

Meeting of the Health and Wellness Committee

MOCO Commission on Aging

April 6, 2021

In attendance: Marsha Weber, Neal Brown, David Engle, Barbara Selter, Wayne Berman, Marcia Pruzan, Kendell Mathews, Monique Gardner, Ann Serafenas , Joyce Dubow, Tina, Purser Langley

Invited Guests: Marla Lahat, Executive Director, Home Care Partners, Hirsch Isen, Coordinator, IHAS

(Of note: Several handouts were distributed prior to the meeting that contained information about fees charged to clients with ability to pay, names of participating (contracted private) vendors, and vendor payments.)

Call to Order

Marsha Weber called the meeting to order at 9:33. The minutes of the meeting of March 2, 2021 were unanimously approved as submitted.

Presentations

• **Home Care Partners “Light Care”**

Marsha introduced home care as a topic of interest to the committee and noted its desire to enhance access to just a few hours of home care services for those people whose incomes exceed Medicaid limits but are not high enough to afford private services. She introduced two speakers who addressed this topic.

Marla Lahat, Executive Director of Home Care Partners

Home Care Partners is a not-for-profit agency that offers the “Light” program designed for people who just need light housekeeping or help doing the laundry or someone to safeguard against accidents that might occur during cooking or showering. This program began in the City of Gaithersburg with a small grant; later the MoCo Housing Opportunities Commission approached them to expand their program county-wide to HOC subsidized buildings. Funding was and continues from Gaithersburg as well as the county council grant program, and other sources. The organization does not bill private payers because clients are all subsidized due to their low incomes; nor do they bill Medicaid. If an individual qualifies for Medicaid personal care services, they are referred to the Medicaid program.

Due to funding limitations, the program only can accommodate a limited number of clients, most of whom remain for several years; therefore, there are only a few openings each year for new people. Ms. Lahat noted that the City of Rockville has a similar Light program.

The Light program is designed to permit clients to remain in their homes. When they need more assistance, they are referred to the IHAS program (see below) or Medicaid, if they qualify. Due to the limited number of hours for each client per visit, to efficiently operationalize the program, there is a need to cluster services, hence the concentration of services in HOC buildings. Most referrals for services offered by the Light program originate with referrals from the HOC resident building counselors.

A social worker opens each case by conducting a home or virtual visit and develops a care plan. Certified Nursing Assistants then provide the services that are identified in the care plan. Eligibility is “loose”. In general, clients are older; have a disability; or otherwise need the assistance. Low income is a key eligibility criterion and is based on the federal poverty level.

The program currently serves about 50 people. Most of clients (90 percent) are over age 62; about half are white with the balance of clients varying by race and ethnicity.

The committee agreed that this appeared to be a program potentially worthy of replication or expansion. However, it was recognized that funding was a major obstacle. Ms. Lahat noted that their services were not inexpensive. Subsidies enable the agency to offer services to the target population. She observed that her agency cobbles together money to finance the program from several sources, including a modest grant from the county.

- **In home aide home services program (IHAS)**

Hirsch Isen, Coordinator, IHAS, MoCo DHSS described the purposes of IHAS: to prevent or reduce institutional placement; prevent or reduce out of home placements (for children); prevent or remedy neglect, abuse, self-abuse, or exploitation; promote self-sufficiency.

To be eligible for services through IHAS, a client must be enrolled and receiving some form of assistance from the county’s case management or adult protective services or its guardianship programs; must be an adult (most are over 65); and have a functional need. An eligible individual may not have over \$20,000 in assets, excluding home and car. One’s income does not count towards eligibility, although it may affect hourly charges.

A Social worker does an assessment and determines the linkages the person needs vis a vis other programs; the social worker refer to IHAS as appropriate. Eligibility is usually determined in about 2 weeks from application to delivery of services—maybe a bit longer now during pandemic. However, there is an expedited process for urgent cases that takes only about 24 hours.

This program is driven by personal care needs, such as showering, bathing, etc. CNAs provide services supervised by a registered nurse who develops a plan of care for each client. In addition, some chore services (such as light housekeeping and laundry) may also be provided when determined necessary by the nurse. However, chore services are the exception, not the rule and not typically offered. Services are provided in 2 hour increments up to 7 days a week. (They generally start out with 2 days a week, but this can be increased; there is no time limit on services.) Referrals come from different sources, mostly Adult Protective Services. Once stabilized, clients can be transitioned to other social service programs.

IHAS provides the vast majority of its services through contracted private vendors. IHAS also employs a team of CNAs and an RN that is assigned the most complex cases because this team of county employees has additional training and more control over the cases. In very few cases, IHAS will pay a private individual to provide services—a program that is loosely regulated and set to be phased out.

Ann asked whether the county partnered with schools of nursing or other institutions that have obligations to offer professionals training in the community. Hirsch said they do not partner with other

institutions. Tina mentioned that the county does work with social work programs throughout the county but they are not participating in IHAS.

Eddie noted that the FY 22 budget includes an additional APS worker. IHAS is ready of higher volume.

Barbara asked how or whether HAIS related to the Medicaid waiver program. IHAs has no relationship with Medicaid whatsoever. Eligibility for Medicaid would disqualify individuals for IHAS. However, they may serve someone on the waiting list for a Medicaid waiver program.

Eddie asked about demographics—About half of HAIS clients are Caucasian and half of diverse ethnic and racial backgrounds.

Committee members had a brief discussion about the challenges of broadening the reach of the programs that were described by the speakers. Neal suggested that it may not be feasible to scale up How would people living in outlying areas, not in HOC or other congregate buildings get these services that are most efficiently offered when visits are clustered to optimize deployment of staff? Barbara observed that there are so many different programs that vary slightly. It's hard for people to know which programs they may qualify for. Barbara suggests we develop a guide to which services are available to whom. It would be useful to have a single point of entry. It was noted that the 240-777-3000 is supposed to perform this function. Those who reach 311 are supposed to be transferred to the 3000 line. The people who answer the 3000 line triage the calls to direct people to the most appropriate source of either public or private service. Ann shared her perception that things are fragmented. What availability of services seems fragmented.

Next steps—It was agreed that the committee should take the time to consider the range of issues that were illuminated by the speakers who presented on this issue. Tina will share additional materials from Liley Fisher (MoCo caregiving program) and others for members to review before the committee discussion. It was acknowledged that other committees, particular AIC may have an interest in this topic. By examining the issues surrounding access and affordability to home care services, we will be able to determine appropriate partners in this area should we decide to pursue it.

Other business

David Engel provided an update on the forthcoming forum on social isolation. A save the date with Eventbrite link has been sent out. The event is scheduled for May 18. Speakers have been identified and secured, including a video commentary from County Executive Eldrich.

Other business and follow-up

Access HEARS –? While the Commission expressed an interest in expanding this program to MOCO, funding is a major challenge. It would take a lot of work to organize a team of knowledgeable volunteers to pursue funding and to educate the county leadership about this program. No clear path was identified on how to move ahead. David Engel volunteered to review his notes from when the hearing fact sheet was developed to glean any possible insights.

The meeting adjourned at 11:45.