

HHS COMMITTEE #1
April 28, 2015

Worksession

MEMORANDUM

April 27, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession:** FY16 Recommended 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. Jay Kenney, Chief, Aging and Disability Services
Patricia Stromberg, DHHS Management and Budget
Rachel Silberman, Office of Management and Budget

Excerpt from the County Executive's Recommended Budget for Aging and Disability Services is attached at © 1-4 and an excerpt from the FY14 DHHS Annual Report is at © 5-6.

Aging and Disability Overview

For FY16, Aging and Disability Services is organized into 11 program areas. The County Executive is recommending a total of \$40,284,087. This is a net reduction of \$3,275,298 from the FY15 Approved funding of \$43,559,385. There are three significant changes in terms of the budget. First is the elimination of Resource Coordination for Developmentally Disabled Adults (-\$3,252,730) based on the Executive's understanding that the County could not provide this service in FY16. Second is adjustments to the funding for Community First Choice, the long-term health program for Medicaid seniors, based on the program's first year experience (-\$1,441,530) and the third is additional funding of \$969,420 for the County's supplemental

payment to organizations providing direct services to the Developmentally Disabled. The following table shows the change in dollars since FY12.

Aging and Disability Services Expenditures in \$000's	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 Rec	Change FY15-16
Community Support Network for People with Disabilities	15,061	15,167	16,016	16,992	14,514	-14.6%
Assessment and Continuing Case Management Services	6,000	6,954	7,121	7,654	7,955	3.9%
Assisted Living Services	1,978	1,934	1,899	2,076	2,090	0.7%
Community First Choice	1,400	1,788	2,002	4,152	2,745	-33.9%
In-Home Aide Services/Home Care Services	4,789	4,401	4,292	4,423	4,489	1.5%
Aging and Disability Resource Unit	809	834	825	848	870	2.6%
Ombudsman Services	644	655	654	717	777	8.4%
Respite Care	914	928	946	980	971	-0.9%
Senior Community Services	2,225	2,266	2,464	2,713	2,784	2.6%
Senior Nutrition Program	2,344	2,454	2,550	2,424	2,611	7.7%
Service Area Administration	444	405	460	480	478	-0.4%
TOTAL	36,608	37,786	39,229	43,459	40,284	-7.3%

As background for this discussion, an excerpt from the 2014 Annual Report of the Commission on Aging is attached at © 7-9 that provides information on the number of people served through programs of the Area Agency on Aging. Among other things:

- Staff answered almost 23,000 calls for information,
- The Long-term Care Ombudsman Program conducted more than 4,000 visits and investigated 243 formal complaints,
- The Public Guardianship program served 101 people,
- More than 335,000 meals were served through the senior nutrition plan, and
- More than 2,000 people were served through the nurse monitoring services.

Attached at © 10-14 is information from the 2014 Annual Report of the Commission on People with Disabilities on the prevalence of disability in the United States and in Montgomery County.

- In 2013, the American Community Survey estimated that there are 81,104 people living in Montgomery County with a disability in the categories used (For example “with a self-care difficulty” does not show until age 5 and “with an independent living difficulty” does not show until age 18.)
- In Montgomery County Public Schools, as of October 2013, there were 17,657 students with disabilities enrolled in Special Education.

- In August 2013, there were 924 people with Developmental Disabilities, who are eligible but waiting for services. While Montgomery County had the third most (after Prince George's and Baltimore County) it has the most in Crisis Resolution and the second highest number in Crisis Prevention.

With regard to the wait list for services to adults with Developmental Disabilities, attached at © 15-17 is a recent article from the Baltimore Sun on the lack of services available to adults with Autism once they age out of the education system.

Attached at © 18-21 is the Annual Report of the Commission on Veterans Affairs. Some information about Montgomery County Veterans includes:

- In 2013 the U.S. Census estimated that there were 46,533 Veterans living in Montgomery County. This was about 6% of the County population age 18 and older.
- Almost 43% of Veterans served in Gulf War I and Gulf War II and about 29% in Vietnam.
- Almost 87% of Veterans are male and about 13% are female.
- As of August 2014, the County had hired 94 Veterans and 4 Veterans with Disabilities through the non-competitive appointment of qualified persons.
- Readjustment Counseling Services are available at the Silver Spring VA Center. Veterans from a wide range of war zones are eligible for these services (© 21).

Changes by Program Area

A. Community Support Network for People with Disabilities

Total FY16 recommended funding is \$14,513,762 for this program area that provides supportive employment, service coordination for young people under the Autism Waiver, resources and supports to families with children with developmental disabilities ages 3 to 13, services to help individuals stay in their homes, and general support to developmentally disabled clients and their families. The program also monitors contracts that provide services to people with disabilities including visual and hearing impairment. The program area conducts site visits to homes that serve Developmentally Disabled clients and provides financial assistance to providers that serve adults with Developmental Disabilities.

1. Increase Supplement to Direct Service Providers (DD Supplement) \$969,420

The County Executive is recommending an additional \$969,420 to this supplemental payment. This would bring the total County supplement to \$10,395,841. The recommendation is in response to the request from InterACC/DD to bring the County funding as a percent of the expected State funding to eligible organizations up to 8.7% which is described as the pre-recession level. This is the second year of InterACC/DD's request to reach 8.7% over four years.

In InterACC/DD's testimony (© 22-23) they note that this supplemental allows providers to pay direct service staff at about 37% above minimum wage. However, they are concerned that as the minimum wage increases this differential will erode and suggest that additional support be provided to address this issue. This additional request for \$388,545 (to keep wages 25% above minimum wage) is not a part of the Executive's recommendation.

Each year, the Council includes a budget provision regarding the expenditures of the DD Supplement.

This resolution appropriates \$X,XXX,XXX 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. In order to receive this supplement, an organization must demonstrate to the Department that at least 75% of the funding is being used to increase the pay of direct service workers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. Each organization must document to DHHS that the funds are being used for this purpose. Section G of this resolution includes entities eligible to receive this non-competitive payment.

Council staff recommendation: Approve funding as recommended by the Executive and include the staff recommended budget provision in the resolution.

2. Reduce Single Point of Entry -\$409,560 (Grant Fund)

DHHS and OMB have provided the following information regarding this reduction.

This grant provides services that enable developmentally disabled individuals to remain in their home or in the least restrictive environment. The grant provides case management services and funding for Individualized Support Services (ISS) to clients - support services (other than Residential and Day Habilitation care) for adults living with their families or on their own. ISS services include respite services, transportation, environmental modifications, adaptive equipment, money management, and home skills. The FY16 grant load is based on providing support to 21 clients (down from 48 clients in the prior year). The State Developmental Disabilities Administration is in the process of transferring our ISS clients (along with their funding) out to other agencies that provide direct ISS services (the County does not provide direct ISS services – we serve as a “pass through”). There is no service impact from this grant reduction - the grant is in the process of closing out.

Council staff recommendation: Approve as recommended by the Executive. There is no service impact to clients.

3. Resource Coordination for Developmentally Disabled Adults – complete transfer to private providers

-\$3,252,730

On April 2, 2015 the HHS Committee received an update on the status of the transfer of clients from DHHS to private Resource Coordination providers, the County's understanding that the Developmental Disabilities Administration (DDA) had decided that DHHS could no longer provide Resource Coordination, and the Executive's elimination of any funding for this program in his FY16 Recommended Budget based on the DDA decision. The Committee heard from Ms. Hartung, Chair of the Developmental Disabilities Advisory Committee about significant ongoing concerns regarding the quality of Resource Coordination services and the Advisory Committee's upcoming meeting with Mr. Simons, Deputy Director for DDA set for April 13th. The packet from the April 2nd meeting is attached at © 24-35.

The HHS Committee introduced a resolution to the Council on April 14th calling on the Governor and the Department of Health and Mental Hygiene to fix the broken Resource Coordination program and ensure that providers are adequately staffed, well-trained, meet deadlines, know local programs and are easily accessible to clients and their families when problems arise. A copy of this resolution is attached at © 36-37.

At the April 13th meeting with the Developmental Disability Advisory Committee Mr. Simons said that:

- Montgomery County can continue to provide Resource Coordination.
- Montgomery County can have a capped program, but cannot select certain subpopulations to serve. The County can change the cap.
- There are no plans for authorizing a third private provider for Resource Coordination in Montgomery County.
- The caseload should be about 1 Resource Coordinator for every 40 clients.
- Montgomery County can renew its Resource Coordination license for next year.
- There will be no new "choice period." People may choose to select a new provider at any time.

Based on the news at the meeting, Council staff asked DHHS for two scenarios for providing Resource Coordination in FY16. One to ramp up over the course of the year to serve about 600 clients. The second to ramp up over the course of the year to serve 1,100 clients.

Because the County dismantled the program after all clients were transferred, ramping up the program will be a different process than it would have been one year ago. Council staff believes the most important factors now are:

- Making sure that Montgomery County stays a licensed Resource Coordinator.
- Building the program with merit staff so that the goals of stable, well-trained staff familiar with local programs are achieved.

In response to Council staff's request, DHHS and OMB have provided the following scenario for serving 500 clients by November. It works within existing positions (most not currently filled) and does not require the leasing of any additional office space.

FY16 – 500 Clients	
Expenditures	960,045
Revenues	534,109
Deficit	(425,936)
Revenue from last year of State supplement	215,643
Projected deficit (Cost to the General Fund)	(210,293)

FY17 Projected	
Expenditures	1,101,250
Revenues	735,150
Projected Deficit (Cost to the General Fund)	(366,100)

The General Fund subsidy to serve an additional 100 clients would be \$34,791 (\$193,391 in expenditures offset by \$158,600 in revenue.)

The following scenario was provided to serve 1,100 clients.

FY16 – 1,100 Clients	
Expenditures	1,662,980
Revenues	842,068
Deficit	(820,912)
Revenue from last year of State supplement	215,643
Projected deficit (Cost to the General Fund)	(605,269)

FY17 Projected	
Expenditures	2,364,332
Revenues	1,555,113
Projected Deficit (Cost to the General Fund)	(809,219)

Council staff recommendation: **Council staff recommends the HHS Committee place funding on the reconciliation list to establish services for 500 clients in FY16.** While this is not the 1,100 that the County had hoped to retain, it will require substantial work for DHHS to reestablish this program and hire and train staff. By remaining a Resource Coordinator, DHHS, in addition to directly serving clients, will be able to better assist residents who may have questions, collaborate with MCPS regarding transition-aged youth, and be a part of reforms the State is expecting to make to the Resource Coordination/Targeted Case Management program.

Council staff has sought clarification from DDA as to whether DHHS must be serving at least one client prior to FY16 in order to have its license renewed. Council staff agrees with DHHS that they should not accept any clients until it is clear there is funding to continue Resource Coordination in FY16.

Other Programs (Informational)

In addition to Resource Coordination, there are several other programs assisting with services for the Developmentally Disabled. The following information from DHHS and OMB provides a description of these services.

Adult Autism Waiver Service Coordination – Under a Memorandum of Understanding with Montgomery County Public Schools, DHHS provides Autism Waiver Service Coordination until the client turns 21. Because DHHS provides this service to clients' ages 18-21, it is also included under Adult Services, though it is actually funded/managed under the Children's Autism Waiver Service Coordination Program.

Children's Autism Waiver Service Coordination – The Department provides Autism Waiver (AW) Service Coordination (case management) for children approved and enrolled in the Autism Waiver Program via a contract with Montgomery County Public Schools. In order to obtain Service Coordination, clients must be approved through the Department of Health and Mental Hygiene (DHMH)/Maryland State Department of Education. The AW Service Coordinators are responsible for assisting the child and their family in locating the most appropriate services and supports from State approved autism waiver providers, as well as, linking them to other possible resources in the community.

My Turn – This program supports families with children who have developmental disabilities based on the Developmental Disabilities Administration criteria and **who are not connected to state funded services**. The goal is to link the family and the child to available resources that will establish a circle of community supports. The program assists the family with accessing information; linking to other resources in the community; designing individual support services; and, provides limited financial assistance for services such as medical equipment and supplies; therapeutic recreational activities; information and referral, etc. Any family residing in Montgomery County who is caring for a child diagnosed with a developmental disability (that is not receiving long term funding through any county or State programs) may call for an intake interview.

The My Turn program supports about 300 individuals annually from information and referral to short term support.

This is a 100% county funded program. The FY16 County Executive Recommended Budget for My Turn is \$300,550.

The My Turn Model serves clients who do not have a Resource Coordinator (RC), as our support is seen as duplicative when the client has a RC. Therefore, it does not easily translate into information and referral for adults – unless they do not have a RC. Currently, all Waiting List and Ongoing Community Coordination clients (those receiving direct services) have a RC.

4. Multi-program Adjustments
\$214,842

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

B. Assessment and Continuing Case Management Services

Total FY16 recommended funding is \$7,954,704 for this program area that provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to prevent abuse, neglect, exploitation, and inappropriate institutionalizations. Services include Adult Protective Services, Adult Evaluation and Review Services (AERS), Statewide Evaluation and Planning Services, Social Services to Adults, and Public Guardianship.

While the Executive is only recommending Multi-program Adjustments, Council staff was concerned that data from DHHS showed that wait list for Social Services to Adults (SSTA) increased.

	FY12	FY13	FY14	FY15	FY16
Budget Book	NA	275	237	140	140
DHHS Trend	130	198	237	170 (6 mo)	NA

DHHS has explained that in FY13, a concerted effort was made to reduce SSTA Waiting List, which proved more successful than anticipated [note: FY13 Actual of 275, versus the monthly average of 198 on SSTA Wait list trends report]. As the number of Adult Protective Services (APS) investigations increased in FY14, personnel were re-directed to the mandated APS increased workload, thus increasing the SSTA Wait List.

Projections for the SSTA Waiting List have ebbed and flowed as noted in actual data on DHHS Trend due to staffing reconfigurations (personnel turn-over) in FY15, as well as APS investigation mandated case coverage. A position and funding was added in FY15 for a new Social Worker III to reduce the Adult waitlist for social services. The position was filled December 13, 2014.

Council staff is not recommending any change at this time, however the Committee may want to look at this again at the end of the year to see what the demands have been on Adult Protective Services and whether the waitlist continues to increase. In addition, there is a relationship between the capacity for this program area to complete Adult Evaluation and Review Services (AERS), the requirements for people in a nursing home to access services through Community First Choice, and the ability to evaluate the needs of people living in the community.

1. Multi-program Adjustments
\$300,420

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

C. Assisted Living Services

Total FY16 recommended funding is \$2,090,244 for this program area that provides subsidies and case management for low-income people who live in group homes for the frail elderly and adult foster care for the frail elderly and adults with disabilities. Last year, the Executive and the Council recommended additional funding which raised the reimbursement for Adult Foster care from \$1,175 per month to \$1,350. There is no change recommended for FY15.

	Maximum or mid-Point Rate for Double Room*	Source of Funding
Adult Foster Care Program	\$1,350	Average \$650 County subsidy and \$700 client contribution.
Project Home	\$1,346	State funded and paid directly to the provider by the State.
Senior Assisted Living Group Home Subsidy Program	\$2,050	Subsidy and client contribution vary but maximum monthly County subsidy is \$650
Older Adult Waiver Program (now part of Community First Choice Options)	\$1,755	State/federal funded and paid directly to the provider by the State.
*for Senior Assisted Living and Older Adult Waiver this is based on the Level 2 rate. Level 2 is defined in COMAR as a Moderate Level of Care that provides substantial support for two or more activities of daily living assistance with medication including the effects of medication and treatment.		

1. Multi-program Adjustments
\$13,826

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

D. Home Care Services

Total FY16 recommended funding is \$4,489,850 for this program area that provides personal care assistance to eligible seniors and adults with disabilities who are unable to manage independently. Services include personal care, chore assistance, therapeutic support, and occupational therapy.

1. Multi-program Adjustments
\$66,948

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

E. Community First Choice

Total FY16 recommended funding is \$2,744,813 for this program area that administers and operates Community First Choice, Maryland's Long Term Care Medicaid program. Community First Choice is designed to allow people in need of long-term care to live in the community instead of institutions.

1. Decreased Cost of Six Contractual Positions – Supports Planning and Provides Services through existing private sector providers
- \$411,622

2. Align Community First Choice Nurse Monitoring Budget to expenditures after Year One Implementation.
-\$1,029,908

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. The FY15 Budget includes \$2,266,000 for nurse monitoring services associated with the program. In addition, there are four merit positions (2 Nurse Managers and 2 Program Specialists) that provide contract monitoring, quality assurance, and handle clinical appeals. Because this is a Medicaid

reimbursement program, it is part of the General Fund rather than the Grant Fund, although it has not moved to being fully funded through a billing for service process.

Last year, DHHS informed the Committee that 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. 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 Executive’s recommendations are based on use of program and nursing hours after one year of experience. Council staff understands it does not intend to restrict services to anyone who is determined to be eligible. As noted earlier, the ability for people to be assessed determined to be eligible and in need of services may be impacted by the Department’s capacity to complete the evaluation and review process.

Council staff recommendation: Approve as recommended by the Executive.

3. Multi-program Adjustments \$34,774

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

F. Aging and Disability Services

Total FY16 recommended funding is \$867,967 for this program area that assists seniors, people with disabilities, and their families in defining service needs, locating required services and facilitating the application process to access services.

1. Multi-program Adjustments \$19,504

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

G. Ombudsman Services

Total FY16 recommended funding is \$777,646 for this program area that investigates and resolves complaints made by residents, staff, and family members in nursing homes and assisted living facilities for seniors and people with disabilities.

1. Multi-program Adjustments \$60,285

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

H. Respite Care

Total FY16 recommended funding is \$971,350 for this program area that provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behavior and/or medical issues to give relief to families and caregivers.

1. Multi-program Adjustments - \$8,313

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

In this program, the Multi-program Adjustments include a reduction in State funding (associated with HB669) of \$6,000. DHHS and OMB have shared that the FY16 budget will support 414 fewer hours, but based on experience in FY14 and FY15 they do not expect fewer

people to be served. The DHHS monthly measures report indicates that on average 101 people per month received respite services in FY13, 140 in FY14, and 177 for the first six months of FY15. DHHS expects the demand for respite to continue to grow as the population ages and the value of respite services is increasingly recognized.

Council staff recommendation: **Approve as recommended by the Executive.**

I. Senior Community Services

Total FY16 recommended funding is \$2,783,677 for this program area that helps coordinate community villages , services for caregivers, legal services, health insurance counseling, visiting services, grocery shopping, transportation and mobility management, subsidized employment, and socialization for seniors with visual impairments.

1. Multi-program Adjustments

\$70,239

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

2. Age Friendly Cities

In January after the discussion with the Commission on Aging, Council President Leventhal asked the Department to look at what it would take to pursue becoming an Age-Friendly County under the WHO's Age-Friendly Cities program (©38). DHHS and OMB have responded that Uma Ahluwalia and Jay Kenney (DHHS), Gabe Albornoz (Recreation), Austin Heyman (Office of Community Partnerships), and Judith Levy (Commission on Aging) met with a representative of the American Association of Retired Persons to explore the possibilities. No decisions have been made thus far.

3. Escorted Transportation

Starting in FY14, the Council approved funding for an escorted transportation program. The Executive's FY16 Recommended Budget contains \$115,000 to continue this program. The following provides information on the use and average cost of the program:

- Number of people served
FY14: 88 unduplicated clients
FY15 thru Dec 2014: 62 unduplicated clients

- Number of trips provided
FY14: 479 trips
FY15 thru Dec 2014: 349 trips
- Average length of the trip
FY14: 2.7 hours
FY15 thru Dec 2014: 2.6 hours
- Average cost per trip
FY14: \$140.00
FY15: \$144.20
- Income of people served
Average income: \$14,630
Median: \$11,500
Range: \$0 to \$85,040
- Comments on lessons learned or adjustments to the program
 - More than 80% of rides are for medical appointments even though the trips are available for other purposes.
 - Most clients appreciate the service because they have no other support to accompany them on outings or to appointments, or because they do not want to burden their family, friends, caregivers, etc. They also want to maintain some level of independence.
 - Clients needing this service may require a lot of time on the phone for coordination.
 - Based on the income of participants, the program is reaching seniors with very low incomes.

Council staff is not recommending a budget change at this time but notes that at an average cost of \$140 and an average length of trip of 2.6 hours, the service costs over \$51 per hour. It is important to note that the program is reaching very low income seniors.

4. Questions from Councilmember Navarro

Councilmember Navarro requested information regarding transportation options available to seniors in the mid and east-county. DHHS and Recreation have provided the following responses:

Seniors in Mid County and East County have several transportation programs available to them. Through a contract with JCA, curb-to-curb services are available to seniors living within a 3-5 mile radius of Senior Centers at Long Branch, Holiday Park, Schweinhaut, and White Oak. In addition to the JCA option, seniors are able to use Ride-on and Metro service which have nearby stops to recreation centers at Mid County, Wheaton, East County, Coffield, and Praisner.

- **Connect a Ride:** Information and referral about transportation options for all County seniors; travel training to increase comfort using public transportation
- **Free and Discounted Ride On and Metrobus:** For people 65 and over, and people with disabilities
- **Call 'n Ride:** Discounted taxicabs for income-eligible seniors over 67, and people with disabilities

- **The Senior Connection:** Volunteer transportation, mostly for medical appointments and grocery shopping
- **Village Rides:** Helps some “villages” coordinate volunteer transportation. One of the villages involved in the project is Olney Home for Life
- **Escorted Transportation Pilot program:** Funded by the County and run by Jewish Council for the Aging; serves income-eligible adults with disabilities warranting escorted transportation on a sliding scale.
- **Metro Access:** Provides shared ride, door-to-door and paratransit service to people with disabilities who cannot use public transportation. Pick up and drop off locations must be within ¼ mile of a fixed route bus stop and trip reservations must be made no later than 4pm one day prior to travel.
- **Same Day Access program:** Certified MetroAccess Riders can receive discounted taxi service through the County’s Call N Ride program.
- **Medicaid Transportation:** Medicaid recipients may be able to access non-emergency transportation to medical appointments.
- **Montgomery County provides free transportation to its Senior Centers:** Holiday Park and White Oak are located in this area of the County. Participants need to live, roughly, within 5 miles of a center.
- **Free Transportation to Community Centers:** Some of the Recreation Department’s 55+ Active Adult programs offer transportation. Centers include Praisner, East County and Ross Boddy.

J. Senior Nutrition

Total FY16 recommended funding is \$2,611,194 for this program area that provides lunches to seniors at sites around the County, home-delivered meals, nutrition education, and physical fitness activities. Programs are administered in cooperation with public, private, and non-profit organizations. The following provides information on the number of meals served.

1. Update on Programs

	FY13	FY14	FY15
	Budget	Budget	6 month
Home Delivered Meals			
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
TOTAL FUNDING	680,150	824,986	788,665
People Served	945	2,718	2,083
Meals Delivered	173,146	202,057	91,941

	FY13	FY14	FY15
Congregate Meals	Budget	Budget	6 month
Older Americans Act Grant	841,962	845,067	888,921.00
Nutrition Services Incentive Program	176,090	152,300	205,500.00
Program Income	101,112	105,000	95,000.00
State Nutrition Grant	92,965	92,964	92,644.00
General Funds	514,610	511,995	515,990.00
TOTAL FUNDING	1,726,739	1,707,326	1,798,055
People Served	3,990	4,129	4,191
Meals Served	205,380	215,550	107,612

Cold Box Meal

In FY14, the Cold Box Meal Project was able to provide meals to people living in low income buildings that had not previously received services. Ongoing funding for this effort was not assured. In FY15, there was concern raised by some residents when the program was going to end. Council staff requested an update on this program. DHHS and OMB have provided the following.

The Senior Nutrition Program (SNP) piloted the Cold Box Meal project in 2013 and 2014. This program provided meals to seniors living in 18 low income buildings who had not previously received SNP services. The program became a permanent 4 month winter program in 2014-2015 so that these seniors would receive 2 lunches per week during the winter weather season.

The program served 23,148 box meals to 937 individuals at a cost of \$127,082 this winter (Nov 2014-Feb 2015).

The Cold Box Meal program can be funded with multiple sources. For FY15, \$157,000 was encumbered for the program and DHHS expects to encumber \$161,000 in FY16. All nutrition services with clients over 60 years of age can be funded by these different funding sources.

2. Multi-program Adjustments

\$87,537

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

K. Service Area Administration

Total FY16 recommended funding is \$478,880 for this program that provides service wide administration.

1. Multi-program Adjustments - \$960

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

L. Testimony from the Commission on Aging

The Commission on Aging provided testimony (©41-43) asking the Council to:

1. Maintain Current Level of Subsidies for Respite Care and Medical Adult Day Care

As previously noted there is a reduction in State funds to the Respite program although the Executive expects this will not impact the number of people that can be served.

2. Continue Support for Position of Part-time Caregiver Support Fellow

The Commission notes that this position, approved for FY15, has not been filled because of the hiring freeze. DHHS and OMB indicate that the position will be considered for recruitment in FY16.

3. Maintain a new program in State's Attorney's Office to Protect Vulnerable Adults against Crime

Funding for this program is increased from \$566,023 in FY15 to \$681,936 in FY16 due to the addition of a Program Manager to coordinate cases with other agencies and assist Assistant State's Attorneys assigned to the unit. The funds were reallocated from existing resources.

4. Maintain the increased payment rates for providers of Small Group Homes and Adult Foster Care

As previously noted, there is no change to rates for FY16.

5. Provide \$10,000 for small start-up grants to assist the establishment of Villages in low and moderate income and diverse communities.

This item is not included in the budget and would need to be added through the reconciliation list. It would be in line with the goals of the County to support Villages throughout the County and particularly in areas of moderate income. **However, Council staff is not recommending funding at this time both for fiscal reasons and because staff believes it would be better to establish some criteria around what funds could be used for and whether there is a maximum amount that any one organization could receive.**

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 (Customized Employment Public Intern Program), provides service coordination services to young people that are found eligible under the Maryland Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver), provides resources, support, and programmatic/financial assistance to families with children with developmental disabilities ages 3 to 13 years (My Turn Program), provides services that enable the individual to remain in their home or in the least restrictive environment, and provides general support, guidance and assistance to developmentally disabled clients and families. This program area also monitors contracts that provide services to people with various disabilities including visual and hearing impairments, and also conducts site visits to group homes that serve developmentally disabled clients in the County. The program also provides financial assistance to State funded providers who serve adults with developmental disabilities.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving supportive services	N/A	99	95	95	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	16,991,790	35.50
Increase Cost: Add Funds to Developmental Disability Supplement to Increase the Differential Between Wages Paid to Direct Service Personnel and the County Minimum Wage	969,420	0.00
Reduce: Single Point of Entry (OF61804)	-409,560	0.00
Shift: Developmental Disability Resource Coordination - Complete Transition to State Providers	-3,252,730	-12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	214,842	0.00
FY16 CE Recommended	14,513,762	23.50

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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Number on Social Services to Adults (SSTA) waiting list	275	237	140	140	140

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	7,654,284	63.55
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	300,420	0.00
FY16 CE Recommended	7,954,704	63.55

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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients remaining in community placement (i.e., not entering institutional setting)	95	97	95	95	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	2,076,418	7.07
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	13,826	0.50
FY16 CE Recommended	2,090,244	7.57

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, occupational therapy intervention, and escorted transportation.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Number of clients served annually	315	326	315	315	315
Percentage of clients with no unmet personal care needs	88	92	95	95	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	4,422,902	15.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	66,948	0.00
FY16 CE Recommended	4,489,850	15.00

Community First Choice

This program area administers and operates Maryland's new Long Term Care Medicaid program, Community First Choice (CFC). CFC Supports Planners and Nurse Monitors provide 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.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	4,151,569	13.00
Decrease Cost: Six Contractual Positions from Community First Choice - Supports Planning and Provide Services through Existing Private Sector Providers	-411,622	0.00
Decrease Cost: Align Community First Choice Nurse Monitoring Budget to Expenditures Following Year One Implementation	-1,029,908	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.	34,774	0.00
FY16 CE Recommended	2,744,813	13.00

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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of callers that received referrals/information they need	92	91	92	92	93

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	848,463	9.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	19,504	0.00
FY16 CE Recommended	867,967	9.00

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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of complaints resolved and partially resolved	88	88	85	85	88

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	717,361	6.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	60,285	0.00
FY16 CE Recommended	777,646	6.50

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.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	979,663	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.	-8,313	0.00
FY16 CE Recommended	971,350	0.00

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, services for caregivers, 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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients receiving Representative Payee services who report adequate funds for food, medical care, and shelter.	86	96	93	93	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	2,713,438	9.31
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	70,239	0.00
FY16 CE Recommended	2,783,677	9.31

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.

<i>Program Performance Measures</i>	<i>Actual FY13</i>	<i>Actual FY14</i>	<i>Estimated FY15</i>	<i>Target FY16</i>	<i>Target FY17</i>
Number of unduplicated customers served in the Senior Nutrition Program	4,894	6,265	6,000	6,000	6,000

<i>FY16 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY15 Approved	2,523,657	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	87,537	0.00
FY16 CE Recommended	2,611,194	3.00

Service Area Administration

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

<i>FY16 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY15 Approved	479,840	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-960	0.00
FY16 CE Recommended	478,880	3.00

PROGRAM SUMMARY

<i>Program Name</i>	<i>FY15 Approved</i>		<i>FY16 Recommended</i>	
	<i>Expenditures</i>	<i>FTEs</i>	<i>Expenditures</i>	<i>FTEs</i>
Community Support Network for People with Disabilities	16,991,790	35.50	14,513,762	23.50
Assessment and Continuing Case Management Services	7,654,284	63.55	7,954,704	63.55
Assisted Living Services	2,076,418	7.07	2,090,244	7.57
Home Care Services	4,422,902	15.00	4,489,850	15.00
Community First Choice	4,151,569	13.00	2,744,813	13.00
Aging and Disability Resource Unit	848,463	9.00	867,967	9.00
Ombudsman Services	717,361	6.50	777,646	6.50
Respite Care	979,663	0.00	971,350	0.00
Senior Community Services	2,713,438	9.31	2,783,677	9.31
Senior Nutrition Program	2,523,657	3.00	2,611,194	3.00
Service Area Administration	479,840	3.00	478,880	3.00
Total	43,559,385	164.93	40,284,087	153.43

Aging and Disability Services

John J. Kenney, *Chief*



With the leadership and advocacy of our advisory boards and commissions, we have made great strides in promoting housing accessibility and employment opportunities for people with disabilities, including disabled veterans, and advancing a vision of vital aging. I commend the staff, volunteers and our private sector partners who have assisted older adults, individuals with disabilities and their family caregivers to live with dignity, independence and safety as full members of our community.

This Service Area includes:

Community Support Network for People with Disabilities, Adult Protective Services and Case Management, Home Care Services, Aging & Disability Resource Unit, Respite Care, Senior Nutrition, Long Term Care Ombudsman, Senior Community Services, Community First Choice (including Supports Planning Agency and Nurse Monitoring), Adult Evaluation and Review Services.

Highlights

- As a result of Executive Regulation 1-13 "Special Hiring Authority for People with Severe Disabilities" (enacted June 25, 2013), three individuals with severe disabilities were hired using the special hiring non-competitive process and an additional three individuals were hired under contract.
- The Senior Nutrition Program (SNP) began the Cold Box Meal Project, which provides individuals in 18 low-income senior apartment buildings with two cold box meals per week. About half of the apartment buildings have not been served by SNP prior to this year.
- The redemption rate for the Senior Farmers Market Coupon Program was 95 percent, the highest rate of all counties in Maryland.
- As a result of the Commission on Aging's efforts, two new staff members joined Aging & Disability Services this year--the Villages Coordinator and the Mobility and Transportation Manager.
- The Senior Initiative received a National Association of Counties (NACO) Achievement Award for planning.
- The new Community First Choice Program began on January 1, 2014. As a result, the Medical Assistance Personal Care (MAPC) program was taken over by Montgomery County Aging & Disability Services. There are currently more than 1,400 clients being served by this program. Staff oversees all nurse monitoring received by program participants.



Statistics

Adult Protective Services

Of the 776 cases investigated, 56 percent involved self-neglect, 21 percent neglect by caregivers/ others, 26 percent financial exploitation and 16 percent abuse.

Adult Protective Service Investigations

FY08	FY09	FY10	FY11	FY12	FY13	FY14
580	706	667	673	600	709	776

Senior Nutrition Program (SNP)

Congregate site (e.g., senior and community recreation centers, low-income senior public housing, etc) and home-delivered meals are provided through a combination of federal, state and local funds, as well as voluntary participant contributions. In FY14, SNP served 4,014 people at congregate meal sites and 2,251 people via home-delivered meals.

	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Congregate meals	261,201	261,905	294,914	183,024*	212,063*	205,540*	199,531
Home delivered meals	69,562	72,289	161,716	175,717	181,683	173,146	184,567

*The accuracy of the congregate meal count for FY11-13 cannot be confirmed due to the new data collection system, which did not function properly until FY14.

Resource Coordination for Individuals with Intellectual/Developmental Disabilities

Resource Coordination services include eligibility and assessment, and assisting participants in gaining access to services such as supported employment, vocational training, day programs, individual and family support services and residential placements. Ninety-nine percent of customers were able to remain at the same or higher level of independence.

	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Number Served	2,772	2,806	2,806	2,806	3,266	3,266	2,795

*As a result of the decision to no longer provide Resource Coordination (RC) services, Montgomery County's RC Program began to transfer its clients to two private RC agencies during FY14.

Trends/Issues

- There is a growing need for residential, employment and supportive day program services for individuals with disabilities of all ages. There will be a need to expand the current number of providers for this population.
- The number of students diagnosed with autism has risen dramatically in the past decade from 4,084 in 2003 to 10,200 in 2013. Montgomery County has the largest percentage of children on the Autism Waiver registry in the State. In 2012-2013, Montgomery County had 794 children on the registry (19 percent of the statewide registry) and served 209 children. In 2013-2014 Montgomery County had 754 children on the registry (19 percent of the statewide registry) and served 233 children.
- Largely due to new reporting requirements, there has been a tremendous increase in the number of financial exploitation cases reported to Adult Protective Services in recent years. In Fiscal Year 2000, there were just 33 cases reported and in Fiscal Year 2014 there were 203 cases reported, an increase of more than 500 percent.

Montgomery County Commission on Aging

Area Agency on Aging

The Area Agency on Aging (AAA), is responsible for the provision of a continuum of home and community-based services and provides staff support to the Commission on Aging. In conjunction with community partners, the AAA is involved in administering County and state grant awards to contractors for services, public education/outreach, networking, and referrals.

AAAs were established under the federal Older Americans Act (OAA) in 1973 to respond to the needs of Americans ages 60 and older in every local community. The AAA strives to develop a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best. The AAA is part of a national network of over 670 AAAs established under the OAA to improve the quality of life for older persons by creating a network that maintains a holistic view of aging. The AAA are mandated to "foster the development and implementation of comprehensive and coordinated systems to serve older individuals..."

Highlights of AAA Activities in Fiscal Year 2014:

- Staff from the Aging and Disability Services Line, a Maryland Access Point, answered nearly 23,000 calls to assist seniors, persons with disabilities and their families, providing access to information and needed short- and long-term care services offered both by the County and our nonprofit partners.
- The Long-Term Care Ombudsman program conducted more than 4,000 visits to long-term care facilities and investigated 243 formal complaints. The program has a dedicated volunteer corps of 50 state certified individuals serving 227 facilities.
- The Public Guardianship program served 101 persons in need of protective services as determined by the courts, conducting almost 1,000 face-to-face contacts with these clients. Additionally, the program conducted six education and training events for more than 300 participants.
- The Senior Nutrition Program served 6,391 clients and provided more than 335,000 meals, both in congregate sites and through home-delivered meals.
- The AAA, via contracts with the Gaithersburg Upcounty Senior Center and the Mobile Dentist, provided dental care and dentures to 118 seniors lacking insurance.
- The Nurses team conducted 2,000 Adult Evaluation and Review Services (AERS) evaluations, which are mandated to enable eligible persons to receive community-based, long-term Medicaid-funded services. An additional 375 evaluations were assigned to State Department of Health and Mental Hygiene contract nurses. These contracted nurses conduct AERS evaluations for individuals as part of the new Community First Choice Program.
- The AAA currently provides nurse monitoring services (via its contract partners) to more than 2,000 Community First Choice Program clients. These clients receive services via the Community Options Waiver, Community First Choice, or Medical Assistance Personal Care programs.
- The AAA Supports Planning Agency serve 600 Community First Choice clients.
- The Health and Wellness program served 400 individuals through health screening sessions and nearly 1,000 individuals through health education sessions. The Health and Wellness program also organized Falls Prevention sessions through classes such as "Bone Builders" and "A Matter of Balance," which served 1500 individuals.
- The new Mobility and Transportation Manager has conducted extensive outreach and training towards promoting and helping to improve transportation and mobility options for seniors and people with disabilities, and successfully secured grant funds.

Commission Activities and Priorities

- The new Villages Coordinator has assisted approximately 25 villages in the County.

Commission Activities and Priorities

The Montgomery County Commission on Aging is working toward making our County a place where residents can live their entire lives. By the year 2020, the senior population of Montgomery County will increase by 74 percent, with approximately one-in-four residents over the age of 60. Moreover, Montgomery County has the largest share of Hispanic and Asian elderly in the state and other diverse groups of older adult residents. This dramatic demographic shift has been the impetus for expanding current and establishing new priorities for seniors issues.

More than 25 percent of County seniors age 65 and older, the majority of whom are women, live alone. An estimated 18 percent of seniors have a limitation in performing activities of daily living. Depending on their income level, they need different services. For some, case management, transportation, in-home assistance, dental services, congregate and home-delivered meals are essential. In addition, respite care is often needed in situations where the senior lives with a caregiver.

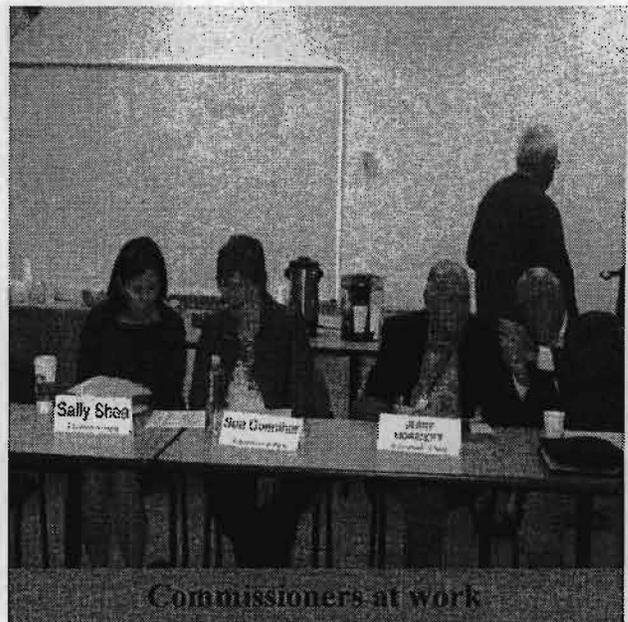
The Commission takes seriously its obligations to be a responsible and effective voice for older adults in the community. With a vision and goals outlined in *A Community for a Lifetime: A Senior Agenda*, the Commission realized we could not focus on all areas; therefore, our main efforts this year included transportation, housing, socialization, security, and health and wellness. The Commission also continues its focus on caregiving and caregivers.

During the year we conducted numerous activities, outlined below, in support of our visions and goals. Among speakers at various Commission meetings throughout the year were: Councilmember at-Large Hans Reimer; Leslie Marks, Senior Housing Fellow; Debbie Feinstein, Chief, Family Violence Division; Robert Hill, Deputy

Chief, Family Violence Division; and Tricia Wilson, InterAges.

Retreat

This year, the Commission also realized that we needed to evaluate how we function as a Commission and whether we could be more effective to meet the challenges of the seniors we represent. On September 17, 2014, the Commission held a retreat with the goal of evaluating current structure, activities, and membership composition and making recommendations. In 2015, a workgroup of four Commissioners and the Chair will meet to develop final recommendations based on the results of the retreat and will present them to the Commission at the COA Annual Meeting in June.



Montgomery County Commission on Aging

Commission Activities and Priorities

The Commission on Aging's initiative this year showed once again that it is an effective voice in advising County government and in advocating at the local, state, and federal levels for policies and programs on issues that affect the County's older adults. The following are just some examples of the dynamic activism of this Commission.



Commissioners at work

Legislative Activity. During the state legislative session in Annapolis, Commissioners, led by Public Policy Committee co-chairs DaCosta Mason and Rudy Oswald, identified more than 100 bills as affecting seniors. Members of the Commission testified on two bills dealing with the training of wire transfer agents to prevent elder abuse and another bill expanding the definition of breach of fiduciary duty in the protection of vulnerable adults. Letters of support were sent in behalf of six bills dealing with health issues, financial abuse, long-term care insurance, and family caregiving.

On November 19, 2014, the Commission held its annual Legislative Breakfast. Sixteen state senators and delegates attended, representing more than half of Montgomery County's state legislative delegates. The Commission presented an overview of its state legislative priority, which included caregiving, elder abuse, and paid safe and sick leave.

The legislators discussed some of their priorities issues, which included transfer on death deeds, first responders' rights to enter homes, protections for nursing home residents from sex offenders residing in nursing homes.

County Budget. The Commission on Aging recognizes and appreciates the efforts of the County Executive in recent years, and the current FY15 budget, that responded to the needs of both vulnerable, low-income and healthier, vital older adults. After several years of cut-backs to services to seniors, the current budget includes moderate increases to services for seniors across several departments.



County Executive Isiah Leggett and Uma Ahluwalia, Director of Health and Human Services present Odile Brunetto, Director of the Area Agency on Aging, with the 2014 National Association of Counties Award for the achievement of the Senior Initiative. Also attending are John Kenney, Chief of Aging and Disability Services and Commission on Aging Chair, Judith Levy.

NEARLY 1 IN 5 PEOPLE HAVE A DISABILITY IN THE U.S.

RELEASED: WEDNESDAY, JULY 25, 2012

(Source: U.S. Census Bureau)

About 56.7 million people — 19 percent of the population — had a disability in 2010, according to a broad definition of disability, with more than half of them reporting the disability was severe, according to a comprehensive report on this population released today by the U.S. Census Bureau.

The report, *Americans with Disabilities: 2010*, presents estimates of disability status and type and is the first such report with analysis since the Census Bureau published statistics in a similar report about the 2005 population of people with disabilities. According to the report, the total number of people with a disability increased by 2.2 million over the period, but the percentage remained statistically unchanged. Both the number and percentage with a severe disability rose, however. Likewise, the number and percentage needing assistance also both increased.

“This week, we observe the 22nd anniversary of the Americans With Disabilities Act, a milestone law that guarantees equal opportunity for people with disabilities,” said Census Bureau demographer Matthew Brault. “On this important anniversary, this report presents a barometer of the well-being of this population in areas such as employment, income and poverty status.”

The statistics come from the Survey of Income and Program Participation, which contains supplemental questions on whether respondents had difficulty performing a specific set of functional and participatory activities. For many activities, if a respondent reported difficulty, a follow-up question was asked to determine the severity of the limitation, hence, the distinction between a “severe” and “nonsevere” disability. The data were collected from May through August 2010. Disability statistics from this survey are used by agencies — such as the Social Security Administration, Centers for Medicare and Medicaid Services, and the Administration on Aging — to assist with program planning and management.

The report shows that 41 percent of those age 21 to 64 with any disability were employed, compared with 79 percent of those with no disability. Along with the lower likelihood of having a job came the higher likelihood of experiencing persistent poverty; that is, continuous poverty over a 24-month period. Among people age 15 to 64 with severe disabilities, 10.8 percent experienced persistent poverty; the same was true for 4.9 percent of those with a nonsevere disability and 3.8 percent of those with no disability.

Other highlights:

- People in the oldest age group — 80 and older — were about eight times more likely to have a disability as those in the youngest group — younger than 15 (71 percent compared with 8 percent). The probability of having a severe disability is only one in 20 for those 15 to 24 while it is one in four for those 65 to 69.
- About 8.1 million people had difficulty seeing, including 2.0 million who were blind or unable to see.
- About 7.6 million people experienced difficulty hearing, including 1.1 million whose difficulty was severe. About 5.6 million used a hearing aid.
- Roughly 30.6 million had difficulty walking or climbing stairs, or used a wheelchair, cane, crutches or walker.
- About 19.9 million people had difficulty lifting and grasping. This includes, for instance, trouble lifting an object like a bag of groceries, or grasping a glass or a pencil.
- Difficulty with at least one activity of daily living was cited by 9.4 million noninstitutionalized adults. These activities included getting around inside the home, bathing, dressing and eating. Of these people, 5 million needed the assistance of others to perform such an activity.
- About 15.5 million adults had difficulties with one or more instrumental activities of daily living. These activities included doing housework, using the phone and preparing meals. Of these, nearly 12 million required assistance.
- Approximately 2.4 million had Alzheimer’s disease, senility or dementia.
- Being frequently depressed or anxious such that it interfered with ordinary activities was reported by 7.0 million adults.
- Adults age 21 to 64 with disabilities had median monthly earnings of \$1,961 compared with \$2,724 for those with no disability.
- Overall, the uninsured rates for adults 15 to 64 were not statistically different by disability status: 21.0 percent for people with severe disabilities, 21.3 percent for those with nonsevere disabilities and 21.9 percent for those with no disability.

In addition to the statistics from this report, the Census Bureau also produces annual disability estimates from the American Community Survey (ACS). While the ACS uses a different definition of disability than in this report, it is capable of producing estimates of the population with disabilities at subnational geographies like states, counties, places and metropolitan areas. The Census Bureau has been collecting data about certain disabilities since 1830, when Congress added questions to the census on difficulty hearing, seeing and speaking.

WHO HAS A DISABILITY IN MONTGOMERY COUNTY, MD? AN OVERVIEW

Social Security Recipients (SSI)

As of December, 2013, there are 13,802 people receiving Supplemental Security Income (SSI) in Montgomery County. Of those individuals, 8,067 or 58.4% have a disability. That is an increase of 93 recipients with a disability from 2012.

People under 18	1,368
People 18 - 64	5,376
People 65 or older	7,058
Total	13,802
Social Security Insurance recipients also receiving Social Security Disability Insurance (SSDI)	3,631
Total Amount of Payments	\$7,327,000

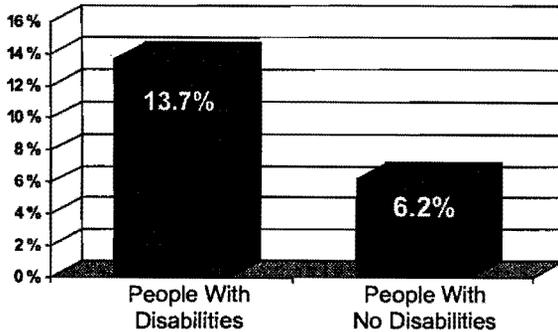
Source: Social Security Administration, December, 2013

2013 Disability Characteristics - Montgomery County

Total Population With A Disability	81,104
Subject	Total
Population under 5 years	66,010
With a disability	160
With a hearing difficulty	160
With a vision difficulty	154
Population 5 to 17 years	173,508
With a disability	6,610
With a hearing difficulty	673
With a vision difficulty	1,094
With a cognitive difficulty	5,279
With an ambulatory difficulty	644
With a self-care difficulty	1,602
Population 18 to 64 years	637,077
With a disability	36,739
With a hearing difficulty	9,431
With a vision difficulty	7,116
With a cognitive difficulty	13,498
With an ambulatory difficulty	14,501
With a self-care difficulty	6,517
With an independent living difficulty	11,808
Population 65 years and over	131,651
With a disability	37,595
With a hearing difficulty	14,720
With a vision difficulty	6,389
With a cognitive difficulty	8,837
With an ambulatory difficulty	22,482
With a self-care difficulty	8,182
With an independent living difficulty	16,398

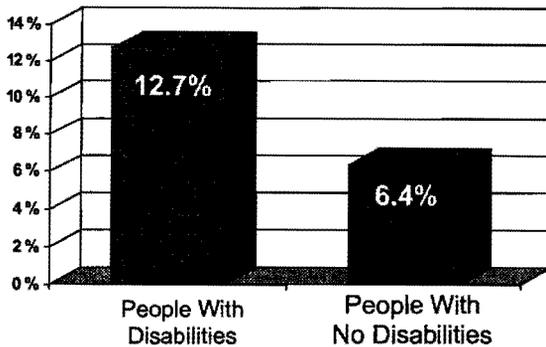
Source: U.S. Census Bureau, American Community Survey, 2013

Unemployment Status - Montgomery County, MD Population 16 Years and Older In The Labor Force



Source: U.S. Census Bureau, American Community Survey, 2013

Poverty Status - Montgomery County, MD Population 18 to 64 Years



Source: U.S. Census Bureau, American Community Survey, 2013

MARYLAND'S WAITING LIST FOR DDA SERVICES

7,690 Individuals Are Waiting As Of August 26, 2013

100 people are in the Crisis Resolution Category, meaning they are:

- Homeless, or at risk of losing their home;
- At risk of harming themselves or others;
- Have caregivers who are elderly or cannot care for them because of illness.

1,274 people are in the Crisis Prevention Category, meaning they are:

- In urgent need for services, as determined by DDA;
- Will be at substantial risk for meeting one or more of the criteria for Crisis Resolution within 1 year;
- Have a caregiver who is 65 years old or more.

6,316 people are in the Current Request Category, meaning they are:

- Currently in need of services, such as employment, housing, and/or daily living supports.

Source: Department of Health and Mental Hygiene, Developmental Disabilities Administration, August 26, 2013

WAITING LIST HISTORY

What laws have affected the waiting list?

- HB1083, introduced in 1993, requires DDA to make available services in the community rather than solely in institutions; make community choice available to individuals living in institutions; to use the savings achieved through community based services and increased federal matching funds to strengthen community service capacity, serve transitioning youth, and fund people on the waiting list. DDA served nearly 13,000 individuals during 1992.
- HB1060, introduced in 1994, created the Waiting List Equity Fund. The Fund consists of savings from transferring from institutional care to community based care for each individual who leaves a residential institution, and interest earned on the Fund. Proceeds from the sale of Great Oaks Residential Center were placed in the Waiting List Equity Fund.
- In 1998, Governor Parris Glendening announced his Waiting List Initiative, which included nearly \$14.5 million. The five year plan would place almost 6,000 children and adults into a variety of services.
- January 2008, Governor O'Malley signed an executive order requiring the community placement or appropriate setting for all residents of Rosewood Institution. Rosewood was permanently closed in July 2009.
- In 2010, The Income Tax Check-off for the Waiting List Equity Fund passed, allowing Marylanders to donate to the WLEF through a check-off on their state income tax returns.
- In 2011, the Alcohol Sales Tax Increase went into effect, making \$12 million available to DDA to serve individuals on the waiting list.

MARYLAND'S WAITING LIST FOR DDA SERVICES CONTINUED

TOP TEN HIGHEST WAITING LISTS - BY COUNTY

COUNTY	CRISIS RESOLUTION	CRISIS PREVENTION	CURRENT REQUEST	GRAND TOTAL
Baltimore	12	174	993	1,179
Prince George's	10	133	958	1,101
Montgomery	31	144	749	924
Baltimore City	12	99	652	763
Frederick	3	96	414	513
Anne Arundel	5	54	421	480
Howard	4	39	297	340
Carroll	3	78	223	304
Harford	5	36	225	296
Washington	0	44	219	263

Data Source: Department of Health and Mental Hygiene, Developmental Disabilities Administration, August 26, 2013

DEVELOPMENTAL DISABILITIES SERVICES: HOW MARYLAND RATES

Maryland ranks **27th** in terms of outcome for people with Intellectual Disability/Developmental Disability. Nationally, waiting lists for residential and community services are high and show the unmet need. Almost 317,000 people nationally are on a waiting list for Home and Community Based Services (HCBS). This requires a daunting 46 percent increase in state's HCBS programs. However, 22 states report not waiting list or a small waiting list (requiring less than 10 percent program growth.)

Source: United Cerebral Palsy (UCP) Report "The Case for Inclusion 2014"



MONTGOMERY COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION

Number of Montgomery County Public School Students with Disabilities Ages 3 - 21 Receiving Special Education Services

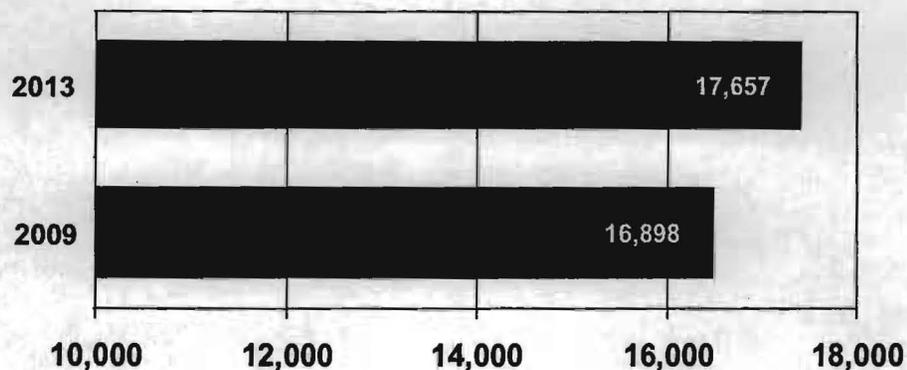
As of October, 2013, there were **17,657** students with disabilities enrolled in Special Education. This population makes up **11.7%** of the County's total school enrollment of 151,295 students.

Disability Type	# of Students 2013	# of Students 2012	% Between 2012 and 2013
Autism	2,023	1,889	+ 7.1%
Deaf	78	85	- 8.2%
Deaf-Blind	3	2	+ 50.0%
Developmental Delay (Ages 3 - 9)	2,619	2,379	+ 10.0%
Developmental Delay (Extended IFSP)	154	168	- 8.3%
Emotional Disability	657	627	+ 4.8%
Hearing Impairment	157	158	- 0.6%
Intellectual Disability	620	652	- 4.9%
Multiple Disabilities	301	297	+ 1.3%
Orthopedic Impairment	48	51	- 5.8%
Other Health Impairment	2,965	2,844	+ 4.2%
Specific Learning Disability	5,369	5,383	- 0.3%
Speech and Language Impairment	2,577	2,801	- 7.9%
Traumatic Brain Injury	24	22	+ 9.0%
Visual Impairment	62	60	+ 3.3%
Total	17,657	17,418	

Source: Maryland State Department of Education - Special Education/Early Intervention Services Census Data 10/2013

Montgomery County School Enrollment - Special Education Ages 3 to 21

Special Education enrollment has **increased by 759 students** over the last five years.



of students ages 3 - 21 enrolled in Special Education

Source: Maryland State Department of Education - Special Education/Early Intervention Services Census Data 10/2013

BALTIMORE BREAKING NEWS

76°

Adults with autism find few services after school ends

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KIM HAIRSTON / BALTIMORE SUN

Tim and Susan Watkins and their son Brian, 20, in the upper hall of The Forbush School. Brian, who has autism, turns 21 next week.

Andrea K. McDaniels, The Baltimore Sun

Updated April 17, 2015

Susan Watkins said her days were filled with anxiety because her autistic son is about to age out of the education system and will lose many of the services he had received as a child. Susan and husband Tim were looking for an adult program with no luck.

"I was in tears because I thought no one was going to take him," Susan Watkins said. "What were we going to do? I didn't want him just sitting at home all day. That can't be good for anybody."

Many families face the same situation as the Watkinses as their autistic children reach the age of 21 and can no longer attend school, where most services are offered. They are thrown abruptly into a world with little outside support. What few programs exist fill up quickly.

"It's like you come to the cliff and they say, 'OK, jump,'" said Tim Watkins, using an analogy many autistic families, advocates and scholars use to describe how people's lives suddenly change.

Nearly 20,000 children in Maryland, or 1 in 68, have some variation of the autism spectrum disorder, according to the Centers for Disease Control and Prevention. The precise number of adults is hard to come by, underscoring the fact that autism is looked at still as largely a children's disorder, with research focused mostly on dealing with the disease clinically and treating

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children. In recent decades, there has been a sharp increase in the number of children diagnosed with autism, and now these youngsters are growing up.

"These guys, they fall in these cracks between systems, and it is horrible for the families, who are desperate," said Paul Shattuck, an associate professor and researcher at Drexel University's Autism Institute who studies how the disorder affects people over a lifetime.

Schools encourage parents to develop transition plans as early as middle school to help prepare for an autistic child's future, but the best-laid plans often fall short. There either aren't enough programs once the child leaves school or they are too costly. There is less government funding for adults than for children's treatment.

"The plans are not adequate to meet the needs of students when they leave the education system," said Kiely Law, the research director at the Kennedy Krieger Institute's Interactive Autism Network. "You can put together a plan, and you may have the best plan possible put together, but then you can't implement it."

The way autism manifests in each patient varies widely. While some go on to hold jobs, live independently and have productive lives, others struggle to meet basic needs.

About 26 percent of young adults on the autism spectrum nationally receive no services, according to new research on the issue that Drexel University will release next week. Such services include help gaining employment, continuing their education and transitioning to a home of their own. The report also found that 60 percent of autistic young adults had at least two other mental health conditions complicating treatment needs.

A few child psychologists keep treating their clients well into adulthood, but many families end up coping on their own. They struggle to control large adults who can throw temper tantrums like a 2-year-old. When things get out of hand, they take their loved ones to emergency rooms, which may be ill-equipped to handle psychotic autistic cases or which turns them away because the condition is not severe enough to treat. Sometimes autistic adults get arrested for acting erratically in public.

"There is a lot that could be done to prevent people from needing to be hospitalized," said Dr. Eric Samstad, medical director at the Adult Autism and Developmental Disorders Center at Johns Hopkins Bayview Medical Center. "A lot of issues that come up could be managed at home with outpatient therapy and patient support."

The biggest strides in adult care have been made in the outpatient arena, in many cases because parents with autistic children have helped start programs. There are far fewer options for intensive inpatient programs.

In Maryland, Sheppard Pratt Health System is trying to meet some of that need with the opening of a neuropsychiatric unit for adults with autism, who also have bipolar disorder, schizophrenia or other mental health conditions.

The inpatient program is one of a handful around the country that will focus on stabilizing patients having severe psychiatric and behavioral problems. The privately run facility has hired 30 nurses, social workers and therapists to run the 7-bed unit, which cost \$500,000 to develop and is slated to open Wednesday.

Autistic patients need psychologists and nurses trained to treat their needs, said Dr. Robert Wisner-Carlson, who leads Sheppard Pratt's Developmental Neuropsychiatry Clinic and who will run the new unit. Some autistic patients are non-verbal, so it may be harder to diagnose and treat depression or other mental illnesses.

"Because of their special needs, a generalized psychiatric unit just doesn't seem capable of treating these patients," Wisner-Carlson said. "The psychotic presentation is all colored by the autism."

While Sheppard Pratt executives expect the unit to fill immediately and treat an estimated 165 patients a year, they acknowledge that the new unit will make only a tiny dent in a huge problem.

More research is being done to get a better handle on the issue. Drexel University researchers are trying to get a better profile of adults with autism. They are asking: How many have severe needs? How many can function with just a little help? How many can work and who can't?

The Watkinses, who are seeking legal guardianship of their son, Brian, now that he is an adult, eventually found a day facility

where he can start after he graduates this spring from the Forbush School, a special education school run by Sheppard Pratt.

But they now must figure out how to get him there, because it is far from their Westminster home. They are contemplating moving. Susan is wondering if she'll have to quit her job.

"Until you are going through something like this, you don't really understand — until having a child that will need care for their rest of their lives impacts your life," Susan Watkins said. "But we will make it work, whatever we have to do."

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PROJECTED NUMBER OF VETERANS IN MONTGOMERY COUNTY, MD

The U.S. Census Bureau, 2013, estimates that there are approximately **46,533 veterans living in Montgomery County, Maryland**. According to a 2013 American Community Survey conducted by the U.S. Census Bureau, 8.1% of Americans self-reported as being a veteran. The Census Bureau defines as veteran as men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4 to 6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans.

Veteran Population of Montgomery County, MD - 2013		
Subject	Veterans	Total
Civilian Population 18 years and over	46,533 (6.0%)	773,993
Period of Service	Veterans	% of 46,533
Gulf War II (9/2001 or later) veterans	10,702	23.0%
Gulf War I (8/1990 to 8/2001) veterans	9,213	19.8%
Vietnam era veterans	13,448	28.9%
Korean War veterans	4,374	9.4%
World War II veterans	4,420	9.5%
Gender	Veterans	% of 46,533
Male	40,391	86.8%
Female	6,142	13.2%
Age	Veterans	% of 46,533
18 to 34 years	6,793	14.6%
35 to 64 years	10,749	23.1%
64 years and over	8,189	17.6%

Source: U.S. Census Bureau, American Community Survey, 2013

Montgomery County, MD Veteran Demographics - By City (2008 - 2012)

United States Census QuickFacts only includes data for incorporated places with a population of 5,000 or greater.

Ashton-Sandy Spring	390
Aspen Hill	2,364
Bethesda	3,494
Burtonsville	336
Chevy Chase	650
Clarksburg	505
Damascus	917
Darnestown	376
Four Corners	487
Gaithersburg	2,737

Germantown	3,056
Glenmont	594
Kemp Mill	764
Poolesville	285
Layhill	337
Leisure World	1,586
Montgomery Village	1,477
North Bethesda	2,289
North Kensington	643
North Potomac	929

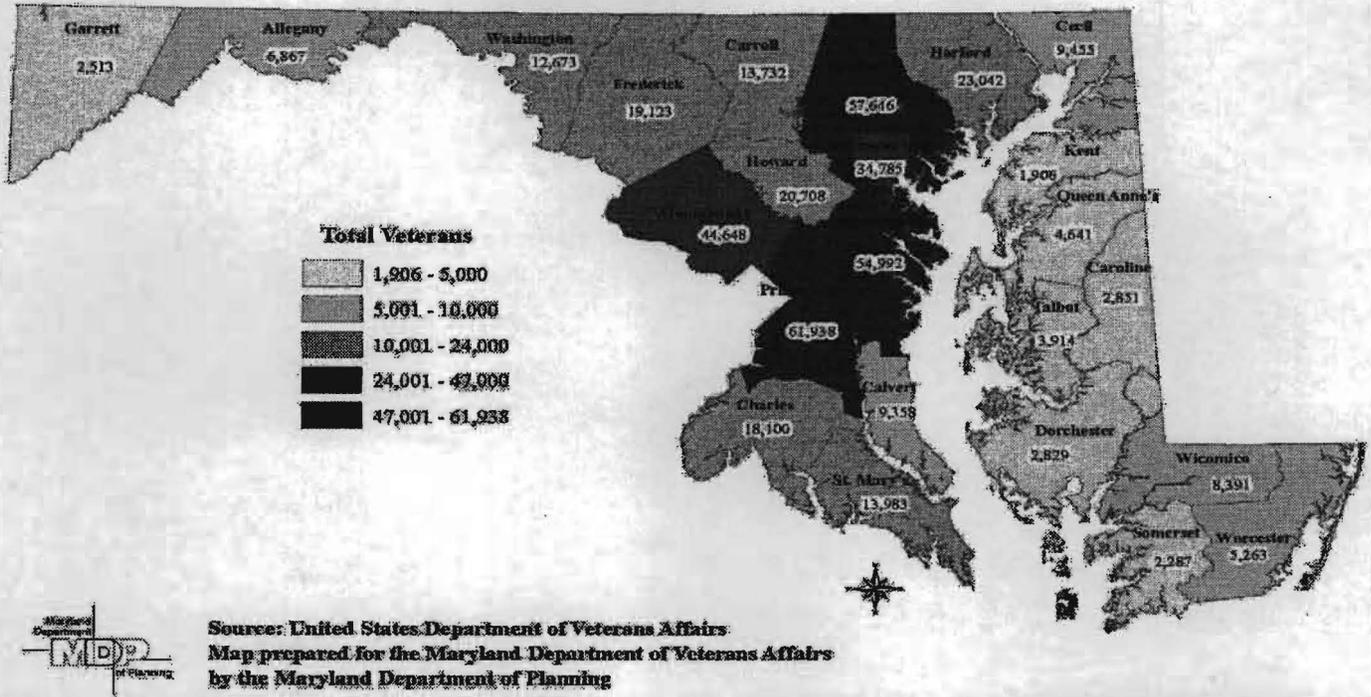
Olney	1,170
Poolesville	285
Potomac	2,692
Rockville	3,169
Silver Spring	2,964
South Kensington	479
Takoma Park	550
Travilah	680
Wheaton	2,162

Source: U.S. Census QuickFacts 2008 - 2012

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PROJECTED NUMBERS OF VETERANS IN MONTGOMERY COUNTY, MD

Projected Veterans in Maryland: 435,657



MONTGOMERY COUNTY VETERANS ENROLLED IN THE VA HEALTH CARE SYSTEM

Montgomery County, MD - Veterans Enrolled in the VA Health Care System By Zip Code

	Silver Spring / Wheaton / Kensington / Aspen Hill / Colesville	Germantown	Rockville	Potomac	Gaithersburg / Montgomery Village
Zip codes covered	20901, 20902, 20903, 20904, 20905, 20906, 20907, 20908, 20910, 20914, 20915, 20916, 20918, 20895, 20993, 20997	20874, 20876	20847, 20848, 20849, 20850, 20851, 20852, 20853, 20857	20854	20877, 20878, 20879, 20882, 20883, 20884, 20885, 20886, 20898, 20899
Veteran population (number)	8,869	3,188	3,000	2,734	4,317
Veterans percentage of population	4.3%	3.69%	4.8%	6.1%	4.6%
Elderly (65 years old+) percentage of total population	13%	5.1%	14.0%	19.2%	9.3%
Percentage of population below poverty line	7%	6.3%	4.7%	2.7%	6.95%

Source: US Census Bureau, 2013

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EMPLOYMENT INITIATIVES TO INCREASE HIRING

The Commission on People with Disabilities began advocating for a non-competitive hiring process for people with disabilities, similar to the Federal Government, in the early 90's and in the past eight years formed a strong collaboration for this effort from the Office of Human Resources (OHR), Department of Health and Human Services (HHS), Commission on Veterans Affairs, County Executive Ike Leggett and the entire County Council. OHR and HHS has worked with Montgomery Works, Department of Rehabilitation Services (DORS), SEEC (Seeking Equality, Empowerment and Community), Ivymount School and other agencies to implement programs and hiring initiatives that will increase the hiring of these under-employed populations. To promote a more inclusive workforce the County has also implemented Quest, Project Search, Customized Employment Program and legislation in 2009 for a competitive hiring preference for veterans and people with disabilities. The County Executive and County Council enacted Executive Regulation 1-13 which made effective a non-competitive hiring authority for people with severe disabilities in the County government in 2013. This is a non-competitive appointment of qualified persons with disabilities. As a result of these initiatives, since 2012, the County has hired the following into positions as of August 14, 2014:

- Total Hires: 119
- Non Competitive Hires of People with Severe Disabilities: 11
- People with Disabilities: 10
- Vet: 94
- Veterans with Disabilities: 4



A Better Bottom Line - Montgomery County Government video regarding the employment of people with disabilities and veterans. (YouTube):

https://www.youtube.com/watch?v=z-2A_PbxrqA (6 minutes 27 second version)

<https://www.youtube.com/watch?v=NWOYNkEWE5s> (11 minute 42 second version)

VA SILVER SPRING VET CENTER SERVICES



Silver Spring Vet Center Staff, Left to Right: Ed Benedict, Michael Gatson, Tai Harmon, Tamia Barnes, Wayne Miller, Courtnee Hawkins

Readjustment Counseling Services

After war, some veterans experience psychological and social distress and difficulties in readjusting to civilian life. In 1979, the Department of Veterans Affairs established Vet Centers to assist Vietnam-era veterans with such problems. Congress later expanded Vet Center services to include combat veterans of other conflicts. These services are available at Vet Centers in all 50 states, Puerto Rico, the US Virgin Islands and Guam.

Services Available

- Individual counseling
- Marital and family counseling
- VA benefits assistance and referral
- Substance abuse counseling and referrals
- Primary health care for basic medical needs
- Pre-employment assistance and employment counseling
- Discharge upgrade information
- Community, social service and medical referrals
- Sexual trauma / harassment counseling (veterans of all eras)

The Vet Center also has a network of federal, state, city and community resources to help you. We will try to address any concerns or problems you bring to us.

At the Vet Center, you can expect help from professional counselors who will treat you with respect and understanding. Many of the counselors are also war veterans, so they understand your problems first hand, and have the training and skills to help solve them.

There is no charge for the assistance you receive at the Vet Center because of your sacrifices and efforts for this country. Veterans applying for assistance are asked to bring a copy of their Military Separation or Military Discharge (DD214) with them.

Vet Center Combat Call Center
1-877-WAR-VETS (927-8387)

National Suicide Hot Line
1-800-273-8255 (Toll Free)

Location and Hours of Operation

2900 Linden Lane, Suite 100
Silver Spring, MD 20910
301-589-1073 (V)

Monday: 8:00 a.m. to 4:30 p.m.

Tuesday: 8:00 a.m. to 6:30 p.m.

Wednesday: 8:00 a.m. to 6:30 p.m.

Thursday: 8:00 a.m. to 6:30 p.m.

Friday: 8:00 a.m. to 4:30 p.m.

Eligibility

War Zone Veterans - All Eras Including:

WWII

Three eligible categories

• European-African-Middle Eastern Campaign Medal

(7 Dec 1941 to 8 Nov 1945)

• Asiatic-Pacific Campaign Medal

(7 Dec 1941 to 2 Mar 1946)

• American Campaign Medal

(7 Dec 1941 to 2 Mar 1946)

American Merchant Marines in

Oceangoing Service

7 Dec 1941 to 15 August 1945

Korea

27 June 1950 to 27 July 1954

(eligible for the Korean Service Medal)

Vietnam

28 Feb 1961 to 1 May 1975

Lebanon

25 Aug 1982 to 26 Feb 1984

Grenada

23 Oct 1983 to 21 Nov 1983

Panama

20 Dec 1989 to 31 Jan 1990

Persian Gulf

2 Aug 1990 to -

Somalia

17 Sept 1992 to -

Bosnia-Herzegovina, Croatia, Kosovo, Albania

(former Yugoslavia operations)

Global War on Terrorism/OIF/OEF

11 Sept 2001 -

Bereavement Counseling for

Surviving Family Members

202-461-6530 (V)

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Montgomery County InterACC/DD

**Testimony before the Montgomery County Council
Tim Wiens, Co-Chair Inter ACC/DD &
Executive Director of Jubilee Association**

April 15 2015

Inter ACC/DD is a collation of 25 providers of adult services supporting over 3,000 Montgomery County residents who have developmental disabilities. The coalition represents \$121 million in annual revenue from the MD Developmental Disabilities Administration. The coalition employs more than 4,000 staff.

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 each county resident directly to local provider agencies licensed and funded by the Maryland Developmental Disabilities Administration (DDA) to supplement expenses of provider agencies 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.

In FY15, Montgomery County implemented the first year of a four year plan proposed by InterACC/DD to restore the percentage of the county match to the pre-recession level of 8.7%. The total match was increased by \$956,822 in FY15 for a total DDA supplement of 9,425,923, 7.7%. The second year of the four year plan included an **increase of \$969,420 to achieve a match of 8.0%** of projected DDA revenue. It is expected that DDA revenue will increase by 6.3% to fund approximately 100 new individuals entering the system in Montgomery County. Mr. Leggett has included \$969,420 in his proposed budget and we support his proposed budget.

Request for Increase in Matching Funds: The Montgomery County match is an essential resource to supplement the cost of providing safe, quality support services to thousands of individuals with developmental disabilities in Montgomery County. The partnership among DDA/Montgomery County Government and county providers of services is vital to allow county residents with developmental disabilities to live in their home community.

Chart 1: Proposed Four Year Plan To Restore County Match To Pre-Recession Level

Projected increase in DDA revenue of 6.3% per year.

FY	STATE FUNDS	COUNTY MATCH	AMOUNT OF INCREASE REQUESTED	% OF COUNTY MATCH
FY16	129,194,250	10,395,343	969,420	8.0
FY17	137,333,488	11,448,738	1,053,395	8.3
FY18	145,985,497	12,700,738	1,252,000	8.7

Montgomery County InterACC/DD

In green, you will find the requested match for the FY16 Montgomery County Match. This chart reflects the next three years of the four year plan that was presented prior to the development of the of the FY15 county budget.

Implementation of Minimum Wage requirements in Montgomery County: The state establishes rates for services rendered through the Developmental Disabilities Administration, and Montgomery County has historically matched these funds with the DD supplement. The amount included in the rate for direct support wages is presently \$10.02/hr. The funding from the State plus the present DD match allows providers to pay direct support staff at a rate of about 37% above the county minimum wage of \$8.40/hr. As the county minimum wage increases this October to \$9.55/hr, provider agencies will require additional resources from Montgomery County in order to meet the higher minimum wage requirements and this will continue for the next three years. We would like to suggest that the county create a separate allocation in the budget to account for this coming deficiency that is based on the amount that the county determines is the value of direct support services. Without this allocation, the direct support services will erode to a minimum wage job by next year. We would like to see the County Council establish a DD Minimum Wage Deficiency line item to address this shortfall.

In order to implement the intent of the minimum wage in Montgomery County, maintain services to the County's most vulnerable citizens and provide local funding so that the 25% differential is maintained and direct support services do not become minimum wage jobs, providers will need the support of Montgomery County. Inter ACC/DD is requesting an additional \$388,545 to meet this goal in FY16.

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

Additional Issues:

- We urge you to continue to work with the Commission on People with Disabilities and the community at large to resolve the many challenges in the county related to the provision of resource coordination.

MEMORANDUM

March 31, 2015

TO: Health and Human Services Committee
FROM: Linda McMillan, Senior Legislative Analyst *LMC*
SUBJECT: **Update: Resource Coordination**

Those expected for this session

Uma Ahluwalia, Director, Department of Health and Human Services
Dr. John Kenney, Chief, DHHS Aging and Disability Services
Susan Hartung, Chair, Developmental Disabilities Committee of the Commission on People with Disabilities

At this session, the HHS Committee will (1) receive an update from the Department of Health and Human Services on a recent decision by the Developmental Disabilities Administration (DDA) that Montgomery County Government may no longer be a Resource Coordination/Targeted Case Management provider, (2) be informed about the County Executive's recommendation to eliminate the funds for this program as a part of FY16 budget actions, (3) receive comments from Ms. Hartung, Chair of the Developmental Disabilities Advisory Committee which began convening in January, and (4) provide staff with any questions and issues for follow-up as a part of the FY16 budget worksessions.

This session is not a budget worksession. Public hearings on the budget are scheduled for April 14-16 and the HHS Committee budget worksession on Aging and Disability Services is scheduled for April 28th at 2:00 p.m.

Previous Committee Discussion and Recommendations

Last spring and fall, the HHS Committee had extensive discussions about changes to the State's program to provide Resource Coordination (or Targeted Case Management) to Developmentally Disabled Adults in Montgomery County. For many years, Montgomery County Government has been a Resource Coordinator and received funding from the State to

provide these services. The State transitioned to a bill-for-service Medicaid model in 2013. The issue of whether Montgomery County would continue to be a Resource Coordinator under this new model was first raised as a part of the FY14 budget. Because of difficulties the State had in bringing on private providers who would be part of the new "choice" model, the State asked Montgomery County to continue to provide Resource Coordination in FY14 and in FY15 until all clients could be transitioned to private providers. During both FY14 and FY15, the Council was informed that the new billing model would not cover the cost of providing this service through County Government and that the Executive recommended not continuing to provide Resource Coordination once the new providers were in place.

Last spring, the Executive and the Council were also informed by family members and caregivers about significant problems with the transition to private providers and the implementation of client "choice." The Executive's office was very concerned and convened a Developmental Disability Transition Advisory Workgroup which provided its recommendations in September 2014 (©5-8). The Workgroup recommended:

1. DHHS should remain one of the choices of providers of Resource Coordination with a cap on capacity of 1,100 individuals and the right to decline some referrals to allow it to serve priority groups including (1) County residents on the wait list of the Developmental Disabilities Administration; (2) Transitioning Youth; and homeless residents or those in crisis on the DDA waitlist or residents that require coordination with other County services. (Unanimous)

If the State does not allow Montgomery County to decline referrals, the *majority* of the Workgroup recommends DHHS remain a Resource Coordination service provider for 1,100 clients regardless of the population served.

2. Montgomery County should request that DDA offer residents a minimum of three (3) Resource Coordination providers as choices. (Unanimous)
3. Montgomery County will draft State legislation to create an independent Montgomery County Developmental Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the DD Advisory Council on a regular basis. (Unanimous)
4. The County Charter should be amended to allow the Montgomery County Commission on People with Disabilities to advocate within the County, and at the state and federal level. (Unanimous) *(Staff Note: This change can be made in the County Code.)*
5. The County should immediately (FY15) establish a professional unit of County merit staff working within DHHS who would be responsible for responding to specialized needs of the Developmental Disability community. The unit must be able to maintain access to the State DDA database. (Unanimous)

6. All merit and contract Resource Coordination staff employed by DHHS should receive adequate training, which at a minimum would be the required training cited in Medicaid regulations. (Unanimous)
7. Montgomery County Government should request all public and private agencies providing Resource Coordination to establish: (1) in person (not only virtual) relationships with the individuals, and their families, that they serve; (2) professional relationships with local community providers of services in Montgomery County; (3) familiarity, and knowledge of, the generic resources accessed and available to people with disabilities and their families. (Unanimous)

The HHS Committee met in October and November to discuss these recommendations and reviewed models and cost for several options including continued Resource Coordination and creation of a navigation unit. At the November session, **the Committee recommended that Montgomery County continue to provide Resource Coordination for 1,100 clients. The memo from then-Council President Rice and then-Council Vice President Leventhal to the County Executive informing him of the Committee's recommendation and urging him to include about \$1 million in County General Funds in the FY16 Operating Budget to cover the costs that would not be recovered through billing is attached at © 1-2.**

DDA Decision – Montgomery County Cannot be a Resource Coordinator

The Department of Health and Human Services was informed in early March that since all clients have been transferred from Montgomery County Government to one of the two private providers, Montgomery County is no longer a Resource Coordinator and DDA is not, at this time, allowing any new providers. Director Ahluwalia and Dr. Kenney will provide more detail on this decision and their discussion with DDA.

Based on this information, the County Executive's FY16 Recommended budget eliminates 12 FTEs and cuts \$3,252,730 from the DHHS budget. This eliminates the program.

Resource Coordination is a State program and the State determines which organizations may provide this service. However, the County and the State specifically discussed that, if the County decided to have a capped program (1,100 clients), during this first "choice" process, all clients would transition to one of the private providers. During the next "choice" period, Montgomery County would be listed as a choice and the first 1,100 choosing Montgomery County would be assigned. That the State would now decide that Montgomery County is a "new" provider is puzzling. Additionally, this means that Montgomery County residents will only have two "choices" when most people in the State have three.

DDA has indicated that maybe, after they complete their review and revisions to the Targeted Case Management program, the County might be able to be a provider again. Council staff does not think it is realistic to think that after the program is dismantled it can be re-established.

Developmental Disabilities Committee of the Commission on People with Disabilities

The Executive's Workgroup recommended an independent Developmental Disabilities Advisory Committee. In response, the Commission on People with Disabilities has established a Development Disability Advisory Committee. The invitation letter is attached at © 3.

An e-mail to the County Executive and Council President Leventhal from Ms. Hartung expressing the Advisory Committee's dismay is attached at © 4. Ms. Hartung will provide additional comments to the HHS Committee on the views of parents and advocates regarding the State's decision.

Mr. Bernie Simons, Deputy Director for the Developmental Disabilities Administration, has agreed to attend the Advisory Committee's April 13th meeting to discuss several items including the decision regarding Resource Coordination in Montgomery County. The Advisory Committee has asked Mr. Simons to address:

Resource Coordination – Oversight of Resource Coordination, Caseload standards, Plans to monitor its effectiveness, Satisfaction of clients and families, Plans to have County service coordinators be knowledgeable about services in Montgomery County, Minimum training requirements for Resource Coordinators.

Waiting Lists – Plans for securing funding, Securing funding for crisis prevention, Securing funding for crisis resolution.

Expansion of Service Providers – Specific timeline of DDA plan and intended outcomes, Plans for security, additional funding for service providers in the County.

Plans for Those NOT Eligible for Waiver Services – What does Mr. Simon believe the State's role is for those who meet the DDA definition of care need but are not eligible for waiver services?

Council staff notes that DDA has been a participant of the Advisory Group and has provided information on the wait list for DD services. For example, at the Advisory Group's February meeting, Ms. Stallworth said that as of January 20, 2015 there were 8,169 people in the State of Maryland on the waiting list for DD services. In Montgomery County, there were 830 DD eligible of which: (1) 26 were in crisis resolution, needing services within 3 months; (2) 97 were in crisis prevention, needing services within a year; and (3) 707 have a current need, needing services within 3 years.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

MEMORANDUM

November 28, 2014

TO: Isiah Leggett, County Executive

FROM: Craig Rice, Council President *Craig Rice*
George Leventhal, Council Vice President *George Leventhal*

SUBJECT: **Continued Resource Coordination for 1,100 Clients**

The County Council's Health and Human Services Committee met on November 18th to continue its discussion of the current transition of Resource Coordination from the County's Department of Health and Human Services (DHHS) to one of two private providers chosen by the State to serve Montgomery County adults with developmental disabilities. This was a follow-up to our October meeting where we heard from representatives of the Developmental Disability Transition Advisory Group, which was convened by Mr. Short this past summer. As a result of these meetings and, after considering the Advisory Group's recommendations, the HHS Committee recommends that Montgomery County continue to provide Resource Coordination for 1,100 clients and we are asking you to include the necessary funding in your FY16 Recommended Budget.

As you know, this transition has been very problematic and stressful for clients and their families and caregivers. Most people do not have enough information to make a true "choice" and we have heard from families who are unclear who their Resource Coordinator is and about constant turnover which negatively impacts their ability to ensure that plans and services are in place. We appreciate all the efforts undertaken by Director Ahluwalia last spring to try to reach an agreement with the State for a way to continue to be the Resource Coordinator for certain targeted populations (such as transition-aged youth). We also appreciate your commitment to continue to assist families seeking information and help troubleshooting problems through your proposal to create an ombudsman or support connector unit. It was after careful consideration of the cost estimates for continuing to provide Resource Coordination and creation of a ombudsman/support connector unit, as well as the operational pros and cons, that the recommendation for continuing Resource Coordination for 1,100 was made.

28 *(1)*

By continuing as a Resource Coordinator, the County will have access to the client data base and will be a part of workgroups and meetings convened by the State for Resource Coordinators. It also means that there will be three Resource Coordinators for the County, as there are for other jurisdictions throughout the State. While Director Ahluwalia hoped to have a memorandum of understanding with the State to address some of these issues if the ombudsman/support unit were created, there is no certainty that such an agreement could be reached. There is also no indication from the State that it will add a third provider if the County does not continue.

The information provided by your staff estimates that there will be a cost to the General Fund of about \$1.036 million in FY16 to serve 1,100 clients. The model includes time for DHHS to assist people with questions and problems as they do now. We ask that your FY16 Recommended Operating Budget include the appropriation needed and the assumed revenues associated with serving 1,100 clients.

We would like to thank you and Mr. Short for convening the Advisory Workgroup. It was so helpful to hear first hand from the family members and providers about the impacts of this transition and the need for quality improvements and stability to this system that serves some such vulnerable residents. While the Workgroup advocated for serving both 1,100 clients and the creation of an ombudsman/support connector unit, the feedback we received was that the most critical element is to make sure the County is a Resource Coordinator with a clear program structure and permanent staffing. We look forward to your FY16 recommendation.

Please feel free to call either of us if you have any questions.

C: Councilmembers
Charles Short, Special Assistant to the County Executive
Uma Ahluwalia, Director, DHHS
Jennifer Hughes, Director OMB



COMMISSION ON PEOPLE WITH DISABILITIES

December 23, 2014

Dear Participant:

We are writing to you today to invite you to participate in a Developmental Disabilities Advisory Committee that has been established in December 2014 by the Commission on People with Disabilities. Patricia Gallalee, Chair of the Commission, has appointed me to serve as the committee's chair. The meeting will be held on Monday, January 12, 2015 from 4 – 5:30 pm in the first floor tan conference room at Department of Health and Human Services Administration Building, 401 Hungerford Drive, Rockville, MD. The purpose of this group is to explore avenues that will positively impact people with Developmental Disabilities and their families in the County. All meetings are open to the public.

As you are well aware this population is growing at a rate that exceeds the State of Maryland's Developmental Disability Administration's capacity to serve them. There are currently 914 County residents on the State waiting list for services. To meet not only their needs, but the needs of all individuals with developmental disabilities in the County, we feel it is important to establish this committee that represents agencies, individuals, and providers that serve this population. A similar organization has been formed in Prince George's County with the goal of insuring that all residents and their families receive the services they need to live safely and successfully in the community. Our tentative agenda for the first meeting includes:

- Introductions
- Discuss Strategy to End the DDA Waiting List
- How to secure more providers of services
- Expanding opportunities within the County for people with developmental disabilities
- Status of Resource Coordination
- Other items of mutual interest

If you need a sign language interpreter or any other reasonable accommodation to participate in this meeting, please contact Carly Clem, Administrative Specialist, Commission on People with Disabilities at least 3 working days in advance at Carly.Clem@montgomerycountymd.gov or 240-777-1246. We hope you will take the time to attend this very important meeting. If you cannot attend, we hope you will send a representative that can speak for your organization. We are enclosing the Commission's enabling legislation and by laws for your review. Please RSVP by replying to this email.

Sincerely,

Sue Hartung, Chair
Developmental Disabilities Committee

Department of Health and Human Services

401 Hungerford Drive • Rockville, Maryland 20850 • 240-777-1246 • 240-777-1288 FAX
www.montgomerycountymd.gov/hhs

Dear Mr. Leggett and Mr. Leventhal,

I am writing to you today on behalf of the Developmental Disability Transition Advisory Workgroup which Mr. Charles Short convened. This past summer we worked throughout to address the best way to continue to provide quality Resource Coordination Services to individuals with Developmental Disabilities in Montgomery County. As you know, we recommended, and the County Council supported, that Montgomery County's Health and Human Services continue to be a service provider to a portion of this population.

The Commission on People with Disabilities received information from Mr. Jay Kenney last night that the Developmental Disabilities Administration has decided it will not allow this to occur. Currently there are two private providers in the County, and DDA is not allowing any "new" providers to serve Montgomery County. Their position is that since Montgomery County stopped providing services within the last month, they would now be considered a "new" provider, and for that reason will not allow their participation.

As you may expect, our group is extremely upset to hear this news. We worked diligently, many hours, to submit a variety of recommendations to ensure that the citizens of Montgomery County would be well served. This action negates all of our work and our recommendations. Most importantly, there is great concern over the quality of resource coordination services currently being provided to citizens and service providers, and in contrast to the very high level Montgomery County experienced for 25 years is very disturbing.

We have asked Mr. Simons to meet with the Developmental Disability Advisory Committee (a subcommittee of The Commission on People with Disabilities) to express our concerns. We wanted to make you aware of our position and ask your support to continue to make sure that individuals and their families with developmental disabilities receive the support and services they deserve and need to lead fulfilling lives.

Sincerely,

Susan Hartung
Commission on People with Disabilities
Developmental Disabilities Advisory Committee

Charles Short,
Special Assistant to the County Executive
Office of the County Executive
101 Monroe Street
Rockville, Maryland 20850

Dear Mr. Short:

The Summer Resource Coordination Work Group that was charged developing recommendations regarding resource coordination has completed its work. Our recommendations reflect many hours of discussion and perspectives from county staff, parents, members of the Montgomery County Commission on People with Disabilities, and service providers. We look forward to meeting with you to discuss our recommendations, operational details, and address any questions or concerns.

We believe these recommendations reflect best practice for Montgomery County residents with developmental and intellectual disabilities and their families, and are achievable under the current systems which impact services.

Thank you for the opportunity to give input, and we look forward to assisting in any way we can to implement these recommendations.

Sincerely,

Susan Hartung

Susan Hartung

p.p. Lu Merrick, Claire Funkhouser, Dana Cohen, Susan Ingram, Karen Lee, Whitney Ellenby

Developmental Disability Transition Advisory Workgroup Recommendations

The members of the Developmental Disability Transition Advisory Workgroup present the following recommendations which reflect a collaborative effort to resolve the crisis in Resource Coordination ("RC") in Montgomery County for the past two years. We are prepared to support these recommendations at all levels within the state. We thank the staff of Montgomery County Government and Public Schools who spent considerable time working with the group to arrive at these unanimous recommendations.

Recommendation 1 (Unanimous): **Montgomery County Department of Health and Human Services (HHS) should remain one of the choices of providers of RC with a cap on capacity of 1,100 individuals and the right to decline some referrals.** Allowing HHS to differentiate between and decline referrals allows them to serve priority groups including: (1) County residents on the wait list of the Developmental Disabilities Administration (DDA); (2) Transitioning Youth; (3) homeless residents or those in crisis on the DDA waitlist, or residents that require coordination with other County services. The County should immediately hire and train merit employees to provide this specialized service, and be listed as an additional provider on choice letters being sent out by DDA. HHS will accept or decline referrals based on needs of the individual and current capacity. The current transfer process of individuals to existing private resource coordination providers should be changed with Montgomery County being listed as a choice.

Rationale: The events of the last two years have created an unstable and dangerous situation for Montgomery County's most vulnerable population. For over twenty years, the County has provided quality services and it is recommended that Montgomery County continue as a Resource Coordination service provider specializing in services for high risk populations. The two private providers currently available as choices for county residents do not have sufficient capacity, expertise, or familiarity with county resources to advocate for individuals in these high risk categories. The capping of 1,100 individuals is consistent with the County's January 2013 application to DDA to remain a provider, and has already been approved by DDA.

There is precedent for declining referrals in the state. In Prince Georges County, Resource Connections, Inc. has been permitted to reject referrals based on demographics. Just as residents can choose among the service providers, each service provider can decline to serve a specific person. Service providers regularly accept referrals based on their own expertise, ability to provide the service(s) requested, and capacity. The process for selecting a resource coordination provider should mirror the selection of a service provider; individuals may choose HHS or other private providers, and HHS will accept, or decline, referrals.

In the event that the state does not allow Montgomery County to decline referrals, the *majority* of the work group recommends that Montgomery County remain a resource coordination service provider for 1,100 clients regardless of the population served.

Recommendation 2 (Unanimous): Montgomery County should request that DDA offer residents a minimum, three (3) Resource Coordination providers as choices.

Rationale: Every other county in the state has a minimum of three choices. As a matter of parity, and to ensure that our citizens have the same breadth of choices as other Maryland citizens, at least one other private resource coordination provider should be approved by DDA to service Montgomery County.

Recommendation 3 (Unanimous): Montgomery County will draft state legislation to create an independent Montgomery County Developmental Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the Council on a regular basis.

Rationale: There is precedent for this Council in Prince George's County. The many changes within DDA, and corresponding RC crisis within our County, demonstrates the need for an independent group of stakeholders in the developmental disability community work collaboratively and directly with the state DDA and other state and local agencies. This would ensure that our County have a "place at the table" regarding advocacy on behalf of our residents with developmental and intellectual disabilities and allow us to engage in regular dialogue with DDA and others to keep them informed about the status of services. It would work to alleviate the misunderstandings that have marked past communications between County officials and DDA, and would hold DDA accountable for any changes in regulations or failure to respond to needs of our residents. It would also allow the input of persons with disabilities and their family members, educators, community providers and transition specialists in the County who are impacted by DDA policies and procedure.

Recommendation 4 (Unanimous): The County Charter should be amended to allow the Montgomery County Commission on People with Disabilities to advocate within the county, and at the state and federal level.

Rationale: Issues that the Commission is charged with addressing (*i.e.*, housing, transportation, RC for the developmental disability community) are directly impacted by state and federal regulations and policies. The work of the Commission cannot be effectively conducted if it is not permitted to make recommendations to organizations that guide policy regarding these issues.

Recommendation 5 (Unanimous): The County should immediately establish (FY2015) a professional unit of county merit staff working within HHS who would

be responsible for responding to the specialized needs of the developmental disability community including, but not limited to, the following groups: Transitioning Youth; individuals with a dual diagnosis; homeless persons with developmental disabilities; people with autism; and people in crisis due to chronic or acute health issues. This group must be able to maintain access to the state DDA database.

Rationale: As this segment of the disability community continues to grow at an accelerated rate, it is essential that professionals with expertise in developmental disabilities provide consultation, resource development, coordination between services, and oversight to individuals and their families, as well as other professionals working in the County. This cadre of professionals within DHHS should exist regardless of any outcome related to the provision of resource coordination services.

Recommendation 6 (Unanimous): All merit and contract staff employed by HHS should receive adequate training, which at a minimum would be the required training cited in Medicaid regulations, in providing RC services.

Rationale: Adequate training is essential to ensure that all providers possess the requisite skill and expertise to provide quality RC. Currently HHS contractors performing RC are receiving only minimal training.

Recommendation 7 (Unanimous): In order to effectively coordinate services for those they support, Montgomery County Government should request all public and private agencies providing RC to establish: 1) in-person (not only virtual) relationships with the individuals, and their families, that they serve 2) professional relationships with local community providers of services in Montgomery County 3) familiarity, and knowledge of, the generic resources accessed and available to people with disabilities and their families.

Rationale: One part of the current RC crisis has resulted from the fact that the private providers do not have a history of providing services in Montgomery County, and do not have specific knowledge about the resources, both generic and disability specific, available to refer the people they support to. Facilitating resource providers to develop professional relationships with community DDA providers and other generic service providers will assist providers to remain apprised of opportunities for the people they support.

Resolution No. _____
Introduction April 14, 2015
Adopted: _____

**COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND**

Lead Sponsor: Health and Human Services Committee

SUBJECT: Resource Coordination for the Developmentally Disabled

Background

1. Resource Coordination, or Targeted Case Management, is the gateway for accessing services that will support Developmentally Disabled adults throughout their lives.
2. No two people with Developmental Disabilities are alike. Many are our County's most vulnerable residents. Connection to and enrollment in quality, appropriate services is critical to supporting the individual as well as family members and caregivers.
3. For almost 30 years, Montgomery County provided Resource Coordination through health and human services departments. County staff worked closely with Montgomery County Public Schools, private schools, and families to transition young people from school-based services to adult services. County staff built relationships with service providers that helped make successful matches for clients and, for families, instilled confidence that their loved ones were being well-served.
4. The State of Maryland has transitioned from Resource Coordination to Targeted Case Management. "Choice" of providers has been a part of this change. Montgomery County residents have been given a choice of two private providers. The transition has been difficult and many families have complained that they have not had adequate information or received the proper notification. Concerns have been raised about the caseloads carried by private provider staff, their knowledge about Montgomery County services, how they will work with transition-aged youth, and their availability to meet with families in Montgomery County. Montgomery County's Department of Health and Human Services has been informed by the Developmental Disabilities Administration that it may not be a provider.

5. In addition to significant problems with Targeted Case Management, there is a lack of funds for services to the Developmentally Disabled. As of January 20, 2015 there were 8,169 people in the State of Maryland on the waiting list for services. In Montgomery County, there were 830 people eligible, but waiting for services. Of these, 26 were in crisis resolution (needing services within 3 months), 97 were in crisis prevention (needing services within one year), and 707 have a current need (need services within 3 years).

Action

The County Council for Montgomery County, Maryland approved the following resolution:

People with Developmentally Disabilities deserve high quality and effective resource coordination to help them gain a package of services supporting their health, safety, education, and well-being. High quality and effective resource coordination is not consistently provided to Montgomery County residents. The Council calls on the Governor and the Department of Health and Mental Hygiene to fix this broken program and ensure that when Montgomery County residents choose a provider, the provider is adequately staffed, staff is well trained, knows local programs, meets plan deadlines, and is easily accessible to clients and their families when problems arise. The State must also provide Montgomery County residents with a choice of at least three providers as provided for in the central and western regions, and for all the counties in the southern region, except Montgomery County.

This is a correct copy of Council action.

Linda M. Lauer, Clerk of the Council



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

MEMORANDUM

January 23, 2015

TO: Uma Ahluwalia, Director, Department of Health and Human Services
FROM: George Leventhal, Council President *George Leventhal*
SUBJECT: World Health Organization Age-Friendly Cities

On January 15, 2015 the Health and Human Services Committee received a presentation from the Commission on Aging on its 2014 Summer Study, "The Need to Improve Advocacy for Older Adults in Montgomery County Planning." Their recommendations include having Montgomery County become a World Health Organization (WHO) Age-Friendly City (County). They are advocating for a task group to review the Senior Agenda and the WHO Age-Friendly Cities' checklist to determine what needs to be done to receive this designation. The Commission provided information on the District of Columbia's participation in this program. The HHS Committee members noted that Montgomery County already does many, if not most, of the things on the checklist.

The HHS Committee is requesting the Department contact the WHO to determine what is needed for Montgomery County to participate and receive this designation and develop a preliminary plan on how the County would proceed. We are asking that you respond to the Committee by May 29th so that, if needed, the Committee may return to this issue before our summer recess.

Please feel free to call me or Linda McMillan of Council staff if you have any questions.

C: Judith Levy, Chair, Commission on Aging
John Kenney, Chief, DHHS Aging and Disability Services

Adult Day Care Programs

The Senior Nutrition Program supports the cost of lunches served to seniors at the following nonprofit adult day care programs:

- **Holy Cross Adult Day Center**.....301-754-7150
9805 Dameron Drive, Silver Spring 20902
- **Misler Adult Day Center**..301-468-1740
Kosher Meals
1801 East Jefferson Street, Rockville 20852
- **The Support Center**.....301-738-2250
1010 Grandin Avenue, Rockville 20851
- **Winter Growth**301-774-7501
18110 Prince Philip Drive, Olney 20832



What Are You Doing For Lunch?

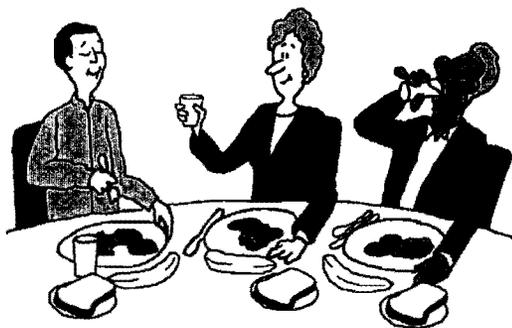
SENIOR NUTRITION PROGRAM
Department of Health & Human Services
Aging & Disability Services
401 Hungerford Dr. 4th floor
Rockville, MD 20850

Contact the Nutrition Office at:
240-777-3810 (voice) 240-777-1236 (TTY)
hhsmail@montgomerycountymd.gov.
www.montgomerycountymd.gov/seniors



Montgomery County
Isiah Leggett, County Executive

Alternative formats of the document
are available upon request



THE SENIOR NUTRITION PROGRAM

- Provides meals in congregate settings where activities and services for seniors are available.
- Each meal meets 1/3 of the Dietary Reference Intakes (DRIs) for older adults and follows the Dietary Guidelines for Americans.
- Nutrition screening, nutrition education and counseling are available.
- **Senior Nutrition Hotline:**
A registered dietitian answers questions on Wednesdays, 9 to 11 a.m. only. Call 240-777-1100.

Home Delivered Meals

Home delivered meals may be available for seniors who are homebound due to illness or disability. For information, call: 240-777-3810



Activities

Activities include exercise programs, computer training, games, arts and crafts, classes, health and nutrition education and social activities.



Eligibility

People 60 years of age and older and their spouses of any age are eligible to participate. Donations for the meal are encouraged. They are voluntary and anonymous and are used to provide more meals.

Seniors may bring guests—those under 60 years pay full price for the meal.

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Congregate Nutrition Sites

All congregate Nutrition Sites are ADA compliant



Traditional Meals

Lunch is served at noon, Monday through Friday, except as noted. Reservations are needed by 1:00 p.m. at least one day in advance. For reservations, call the sites. For information, call **240-777-3810**

Arcola Towers.....301-754-0532
1135 University Blvd., Silver Spring 20902

Damascus Senior Center....240-777-6995
9701 Main Street, Damascus 20872

East County Community Center.....240-777-8090
3310 Gateshead Manor Way
Silver Spring 20904
Tuesday and Friday only

Elizabeth House.....301-565-7613
1400 Fenwick Lane, Silver Spring 20910

Praisner Community Center.....240-777-4970
14906 Old Columbia Pike
Burtonsville 20866
Tuesday and Thursday only

Forest Oak Towers.....301-740-1414
101 Odendhal Road, Gaithersburg 20877

Holiday Park Senior Center.....240-777-4999
3950 Ferrara Drive, Wheaton 20906

Holly Hall.....301-439-8652
10110 New Hampshire Avenue
Silver Spring 20903

Lakeview House.....301-469-6927
10250 Westlake Drive, Bethesda 20817

Long Branch Community Center.....240-777-6975
8700 Piney Branch Rd., Silver Spring 20901

Margaret Schweinhaut Senior Center.....240-777-8085
1000 Forest Glen Road
Silver Spring 20901
Monday through Thursday only

Mid County Community Center.....240-777-6813
2004 Queensguard Road
Silver Spring 20906

Rockville Senior Center.....240-314-8810
1150 Carnation Drive, Rockville 20850

Ross Boddy Community Center.....240-777-8050
18529 Brooke Road, Sandy Spring 20860
Wednesday and Thursday only

Waverly House.....301-986-0052
4521 East West Highway, Bethesda 20814
Lunch at 12:15 p.m.

White Oak Community Center
1700 April Lane, Silver Spring 20904
Opening late 2012

Gaithersburg Upcounty Senior Center
80A Bureau Drive
Gaithersburg 20878
For information and reservations
301-258-6380



Kosher Meals at five sites; with programs provided by the Senior Adult Division, **Jewish Community Center**. For information and meal reservations, call**301-348-3860**

- **Coffield Community Center**
2450 Lyttonsville Rd, Silver Spring 20910
Wednesday only
- **Har Tzeon**
1840 University Blvd W, Silver Spring 20901
Thursday only
- **Jewish Community Center**
6125 Montrose Rd, Rockville 20852
One Friday/month
- **Ring House**
1801 E. Jefferson St., Rockville 20852
Monday and Thursday only
- **Shomrai Emunah**
1132 Arcola Ave, Silver Spring 20901
3rd Wednesday of the month

Korean Meals and programs are offered by two organizations. For information and meal reservations, call the organizations.

1. **Fellowship Senior Center ...301-444-3100**
 - **New Covenant & Fellowship Church**
18901 Waring Station Road
Germantown, MD 20874
Wednesday, Friday, alternate Tuesdays
2. **Korean American Senior Citizens Association of Maryland301-438-7304**
 - **Global Mission Church**
13421 Georgia Avenue, Silver Spring 20906
Monday, Tuesday, Thursday, Friday, Sunday only

Vietnamese Meals and programs are offered by the **Vietnamese Senior Association of Maryland**. For information**240-487-6729**

- **Long Branch Community Center**
8700 Piney Branch Road, Silver Spring 20901
Tuesday only

Chinese Meals and programs are offered by two organizations. For information and meal reservations, call the organizations.

1. **Chinese American Senior Services Association301-530-4880**
 - **Upper County Community Center**
Gaithersburg 20877 Tuesday & Wednesday
 - **Long Branch Community Center**
Silver Spring 20901 Monday & Friday
 - **Good Hope Community Center**
Silver Spring 20905 Thursday only
 - **Wheaton Community Center**
Wheaton 20902 Wednesday only
 - **King Farm Community Center**
Rockville 20850 Wednesday only
 - **Rio Center at Washingtonian**
Gaithersburg 20878 Monday & Friday
 - **Leisure World Clubhouse 1**
Wheaton 20906 2nd & 4th Friday every month
 - **Lakeview House**
Bethesda 20817 3rd Friday every month
 - **Waverly House**
Bethesda 20814 1st Thursday every month
 - **Bethany House**
Rockville 20852 2nd Tuesday every month
2. **Chinese Culture & Community Service Center240-631-1200**
 - **Germantown Community Center**
Germantown 20874 Tues, Wed & Friday only
 - **Lincoln Park Community Center**
Rockville 20850 Monday and Thursday only
 - **Rockville Senior Center**
Rockville 20850 Friday only
 - **CCACC Headquarters**
Gaithersburg, 20877 Saturday only



4

COMMISSION ON AGING

April 14, 2015

Testimony to the Montgomery County Council FY16 Recommended Budget

Good Evening,

My name is Judith Levy and I serve as Chair of the Commission on Aging. The Montgomery County Commission on Aging believes that Montgomery County can become a Community for a Lifetime as adopted by the Montgomery County Council resolution in 2012 and continues to concern itself with the quality of life for older adults. In recent times we advocated with much support and success from the County Executive and the County Council to include adoption of the Senior Agenda.

For FY16, the Commission continues to focus on key policy and budget measures to help attain the vision of a Community of a Lifetime. We are supporting and monitoring gradual implementation of the Senior Agenda, and planning for the FY16 budget cycle.

The Commission acknowledges the challenges presented by the transition of leadership at the State level and the impact of the deficits in the FY15 County budget. We encourage the County Council to support the Senior Initiative in the County Executive proposed FY16 budget.

1. Maintain Current Level of Subsidies for Respite Care and Medical Adult Day Care

Respite Services for Older Adults

The Commission on Aging recommends maintaining the funding for the Montgomery County Respite Services Program to provide respite services for individuals who are caring for older adults in Montgomery County. Even though many families take great joy in providing care to their loved ones at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming. These caregivers need physical breaks to tend to their own needs. They also need emotional breaks so they can return to their care giving duties rested and refreshed. Respite has been shown to help sustain family caregiver health and well being, avoid or delay out-of-home placements, improve long-term family stability, and reduce the likelihood of abuse and neglect. It is noteworthy that the majority of the Montgomery County Respite Program's current funding is used to aid younger individuals and children, not older adults.

2. Maintain current level of funding for Medical Adult Day Care

Medical Adult Day Care Programs are critical in supporting caregivers by providing day time services that allow family members relief from the continuous needs of care giving for an individual with a

chronic disease as well as providing a therapeutic environment. The Commission on Aging is grateful that the County Council and County Executive supported this critical service and increased funding for the adult day care subsidy last year. In addition to supporting caregivers, Medical Adult Day Programs allow individuals to age-in-place while receiving medical oversight and support in an interdisciplinary healthcare setting that provides social stimulation.

3. Continue Support for a Position of Part-time Caregiver Support Fellow

The Commission on Aging greatly appreciates the funding granted last year for a temporary part-time senior fellow to develop and staff a Caregiver Supports Coalition. We understand at this time due to budget constraints that there is a hiring freeze. We hope in the near future this position can be filled based on the tremendous need of family caregivers who reside in the County and the extensive scope, duties, and responsibilities assigned to this position including playing a leadership role in strengthening collaboration among service providers, increasing outreach to family caregivers, assimilating and analyzing data, and facilitating actions to address and correct specific problems and issues related to County programs and initiatives.

4. Maintain new program in State's Attorney's Office to Protect Vulnerable Adults Against Crime

A vulnerable adult is often an individual who due to a mental or physical disability is not able to defend themselves. However, it can also be someone who trusts and needs a friend. Sometimes it is someone who is depressed or grieving and believes the offender is trying to help them. And because every year the number of those turning 65 years of age continues to increase, so do the crimes against them. In recent major studies, the National Center for Elder Abuse states up to 10% of the study participants stated experiencing some form of abuse in the prior year that did not include financial abuse. And financial abuse is a very serious problem accounting for financial loss in our country of more than \$2.5 million each year.

In our County, the Adult Protective Services Program (APS) has seen 10% increase in one year, with investigations at 709 in FY13 to 776 in FY14. These numbers include financial exploitation due to the State legislation requiring reporting by financial institutions. There has been an increase in financial exploitation cases from FY13 to 138 to FY14 at 203, thus financial exploitation now represents almost 25% of APS cases in our locality. The Commission requests continuation of the new program in the State Attorney's Office to meet the increased demand to protect older and vulnerable adults from abuse and financial exploitation and to intervene for protection and redress within current legislation and the justice system.

5. Maintain the funding in FY16, approved in FY15 to increase payment rates for providers of Small Group Homes in the Adult Foster Care Program. The approved FY15 budget was a beginning attempt to increase the Adult Foster Care reimbursement rate, in order to reduce the gap between the County and State subsidy rates for small assisted living homes. The care providers remain hopeful that the reimbursement will continue to take into account the fact that subsidy rates remained flat for more than 20 years. In the future, additional increases will be necessary in order to begin to address the financial challenges of housing, care and supervision for our most vulnerable residents.

6. In addition to support the Senior Initiative, the Commission requests the Council consider making funds available for a small pool of funds available (\$10,000) for small start-up grants to assist the establishment of new developing in low and moderate income and diverse communities in the County. While the Village movement is growing in the County, new models are being considered in communities that have not

traditionally been a part of the Village movement. The grants can help such communities obtain a needed dedicated confidential telephone line, liability insurance, apply for tax-exempt status with required IRS application fees, and other start up costs

We thank you for your ongoing support and for the opportunity to present our priorities for the FY16 County budget. Thank you for the opportunity to meet with you today.