable and meet forthcoming minimum wage mandates, this match will be even more critical. The State of Maryland has included in its minimum wage legislation a statutory mandate for an annual rate increase of 3.5% in fiscal years FY16 -19, this funding will provide for funding of direct service wages at 130% of the State minimum wage. With increases from the State and these proposed increases from the County we expect to be able to pay our direct service employees at an average of 130% of the County minimum wage.

**Request for FY15;** We requested that the County Executive include \$956,822 in his budget for FY15, as part of a four year plan, he included \$500,000 to cover new people receiving services and a 2% cola or \$169,382 for a total of \$669,382. **We request an additional \$287,440, the balance of our original request.** We also request that Montgomery County continue to provide resource coordination to Transitioning Youth and for people on the waiting list.

*Member Agencies: Abilities Network/EFMR, The Arc of Montgomery County, CALMRA, CHI Centers, Compass Inc., Community Support Services, Inc., CSAAC, Full Citizenship, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., R.O.I., SEEC, Target, Inc., The Rock Creek Foundation, Treatment and Learning Centers, and other providers and government agencies serving individuals with developmental disabilities*

**Montgomery County Inter ACC/DD**  
10408 Montgomery Ave, Kensington, MD 20895

**Chart 1: DDA Revenue and Montgomery County Match 2009 - 2014**

FY	STATE FUNDS	COUNTY FUNDS	% MC Match
FY10	96,373,417	8,349,361	8.7
FY11	94,951,386	7,765,130	8.2
FY12	95,609,397	7,718,124	8.1
FY13	107,176,029	7,871,815	7.3
FY14	113,790,175	8,469,101	7.4

**Chart 2: Proposed Four Year Plan To Restore County Match To Pre-Recession Level**

Projected increase in DDA revenue of 6.2% per year.

FY	STATE FUNDS	COUNTY MATCH	AMOUNT OF INCREASE REQUESTED	% OF COUNTY MATCH
FY15	120,845,166	9,425,923	956,822	7.8
FY16	128,337,566	10,395,343	969,420	8.1
FY17	136,294,495	11,448,738	1,053,395	8.4
FY18	144,744,754	12,952,794	1,144,056	8.7

In green, you will find the requested match for the FY15 Montgomery County Match

For more information or to questions, contact Tim Wiens Co-Chair Interacc/DD 301-949-8628

*Member Agencies: Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Compass Inc., Community Support Services, Inc., CSAAC, Full Citizenship, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., R.O.I., SEEC, Target, Inc., The Rock Creek Foundation, Treatment and Learning Centers, and other providers and government agencies serving individuals with developmental disabilities*



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Patrick Dooley, Acting Executive Director

April 3, 2014

Ms. Uma Ahluwalia  
Director, Montgomery County Health and Human Services  
401 Hungerford Drive  
Rockville, Maryland 20850

Dear Ms. Ahluwalia:

Thank you for your efforts and those of your colleagues at the Montgomery County Department of Health and Human Services (DHHS) for continuing to work with the Developmental Disabilities Administration (DDA) during the transition to Targeted Case Management (TCM) for resource coordination services. I am writing to respond to DHHS' request to continue providing resource coordination services for Transitioning Youth (TY) beyond December 31, 2014.

Maryland's TCM Medicaid State Plan and Code of Maryland Regulations 10.09.48.04 require a provider of TCM to provide services to all eligible individuals. The regulation expressly prohibits a provider to serve a specific group of individuals. As Montgomery County has decided to discontinue providing TCM services after December 31, 2014, and therefore will no longer be accepting referrals for all individuals eligible for TCM services, DHHS is unable to solely serve TY after that date.

If the County elects to provide additional resource coordination services beyond those covered under TCM using County funds, this would be permissible.

DDA is committed to working with DHHS to support a successful transition of services for individuals in Montgomery County.

Sincerely,

Patrick Dooley  
Acting Executive Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

April 1, 2014

Uma S. Ahluwalia  
Director

Dear Participant in the Montgomery County Resource Coordination Program:

In July 2013, the Developmental Disabilities Administration (DDA) transitioned the historic grant funded resource coordination services to a Targeted Case Management model (TCM) that requires billing for services. The established rate left Montgomery County in a severe deficit situation and therefore the Montgomery County Department of Health and Human Services (DHHS) has made the difficult decision to not continue as a provider of resource coordination services.

Many of you have received resource coordination services from the County for many years. We are privileged to have served you as our clients and, in many cases, your families during this time period. We have truly enjoyed our partnership with you.

The DDA has identified two additional providers that have begun providing resource coordination services in Montgomery County. This will allow each of you to have a choice of who provides your resource coordination services. Enclosed you will find information from DDA about the two agencies and the selection process.

Montgomery County DHHS will be coordinating with DDA and these new vendors in order to successfully transition individuals during the rest of the calendar year. During this period, we will work closely with you, your family, and your newly selected resource coordination provider, to ensure your transition is a success. We will remain available to assist you in any way you need.

Thank you for allowing us to provide this important service for so many years.

Sincerely,

Uma S. Ahluwalia  
Director

USA:gh

Enclosure

Office of the Director

401 Hungerford Drive • Rockville, Maryland 20850 • 240-777-1275 • FAX 240-777-1494 • MD Relay 711  
[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

Rate Comparisons for Aging and Disability Services Subsidy Program for Frail Elders and Persons with Disabilities			
Program/Services	Subsidy Rate	Notes	FY14 funding amount
Single Room-24 hour care and supervision	\$1,375	Client cost of care is calculated based on client's income. Subsidy Rate does not include cost of medications covered by the program or other ancillary costs ( i.e. supplies) Clients receive 24 hour supervision, assistance with daily normal activities, medication management, transportation to medical appts. Monthly allowance is typically \$60. Subsidy funds are 100% County dollars. <b>Subsidy rate set by A&amp;D. Last increase approx 20 years ago.</b>	715,320
Double Room-24 hour care and supervision	\$1,175	same as above	see above
Room and Board-set rate for double occupancy	\$1,340	Clients receive 24 hour supervision, room and board, socialization, medication oversight, assistance with ADLS in a family style Project Home certified by DHHS. Each Project Home client and provider is assigned to a case manager. Eligible clients receive Public Assitance to Adults(PAA) benefits. The cost of care is fully subsidized by the State from the PAA grant. The monthly personal allowance is \$102. the Project Home is re-certified annually.	State pays directly to client provider. Money doesn't come to DHHS
<b>Services</b>	<b>Maximum Cost of Care.</b>	<b>Notes</b>	
Level 1	\$1,650	Cost of care limits are established by the program locally, with the approval of the State. Clients reside in many of the same assisted living facilities as AFC clients. Clients receive 24 hour supervision, room and board, transportation and assistance with daily activities. Program does not cover the full cost of care. Personal allowance is \$60. Maximum subsidy is \$650. Client is responsible for the amount beyond the subsidy payment up to the maximum cost of care. Family, friends and others may help client pay the cost of care. See attached State Level of Care Description.	\$90,000 general funds, \$209,364 state grant for 3 different levels.
Level 2	\$2,050	see above	
Level 3	\$2,450	see above	
<b>Services Provided</b>	<b>Subsidy Rate</b>	<b>Notes</b>	
Level 2	Monthly range of \$1,295.49-1,726.70	Rates are determined by and paid by the State. \$55.70/day for the days client does NOT attend Medical Adult Day Care. \$41.79 for the days client does attend MADC.	paid directly to providers by the State
Level 3	Monthly range of \$1,633.39-\$2,178.99	Rates are determined by and paid by the State. \$70.29 for the days client does NOT attend Medical Adult Day Care and \$52.69 for the days client does attend MADC	paid directly to providers by the State
*Calculations were based on a 31 day calendar month			

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# Community First Choice

Maryland's Community First Choice option provides community services and supports to enable older adults and people with disabilities to live in their own homes.

## AVAILABLE COMMUNITY SERVICES

- Personal assistance services
- Personal Emergency Response Systems
- Technology
- Environmental Assessments
- Accessibility Adaptations
- Consumer Training
- Supports Planning
- Transition Services
- Nurse Monitoring
- Home Delivered Meals

**CFC Participants are also eligible to receive other Medicaid services which may include:**

- Physician and Hospital Care
- Pharmacy
- Home Health
- Laboratory Services
- Mental Health Services
- Disposable Medical Supplies
- Durable Medical Equipment

## WHO SHOULD APPLY

Maryland residents who need support with activities of daily living, such as bathing, grooming, dressing, and accessing the community.

## ELIGIBILITY GUIDELINES

### *Medical and Technical Criteria*

- Individuals must require an institutional level of care based on a uniform medical assessment.

### *Financial Criteria*

- An individual's income and assets are reviewed to determine financial eligibility for community Medicaid.
- Medicaid coverage is for individuals determined to be categorically eligible or medically needy.
- Medicaid coverage is automatically given to individuals receiving certain other public assistance, such as Supplemental Security Income (SSI), Temporary Cash Assistance (TCA), or Foster Care.
- On January 1, 2014, Medicaid will cover more adults ages 19 to 64, whether they have children or not.
- A single person can make up to \$15,856 per year and qualify for Medicaid.
- Medicaid coverage information can be found at <https://mmcp.dhmh.maryland.gov>

## PERSONS INTERESTED SHOULD:

Contact Medicaid's Long Term Care and Waiver Services at:

410-767-1739 or 1-877-4MD-DHMH or for MD Relay Service 1-800-735-2258 for more information.



STATE OF MARYLAND

**DHMH**

*Martin O'Malley, Governor*

*Anthony G. Brown, Lt. Governor*

*Joshua M. Sharfstein, M.D., Secretary*

Maryland Department of Health Mental Hygiene

Office of Health Services

Medical Care Programs

Community Integration Programs

201 W. Preston Street, Suite 123

Baltimore, MD 21201

410-767-7479





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 22, 2013

Dear Waiver for Older Adults Participant,

The Affordable Care Act created a program called Community First Choice (CFC), which provides states the option to offer certain community-based services to individuals who meet an institutional level of care. Maryland is taking advantage of this opportunity and is consolidating personal care services across three existing programs - the State Plan Medical Assistance Personal Care program, Living at Home Waiver, and Waiver for Older Adults - under one State Plan program that offers both self-direction and agency model services.

This letter is to inform you of the changes that will be made to the Waiver for Older Adults as of January, 6, 2014. The Waiver for Older Adults will be merged with the Living at Home Waiver and be renamed the Home and Community-Based Options Waiver. All current services will remain available to you.

What does this mean for you?

On January 6<sup>th</sup> 2014, you will be automatically enrolled in the new merged waiver.

Any services you need for personal assistance, nurse monitoring, home-delivered meals, assistive technology, environmental accessibility adaptations, consumer training, personal emergency response systems, and transition services will be funded through CFC.

Any services you receive for case management, Medical Day Care, nutritionist/dietitian services, family training, and the newly available services of behavioral consultation, Senior Center Plus, and assisted living will be funded through the new waiver.

Your services, providers, and benefits will not change. You don't need to take any action to keep your services as they are now. If you reside in an assisted living facility, your services will continue to be offered through the waiver and not through CFC.

Your current providers will automatically be enrolled as CFC or Home and Community-Based Options Waiver providers. The payment rate we pay for providers for personal assistance services will change and your providers will be notified by the Department.

At your annual redetermination and quarterly visits, your case manager will discuss the new opportunities that will be available to you under Community First Choice. These opportunities include the availability of new services, a new approach to assessing your needs using a nationally-validated assessment instrument, the option to manage your own budget for personal assistance

services (including negotiating payment rates), and the option to receive training from the Maryland Department of Disabilities on how to self-direct your services.

You will have the ability to continue using your current case manager or you may choose a new provider of this service, otherwise referred to as "supports planning." Your case manager, in the supports planning process, will help you navigate the changes, learn more about the budget, and manage the exceptions process to ensure your services continue to meet your needs.

Please feel free to contact your case manager if you would like to receive additional information and help understanding any of the new changes. Information is also available on the DHMH website at <https://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Long%20Term%20Care%20Reform.aspx>.



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 26, 2013

Dear Medical Assistance Personal Care Participant,

The Affordable Care Act created a program called Community First Choice (CFC). Maryland is taking advantage of this opportunity and is consolidating personal care services across three existing programs - the State Plan Medical Assistance Personal Care (MAPC) program, Living at Home Waiver, and Waiver for Older Adults - under one State Plan program that offers both self-direction and agency model services.

This letter is to inform you of the changes that will be made to the MAPC program in the first few months of 2014. Those people who receive MAPC services and who meet an institutional level of care will have access to additional services.

What does this mean for you?

If you meet an institutional level of care (which means that your assessed needs would meet the criteria to qualify for admission to nursing facility paid by Medicaid), you will be enrolled in the CFC program and you will be eligible to receive these services: personal assistance, supports planning, nurse monitoring, home-delivered meals, assistive technology, environmental accessibility adaptations, consumer training, personal emergency response systems, and transition services.

If you do not meet an institutional level of care, you can remain in the MAPC program and you are eligible to receive these services: personal assistance, supports planning, and nurse monitoring.

Your personal care aide will be enrolled as a CFC provider when you meet with your supports planner and develop a new plan of service. All independent personal care aides will need to become CPR and First Aid certified unless you waive this requirement. You may keep your current provider or select a new provider. The payment rate we pay for your personal assistance services will improve, and will also change to an hourly rate approach, and your providers will be notified by the Department.

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)

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You will receive further information on how to select your supports planner in the coming months. You will be able to choose your supports planner between January and March to discuss the opportunities that might be available to you under Community First Choice. These opportunities include the availability of new services, setting your personal budget for services based on the new assessment process, your option to manage your own budget for personal assistance services (including negotiating payment rates with your providers, if you choose to do so), and the option to receive training from the Maryland Department of Disabilities on how to self-direct your services. Your supports planner will help you navigate the changes, learn more about the budget, and manage the exceptions process to ensure your services continue to meet your needs.

You will continue to receive nurse monitoring through the Local Health Department, and your current nurse case monitor may assist you with details of your services until a supports planner is identified.

Please feel free to contact your personal care nurse case monitor for additional information and help understanding any of the new changes. Information is also available on the DHMH website at <https://mmcp.dhmd.maryland.gov/longtermcare/SitePages/Long%20Term%20Care%20Reform.aspx>.