


M E M O R A N D U M

April 27, 2019

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession:** FY20 Recommended Operating Budget
Department of Health and Human Services
Aging and Disability Services

Purpose: Committee recommendations

Those expected for this worksession:

Vickie Buckland, Acting Director, Department of Health and Human Services (DHHS)
Odile Brunetto, Acting Chief, Aging and Disability Services
Josh Watters, Office of Management and Budget

The excerpt from the County Executive's Recommended Budget for Aging and Disability Services is attached at © 1-5. Also attached are testimony from the Commission on Aging (© 6-11) and the Commission on People with Disabilities (©12-14).

Aging and Disability Services Overview

For FY20, Aging and Disability Services is organized into eleven program areas. The County Executive is recommending a total of \$52,710,366. The following table shows the change in dollars since FY16.

Aging and Disability Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 Rec	Change 19-20
Chief Aging and Disability Services	478	475	463	464	478	3.0%
Aging and Disability Resource Unit	868	935	1,001	986	1,002	1.6%
Home and Community Based MA Waiver Services	2,745	2,761	2,762	2,713	3,268	20.5%
Assessment and Continuing Case Management Services	7,955	8,776	9,044	9,994	10,836	8.4%
Community Support Network for People with Disabilities	15,638	18,696	19,325	22,288	20,662	-7.3%
Assisted Living Services	2,090	2,205	2,381	2,466	2,879	16.7%
Home Care Services	4,490	4,335	4,390	4,420	4,945	11.9%
Omsbudman Services	778	795	779	893	950	6.4%
Respite Care	984	1,204	1,227	1,247	1,247	0.0%
Senior Community Services	2,805	2,904	2,991	3,015	3,282	8.9%
Senior Nutrition Program	2,623	2,813	3,044	3,157	3,159	0.1%
TOTAL	41,454	45,899	47,407	51,643	52,708	2.1%

Description of Program Areas

The following provides a description of the eleven programs in this service area.

	FY20 Rec \$	FY20 FTEs
Chief Aging and Disability Services: Provides leadership and direction for the administration of Aging and Disability Services.	477,557	3
Aging and Disability Resource Unit: Assists seniors and people with disabilities and their families in defining service needs, locating required services, and facilitating the application process to access services.	1,002,110	9
Home and Community MA Waiver Services: Administers and operates Maryland's long-term care Medicaid program, Community First Choice. CFC Support 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 institutions.	3,267,870	11

	FY20 Rec \$	FY20 FTEs
Assessment and Continuing Case Management Services: Provides multi-disciplinary assessments, care planning, and case management to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, and exploitation. Includes Adult Protective Services, Adult Evaluations and Review Services, Statewide Evaluation and Planning Services, Social Services to Adults, and Public Guardianship programs.	10,836,263	69.55
Community Support Network for People with Disabilities: Provides services that enable persons to remain in their home or the least restrictive setting. Assistance to clients with developmental disabilities and their families. Coordinate and monitor services and supports for people eligible for services through the State Developmental Disabilities (DD) Administration. Service coordination to young people funded under the Autism Waiver Program. Provides financial assistance to State-funded DD providers. Funds the My Turn program for children with DD aged 3 to 13. Administers Customized Employment Public Intern Program. Conducts site visits to group homes that serve DD clients. Monitors contracts for services for people with disabilities, including visual and hearing impairments.	20,662,485	36.75
Assisted Living Services: Subsidies and case management for low-income seniors in group homes for the frail elderly and adult foster care.	2,879,820	7.57
Home Care Services: Personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical or mental impairment. Chore assistance, therapeutic support, self-care education, and escorted transportation.	4,945,462	15
Ombudsman Services: Investigates and resolves complaints made by residents, staff, and family members in nursing homes and assisted living facilities.	950,980	7.5
Respite Care: Temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behavioral and/or medical issues to provide relief to caregivers.	1,246,661	0
Senior Community Services: Provides services to help keep seniors independent in the community, such as assisting “villages,” services for caregivers, legal services, health insurance counseling, mobility management, subsidized employment.	3,281,953	10.22
Senior Nutrition Program: Provides lunches at County sites, home-delivered meals, nutrition education, and physical fitness in cooperation with public, private, and non-profit organizations.	3,159,205	3.5

Specified Changes and Discussion Items

A. Chief, Aging and Disability Services

1. Multi-Program Adjustments \$14,052 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

B. Aging and Disability Resource Unit

1. Multi-Program Adjustments \$16,608 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

C. Home and Community Based MA Waiver Services

1. Adjust Budget for the Community First Choice Nurse Monitoring Program to Address Structural Budget Deficiencies \$483,918 and 0FTE

Community First Choice (CFC) is Maryland's long-term care Medicaid program. CFC is designed to allow people in need of long-term care to live in the community instead of institutions. The Maryland Department of Health and Mental Hygiene 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, DHHS is responsible for Nurse Monitoring services with the objective of enhancing oversight and quality assurance of home-based personal care assistance and supportive services. DHHS is responsible for compliance with Medicaid regulations and approval of each CFC participant's plan of service. The Adult Evaluation and Review Services (AERS) unit must provide an evaluation and based on that evaluation a person may be determined eligible to receive CFC services.

Council staff is appreciative of the Executive's recommendation to add funding to budget more appropriately to actual expenditures. The demands on DHHS to provide and fund services have been previously discussed. In FY17, the HHS Committee reviewed the increased demand on AERS staff. At that time, DHHS shared that while the State does not allow a wait list, there

were about 180 assessments that were delayed beyond the required turnaround time of 15 days, but this number is fluid. DHHS has provided the following information on AERS:

Number of Adult Evaluation and Review Services (AERS) for FY17, FY18, and FY19 (first half)

FY17: 3,347

FY18: 3,640

FY19 July-Dec: 1,736.

The pace of assignments appears lower in FY19 than in FY18 due to multiple current vacancies in the program. The State is providing temporary support using contractual nurses, but even this has not prevented the program from carrying a backlog. The FY19 number does not include referrals to State nurses or the backlog, currently at 80.

While AERS is not a Community First Choice (CFC) program and is not impacted by the recommended increase in funding, **Council staff suggests the Committee discuss with DHHS what resources are needed to better keep up with evaluations and whether it must be County staff or can be contractual services. Without evaluations, a person with the conditions eligible for CFC cannot receive the services.**

In FY17, DHHS told the HHS Committee that if more people are evaluated and eligible for CFC, the impacts would fall to the CFC Nurse Monitoring program. The State requires nurses go into CFC clients' homes to monitor their overall health. And it would be private Supports Planning Agencies serving Montgomery County clients under contract with the State might need to add staff to meet the demand. The same is true of private personal care agencies serving CFC clients.

The following provides workload data related to the number of clients and cost for nurse monitoring contracts.

Number of County residents served through Community First Choice [Nurse Monitoring] for FY17, FY18, and FY19 (first half).

FY17: 2,691 (1,992 as of July 1, 2016 and 699 new enrollees)

FY18: 2,914 (2,253 as of July 1, 2017 and 661 new enrollees)

FY19 July-Dec: 2,813 (2,466 as of July 1, 2018 and 347 new enrollees)

The Budget and expenditures for CFC Nurse Monitoring Contractual Services.

FY17: Budget \$1,232,092. Expense: \$1,700,276

FY18: Budget \$1,407,081. Expense: \$1,765,639

FY19: Budget \$1,407,081. Expense: \$1,075,812 (YTD)

The actual deficit for the FY18 nursing contract was \$358,558; \$125,360 less than the amount being recommended by the County Executive for the structural deficit. However, as can

also be seen the number of people requiring services is expected to continue to grow and the July count differences are over 200 per year.

Council staff recommendation: Approve funding as recommended by the County Executive.

2. Shift MFP Opt. Counseling Grant Funds (\$96,250) and 0FTE

DHHS has provided the following information:

This Maryland Department of Aging grant-funded staff visits nursing homes to counsel residents about their options for living in the community with the help of supportive services. The grant ended - as scheduled - on December 31, 2018. Starting in the second half of FY19 the State will begin reimbursing for this service under a new name (Nursing Facility Program Education) through the Federal Financial Participation process. Details of this process are still being worked out with the State, so we are unable to provide revenue estimates at this time.

Council staff recommendation: Approve as recommended by the County Executive. Note that while this program is expected to “shift” from a grant to reimbursement, it has not done so yet.

3. Multi-Program Adjustments \$166,935 and 1FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

D. Assessment & Continuing Case Management Services

1. Increase Cost to Senior Care Grant Funds \$199,525 and 0FTE

DHHS has provided the following information about this grant. The grant is expected to be \$1,263,725 in FY20 and the program currently serves 2019 clients.

Senior Care helps individuals 65 or older who are at risk of entering a nursing home continue to live independently in the community. Eligible applicants receive a comprehensive assessment of needs, a case manager to coordinate services, and access to range of, equipment, supplies, and resources that fill gaps in service. These gap filling services include adult medical day care, medication

reimbursement, disposable and durable medical supplies, meals on wheels, emergency response systems, and transportation assistance.

About half of the grant increase is dedicated to a new State Health and Wellness Promotion Initiative. These funds have assisted clients with necessary dental work, health and fitness program participation, diabetes and nutritional education, medication management, and home fire safety. The remainder of the increase has allowed the program to provide a wider array of services to more people, and to assist with costly expenses that would otherwise have not been affordable.

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

2. Adult Protective Services and Public Guardianship

No recommended change

This program area is also responsible for Adult Protective Services and Public Guardianship. The following table show the increasing trend for new investigations, total active cases, and the projected increase in active guardian cases. These services must be provided and when additional staff is needed it is shifted from other program areas. The Commission on Aging has raised the issue for the last few years and continues to recommend an additional social worker.

Adult Protective Services	FY15	FY16	FY17	FY18	FY19 (9 months)
New APS Investigations	717	822	878	970	839
Total APS Investigations	1,351	1,585	1,696	2,211 *	
New APS Active/Continuing Cases	454	454	423	357 *	
Total APS Active/Continuing Cases	2,023	2,167	1,334	1,664 *	
New Guardianship Cases	43	33	31	43	19
Total Active/Continuing Guardian Cases	137	134	149	139	131

* As of November 2018, data is no longer being captured as in prior months. DHHS is refining measures to utilize data collected in the enterprise Integrated Case Management (elCM) and Oracle Business Intelligence Suite – Enterprise Edition

Council staff recommendation: Council staff is not recommending an addition given other pressures that are already on the Reconciliation List; however, it is important to recognize that DHHS may have to reduce work in other areas to meet this most critical and mandated requirement.

**1. Multi-Program Adjustments
\$642,342 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This is a large sum, however this program area has about 70FTEs.

Council staff recommendation: Approve as recommended by the County Executive.
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E. Community Support Network for People with Disabilities

**1. Adjust Funding for the Developmental Disability Services Supplemental to Equal Average Percentage of County Minimum Wage Actually Paid to Direct Service Providers by Providing Agencies
(\$1,850,202) and 0FTE**

The County has a long-standing policy of providing a locally-funded support payment to organizations providing direct service to developmentally disabled County residents. While the method for determining the amount of the supplement has varied, in the last couple of years the Council has approved funding that is based on determining the amount needed to pay direct services workers, on average, at a rate above the County minimum wage. DHHS worked with providers over the course of three years to develop a methodology that specifies the positions/workhours that are direct service workers. The following is the FY20 Budget Provision:

This resolution appropriates \$17,562,175 to the Department of Health and Human Services to provide a payment 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 payment, an organization must demonstrate to the Department that it pays direct services workers, on average, a wage equal to at least 125% of the Montgomery County minimum wage. Section G of this resolution includes entities eligible to receive this non-competitive payment.

Bill 35-17 (© 15-17) became effective March 19, 2018. It says in part:

- Each year, to the extent that funds are appropriated, the Director of Finance must make a payment to each eligible service provider in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland.
- The Director of Health and Human Services must, by February 1 of each year, recommend to the Council the amount of the payment, considering:
 1. The State reimbursement rates to service providers;
 2. The total cost of providing services, including wages; and

3. The additional operating support needed to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage.

- To receive a payment under the Section, a service provider must demonstrate to the Department of Health and Human Services that pays direct service workers at a rate specified in the Council's current operating budget resolution; and meet any other eligibility standards set in regulation.

The \$17.562 million was appropriated in direct response to the request from InterACC/DD regarding the amount of County support needed for providers to pay direct service workers, on average, 125% of County minimum wage.

Prior to FY13, there was no criteria in the Budget Resolution regarding how the funds were to be used by the organizations, other than the Council's authorization of non-competitive contracts. DHHS made sure the organization was in good standing and serving Montgomery County residents. During the FY13 budget worksession on this issue, the HHS Committee members agreed that they had thought that these funds were to support salaries for direct service workers since a major advocacy point each year was that providers needed to pay above minimum wage and above what State reimbursement rates would allow in order to retain quality staff to serve very vulnerable adults. Providers said it would take time to make this transition and so the time for transition was specified so the organizations and DHHS would know what to be accountable for.

FY	Total \$	% change from previous	Criteria
FY13	\$ 7,872,486	na	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.
FY14	\$ 8,469,101	7.6%	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 (current year) organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.
FY15	\$ 9,426,421	11.3%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers.

FY16	\$10,542,529	11.8%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers. \$10,395,841 is expected to be the equivalent of 8.0% of projected revenues and \$146,688 will assist with maintaining a 25% differential from the minimum wage.
FY17	\$13,800,211	30.9%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are expected to allow organizations to pay, on average, 125% of County minimum wage.
FY18	\$14,729,712	6.7%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are expected to allow organizations to pay, on average, 124% of County minimum wage.
FY19	\$17,562,175	19.2%	Organizations must demonstrate to DHHS that it pays direct services workers, on average, a wage equal to 125% of the County minimum wage. (This requirement was included in the contracts between DHHS and the organizations.)
FY20	\$15,711,973	(10.5%)	CE Recommendation based on paying at the average rate above minimum wage organization were found to have been paying in FY19.

Provisions attached at © 24-30.

Council staff comments:

- There has never been anything but strong support by the Council for this support payment and these organizations. There has never been a question that pay should be above minimum wage as an incentive for employees to take and keep these jobs, instead of leaving for less demanding work.
- The total amount of funding invested by the County to support these organizations is substantial and has increased substantially since FY13. This occurred even in years where there were Savings Plans. Some of this increase recognizes that the organizations are caring for additional people. Council staff understands that Montgomery County was the only County to make this type of support payment until Prince George's County began to do so this year.
- The increase from FY18 to FY19 was specifically tied to the increase in the County Minimum Wage and the DD Provider's advocacy that paying an average of 125% of County minimum wage was critical.

- Council staff understood the Council's intent was to pay, on average, 125% of the County minimum wage as the base wage, since the actions on setting the County minimum wage were about the base hourly wage. The "on average" acknowledged that some employees might be paid, for example, 115% of County minimum wage and some 130%; but, on average the hourly base rate would be 125%.
- Council staff did not understand that the Council would find it acceptable that the calculation would be employee's income divided by hours worked and could require an employee to work overtime or receive a bonus to reach the overall average wage of 12% of County minimum wage. With the exception of tipped employees, the minimum wage is the base hourly rate. For example, a person with a base wage of \$13 would have an average wage of \$14.97 if they worked 15 hours of overtime each week. The Council must be clear whether it is the base wage or total income/hours.
- DHHS included the requirement in contracts. Generally, DHHS does not contract with the organizations except for disbursing this support payment. DHHS is responsible for compliance with the Council's requirement. DHHS conducted a payroll audit and found that about half of organizations were not complying. DHHS notified organizations that they were in breach of contract. DHHS did not stop paying any organization the full FY19 amount of support understanding what this would do to current year budgets.
- The Executive's FY20 recommended amount is based on paying the organizations that were not in compliance at the rate they were found to be paying.

Request from InterACC/DD and Providers

The Council has received a great deal of testimony and correspondence on this issue. This packet contains the request from InterACC/DD, which is a coalition of 30 providers. It is attached at © 20-22. It says, in part:

- With the County minimum wage increasing to \$12.50 an hour on July 1, 2019, agencies would need to pay, on average, \$15.63 per hour to maintain 125% of minimum wage.
- Based on the current eligible work hours and a projected growth of 4.5%, they estimate and request an additional \$1,388,718 above the FY19 approved level.
- InterACC/DD requests restoration of the \$1,850,202 reduction recommended by the Executive. They describe the misunderstanding about how the "125% above" is calculated, noting that previously overtime and bonus have been included in information provided to DHHS.
- InterACC/DD asks that the Council work with providers to develop regulations that will clearly lay out expectations for compliance and consequences for non-compliance.

- The Council received testimony and correspondence on the serious financial impacts to organizations if funding is reduced from the FY19 approved level.

Council staff recommendation:

Place the \$1,850,202 on the Reconciliation List to hold FY20 support to organizations at the FY19 level. Sustaining the FY19 level of funding will be consistent with the Executive's recommendation for the Adult Medical Daycare support payment (discussed next).

Change the criteria for eligibility for the payment to compliance with the County minimum wage. Do not specify any percentage amount above this. This should mean that every organization will be in compliance. DHHS should inform each organization about the new County minimum wage rates when they execute contracts.

Ask DHHS to conduct one more FY19 wage audit to see if more organizations have come into compliance. This can be used as a basis for discussion on how to clarify what "on average, 125% of County minimum wage" means.

HHS Committee Chair Alborno has said that he expects to convene a workgroup to look at the different pay issues and structures for different types of services and to gain agreement on the expectations for the DD support payment.

Do not fund the additional \$1,388,718 requested by InterACC/DD. Council staff recommends against an increase until it is clear what the expected outcome will be. This additional request is based on the same calculation used for FY19 and so it is unclear what DHHS would be expected to audit.

2. Payment to Adult Medical Daycare Providers

No change from FY19 funding recommended

For the FY19 budget, funding was approved for the first time to provide support to Adult Medical Daycare Providers. The representatives for these organizations argue that they are also financially stressed because the higher County minimum wage is not reflected in Medicaid and other reimbursements that they receive for serving Montgomery County clients. The Council included the following language in its budget resolution:

This resolution appropriates \$651,012 to the Department of Health and Human Services to provide a payment to organizations providing adult medical daycare services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by

Medicaid funded County residents. The provider must be in compliance with the Montgomery County Minimum Wage law.

Last spring, not all the criteria and data requirements had been finalized. DHHS has now completed and finalized the requirements and the contracts to actually pay the providers. Because this process took time, as a part of the FY19 Savings Plan, the Executive recommended and the Council concurred that payment would only be made for the last quarter of FY19.

The Executive is recommending funding at the full-year FY19 level and \$651,012 is included in his FY20 Recommended Budget. The testimony provided by the Maryland Association of Adult Daycare Services shares their calculation that an additional \$976,519 is needed to fill the gap between their State reimbursement and the increased minimum wage for FY20 (© 31-33).

Council staff recommendation: Approve as recommended by the County Executive. Continue the FY19 budget language that just requires compliance with the minimum wage. In considering the future of the payment to support providers of services to the Developmentally Disabled, the future of this support payment should be considered as well. This is not a recommendation that the basis or level of the two payments should be the same, just that they should be considered.

3. Coordination of Community Services

Background from 2018 Work Group Report (White Paper on CCS © 33-36)

Coordination of Community Services (CCS) assists people and their family/guardian with the process of applying for services from the Maryland Department of Health, Developmental Disabilities Administration (DDA), conducting an eligibility Comprehensive Assessment, and assisting with planning and coordinating services. CCS is provided to people who are eligible based on a developmental disability, to receive support services from DDA, are placed on a DDA waiting list, or are transitioning from school or institutional services to community services. CCS has previously been called Resource Coordination and is now a fee for service, Targeted Case Management service.

Starting in FY16 major changes were made to CCS (Resource Coordination) in Montgomery County. Prior to FY16, Montgomery County provided all CCS services to County residents and received a grant from the State to pay for the program. In order to better leverage Medicaid funds, the State moved to a fee for service requirement and also determined that private provider choice must also be available. The billing rate under the fee for service model does not cover the full cost to the County of providing CCS and a decision was made to move everyone from the County to private providers. Families were extremely confused and upset. Communication from DDA was not clear. People did not know which provider they were assigned to. Serious concerns were raised about turnover and lack of experience by the new providers.

The DD Transition Advisory workgroup was convened and one of its recommendations was that DHHS continue to be a Resource Coordination provider with a cap of 1,100 individuals and the right to decline some referrals. There was concern about the instability of the transition and the importance of having DHHS remain a provider particularly for people that need coordination with other DHHS services. The Council agreed that DHHS should remain a provider and approved County funding that along with State reimbursement would allow DHHS to serve 500 persons.

Update

The following table shows the current expenditures and revenues associated with Coordination of Community Service in DHHS. As expected when the decision was made to retain these services in DHHS, revenues are below expenditures. For FY20 the difference is expected to be about \$581,630.

	FY19	FY20
Staffing	<i>All positions are currently filled</i>	
	12 Coordinators (10 merit Program Specialist IIs and 2 Brokers)	Same as FY19
	1 Program Manager, 1 Quality Assurance Specialist & 1 OSC	Same as FY19
	15 Total Staff	Same as FY19
Expenditures	1,241,880	1,352,700
YTD (as of March)	998,037	
Revenues	771,070	771,070
YTD (as of March)	782,090 (includes May and June FY18 revenue)	

It is notable that DHHS did not have any staff leave this program in FY18. Constant turnover of CCS in the private organizations is one of the main concerns of parents and caregivers of adults with developmental disabilities.

All CCS providers have voiced concern about the caseload that the Developmental Disabilities Administration (DDA) expects CCS workers to carry, particularly as the State implements requirements around person-centered plans. Currently, DDA's standard is 1 worker for 40 clients. DHHS has provided the following in response to a question from Council staff:

We are currently serving 477 clients with 11.4 staff assigned to case management duties (0.6 FTE completes our Comprehensive Assessments) so the average caseload is 42 cases per Coordinator. In order to get to an average caseload of 40 with 500 clients (our capacity), the program would need an additional Coordinator (Program Specialist II position).

One note is that in order to maintain proper span of control, the CCS program would need an additional Program Manager to oversee any additional staff. The Current Program Manager is already overseeing 12 merit staff and 2 brokers.

Has DHHS been able to stay close to or at the maximum of 500 clients in FY18 and FY19 to date?

The CCS program has had around 480 clients for over a year now. The program has opted to keep the client count to 480 clients to try to keep caseloads closer to the desired 40:1 ratio.

Council staff comment: DHHS has continued to provide high quality, consistent staff to those people who are able to access the County for services. Given other fiscal constraints, Council staff is not recommending the addition of staff. However, with 11.4 FTEs assigned to casework, the maximum number of clients should be 456 rather than 480, or the 500 that the County should be serving.

This is another situation where State rates and State standards for service ratios are where the critical decisions are made. CCS should be a part of the Council's ongoing advocacy with the State for improvements to the adult DD System.

4. Multi-Program Adjustments \$224,664 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

F. Assisted Living Services

1. Enhance Group Senior Assisted Housing Grant Funds \$361,657 and 0FTE

DHHS has provided the following about this grant:

This grant pays subsidies to licensed Assisted Living Facilities (group homes) on behalf of low-income seniors who otherwise would not be able to afford such care. Grantor rules require that the Program must spend most of the grant on subsidies, and that only nine percent may be spent on program administration. The additional subsidy funding will allow us to offer the subsidy to more clients, but actual placement is dependent upon the results and timing of client decisions. The decision to move into a group home is a major change for clients and may it may take them some time to decide and to effectuate the change. The program is currently serving 18 clients. The total amount of the grant is \$534,509.

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

**2. Multi-Program Adjustments
\$52,613 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

G. Home Care Services

**1. Home Care Services Contract
\$490,000 and 0FTE**

DHHS says that this increase is because the contract was resolicited which resulted in an increase in personal services hourly rates. With this additional funding, the value of contracts will be \$2,417,762. This funding allows DHHS to continue to maintain an annual client census of approximately 300 clients and allows for the provision of emergency Home Care services to be provided to Adult Protective Services clients who need non-traditional hours of care.

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

**2. Multi-Program Adjustments
\$35,018 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

H. Ombudsman Services

**1. Multi-Program Adjustments
\$57,548 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

I. Respite Care

1. No change to Budget – FY19 Approved \$1,246,661

DHHS has provided the following responses to Council questions:

- a. What were the total hours of respite care provided in FY18?

The Program provided 55,054 hours of respite care FY18.

- b. How many requests for respite care were not filled in FY18?

The Arc Montgomery County did not deny any new requests for respite care in FY18. The program implemented cost saving measures to minimize the impact of increasing the Level I agency rates without additional ongoing funding. For example, for FY18, individuals receiving any in home waiver services/supports of over 40 hours per week were only eligible for a maximum of 48 hours of approved respite cares per fiscal year upon application approval (the standard annual hourly cap is 140 hours). In FY19, clients receiving in home supports or services from State or Federal program are not eligible to receive any respite services.

- c. What is the number of respite hours provided in the first half of FY19?

The Program provided 31,856 respite hours from July 2018 – December 2018

- d. Is it expected that the same number of hours will be provided in FY20 or is it expected that the rate for respite services will increase?

The Arc Montgomery has requested a rate increase for its Level I agencies from \$20/hour to \$22/hour for FY20. The County's Respite Program rate is still below their agency rates (\$26-28/hour for personal care services) and is below the rate in the County's In- Home Aide program rate (\$28/hour). The Level I agency rate has increased over the last two fiscal years without any additional ongoing funding (the program has received one-time only funds from AAA and the Department of Human Services in FY18 and FY19). The projected cost of increasing the rate from \$20 to \$22 is \$69,450 (The average # of Level I hours over last 5 FYs is 34,723. *A \$2 rate increase = \$69,446). If the department increases the rate without additional funding, it could mean 3157 fewer hours in FY20 ($69,446 / \text{the new } \$22 \text{ rate} = 3,157 \text{ hours}$).

The Commission on People with Disabilities is requesting this increase (©14) so that the number of available hours are not reduced.

Council staff recommendation: Place \$69,446 on the Reconciliation List to avoid the reduction in hours that will be required if the increase rate is not funded.

J. Senior Community Services

1. Senior Home Sharing Pilot Program \$174,000 and 0FTE

DHHS has provided the following description of this effort. A flyer from November meetings to hear from the community about home sharing is attached at © 38.

The purpose of the Home Sharing program is to combat social isolation and financial insecurity by matching home owners who have a spare room with home seekers interested in long-term room rental. The program's target populations are **home owners** who may need the extra income and who prefer living with another person and **home seekers** who need housing and may be able to assist with tasks and in-home help.

Funding is for a full year. Approved funding will be used to solicit one or more contractors to deliver this service (i.e., no work-years). Since this will occur through a Request for Proposal (RFP) process services will begin late in FY20.

Council staff recommendation: Council staff supports this program but recommends reducing the budget \$87,000 to reflect half-year funding as the program most likely will not start until the second half of the year. This will require annualization of the costs (based on the solicitation) in FY21.

2. Multi-Program Adjustments \$93,374 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

K. Senior Nutrition

1. Multi-Program Adjustments \$2,665 and (1.0)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

Updates on Senior Nutrition Programs

There are three Senior Nutrition programs: Home Delivered Meals, Congregate Meals, and Cold Box Meals. Funding comes from the Older Americans Act, the Nutrition Services Incentive Program, program income, the State Nutrition Grant, and County General Funds. The following table shows the funding and service trends for the Home Delivered Meal and Congregate Meal programs.

Home Delivered and Congregate Meals

Home Delivered	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Budget	FY20 CE Rec
Funding	965,826	1,260,850	1,280,782	1,269,719	1,228,449
People Served	1,183	1,812	923	1,007	1,007
Meals Served	154,695	174,555	159,159	184,839	184,839

Congregate	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Budget	FY20 CE Rec
Funding	1,913,677	1,785,265	2,221,811	2,167,861	2,114,128
People Served	4,036	4,165	4,595	5,036	5,036
Meals Served	235,872	253,715	272,812	269,288	269,288

DHHS notes that the FY18 Budget and FY19 CE Recommended numbers did not reflect a recent Federal decision that changed how the program classifies certain meals. This decision prohibits the program from treating all Cold Box and emergency shelf-stable meals as Home Delivered. The result is a shift of meals and people from Home Delivered to Congregate in FY18 Actuals compared to FY18 Budget, and FY19 Budget compared to FY19 CE Recommended. SNP numbers will reflect these rules going forward, including the FY20 column above

Cold Box Meal Program

This effort provides a box lunch during the winter months at senior buildings to ensure people have a meal when they may not be able to go out. For FY19, the Senior Nutrition Program provided this service from November 13, 2018 to March 29, 2019 for five days per week.

The County Executive has recommended \$276,991 for this program for FY20. DHHS says they anticipate serving the same buildings in FY20, including the Oaks at Four Corners, which plans to rejoin the program. Victory Court declined to participate in FY19 because there was not enough interest from residents.

	2016-2017 program	2017-2018 program	2018-2019 program
Covenant Village	66	47	52
Franklin Apartments	60	60	50
Hampshire Village Apartments	55	25	24
Oaks at Four Corners	40	0	0
Oaks at Olde Towne	40	34	40
Randolph Village	60	62	40
Town Center	40	40	40
Victory Court	28	15	0
Victory Forest	80	55	48
Victory Oaks	15	20	18
Victory Tower	65	60	70
Willow Manor at Cloppers Mill	15	25	16
Willow Manor at Colesville	25	35	45
Willow Manor at Fair Hill Farm	45	45	44
Charter House	70	65	70
Rebecca House	33	33	46



Aging and Disability Services

RECOMMENDED FY20 BUDGET
\$52,710,366

FULL TIME EQUIVALENTS
173.09

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

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 Odile Brunetto of the HHS - Aging and Disability Services at 240.777.4565 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Chief Aging & Disability Services

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

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	463,505	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.	14,052	0.00
FY20 Recommended	477,557	3.00

✱ Aging & Disability Resource Unit

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

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of callers to the Aging and Disability Resource Unit that received the referrals/information they need	95	96	95	95	95

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	985,502	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.	16,608	0.00
FY20 Recommended	1,002,110	9.00

☼ **Home & Community Based MA Waiver Services**

This program area administers and operates Maryland's 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.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,713,267	10.00
Increase Cost: Adjust Budget for the Community First Choice Nurse Monitoring Program to Address Structural Budget Deficiencies	483,918	0.00
Shift: MFP Opt. Counseling Grant Funds	(96,250)	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.	166,935	1.00
FY20 Recommended	3,267,870	11.00

☼ **Assessment & 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, financial exploitation, or inappropriate institutionalization. Services include Adult Protective Services, Social Services to Adults, and the Public Guardianship Program.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of seniors and adults with disabilities that avoid institutional placement while receiving case management services	94	94	94	94	94
Number on Social Services to Adults (SSTA) waiting list	205	256	328	400	472

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	9,994,396	69.55
Increase Cost: Increase Cost to Senior Care Grant Funds	199,525	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.	642,342	0.00
FY20 Recommended	10,836,263	69.55

☼ **Community Support Network for People with Disabilities**

Community Support Network for People with Disabilities (CSN) provides services that enable individuals to remain in their home or in the least restrictive environment and provides general support, guidance, and assistance to clients with developmental disabilities and their families. This program area coordinates and monitors services and supports (including crisis management, intervention, and school-to-work transition assistance) to clients with developmental disabilities eligible to receive services through the State Developmental Disabilities Administration (Coordination of Community Services Program); provides service coordination to eligible young people funded under the Maryland Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver Program); and provides financial assistance to State-funded providers who serve adults with developmental disabilities. The My Turn program provides summer camp placements, support, and programmatic/financial assistance to families with children with developmental disabilities ages three to 13 years old. The Customized Employment Public Intern program provides supported employment for adults with developmental disabilities. CSN also conducts site visits to group homes that serve developmentally disabled clients in the County and monitors contracts that provide services to people with various disabilities including visual and hearing impairments.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of adults with developmental disabilities provided case management services that remain at the same level of independence after receiving supportive services in the Coordination of Community Services Program ¹	100	100	99	99	99

¹ This program was restored in the FY16 budget. The program has a cap of 500 clients.

FY20 Recommended Changes

FY19 Approved

Re-align: Adjust Funding for the Developmental Disability Services Supplement to Equal Average Percentage of Minimum Wage Actually Paid to Direct Service Providers by Providing Agencies

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

FY20 Recommended

Expenditures	FTEs
22,288,023	36.75
(1,850,202)	0.00
224,664	0.00
20,662,485	36.75

Assisted Living Services

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

Program Performance Measures

Assisted Living Services - Percentage of clients remaining in community placement (i.e., not entering institutional setting) ¹

Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
95	96	96	96	96

¹ Assisted Living Services derives referrals from Adult Protective Services, which is constantly receiving new cases. The percentage of clients served is projected to remain at 96 percent from FY19-FY21.

FY20 Recommended Changes

FY19 Approved

Enhance: Group Senior Assisted Housing Grant Funds

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

FY20 Recommended

Expenditures	FTEs
2,465,550	7.57
361,657	0.00
52,613	0.00
2,879,820	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. Home Care Services prevent abuse, neglect, and exploitation of vulnerable adults, and enhance overall quality of life by providing personal care, chore assistance, therapeutic support, self-care education, and escorted transportation.

Program Performance Measures

Home Care Services - Number of clients served annually ¹

Home Care Services - Percentage of clients with no unmet personal care needs

Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
326	279	315	315	315
94	95	95	95	95

¹ In FY18, the Occupational Therapy budget was not funded, causing the number served to decline. The shift of Social Service to Adults (SSTA) to do APS Cases resulted in the decline in the number of referrals to Home Care Program.

FY20 Recommended Changes

FY19 Approved

Increase Cost: Home Care Services Contract

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

FY20 Recommended

Expenditures	FTEs
4,420,444	15.00
490,000	0.00
35,018	0.00
4,945,462	15.00

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.

Program Performance Measures

Ombudsman Services - Percentage of complaints resolved and partially resolved ¹

Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
90	90	88	88	88

¹ The forecast for a decrease is due to a mandated migration to new software for data collection and reduction in volunteer workforce to assist

in complaint resolution. All numbers reported are based on the Federal Fiscal Year Calendar (October 1 - September 30), which means that FY18 numbers are still projections, as are FY19, 20, and 21.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	893,432	7.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	57,548	0.00
FY20 Recommended	950,980	7.50

☀ Respite Care

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

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of customers that report a reduction in stress/caregiver burden as a result of receiving respite services	98	100	99	99	99

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,246,661	0.00
FY20 Recommended	1,246,661	0.00

☀ Senior Community Services

This program area provides funds for services that help seniors remain independent in the community including: providing technical assistance to community "villages", services for caregivers, legal services, representative payee services, health insurance counseling, "visitor" services, grocery shopping, transportation and mobility management, subsidized employment, and other services.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Representative Payee clients who report that the volunteer money management service has enabled them to have adequate funds for shelter, food, medical care, and clothes	93	97	97	97	97

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	3,014,579	10.22
Add: Senior Home Sharing Pilot Program	174,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	93,374	0.00
FY20 Recommended	3,281,953	10.22

☀ 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 non-profit organizations.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Number of unduplicated customers served in the Senior Nutrition Program ¹	5,760	5,236	5,743	5,743	5,743

¹ All numbers reported are based on the Federal Fiscal Year Calendar (October 1 - September 30), which means that FY18 numbers are still projections, as are FY19, 20, and 21. Numbers for FY18 and after are calculated using revised instructions from the Maryland Department of Aging that now excludes certain home delivered meal participants, resulting in a lower number.

FY20 Recommended Changes

Expenditures

FTEs

FY19 Approved**3,156,540****4.50**

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

2,665

(1.00)

FY20 Recommended**3,159,205****3.50****PROGRAM SUMMARY**

Program Name	FY19 APPR	FY19 APPR	FY20 REC	FY20 REC
	Expenditures	FTEs	Expenditures	FTEs
Aging & Disability Resource Unit	985,502	9.00	1,002,110	9.00
Assessment & Continuing Case Management Services	9,994,396	69.55	10,836,263	69.55
Chief Aging & Disability Services	463,505	3.00	477,557	3.00
Home & Community Based MA Waiver Services	2,713,267	10.00	3,267,870	11.00
Community Support Network for People with Disabilities	22,288,023	36.75	20,662,485	36.75
Assisted Living Services	2,465,550	7.57	2,879,820	7.57
Home Care Services	4,420,444	15.00	4,945,462	15.00
Ombudsman Services	893,432	7.50	950,980	7.50
Respite Care	1,246,661	0.00	1,246,661	0.00
Senior Community Services	3,014,579	10.22	3,281,953	10.22
Senior Nutrition Program	3,156,540	4.50	3,159,205	3.50
Total	51,641,899	173.09	52,710,366	173.09



COMMISSION ON AGING

Montgomery County Commission on Aging FY20 Budget Statement

April 8, 2019

The Commission on Aging (COA) believes that Montgomery County continues to make progress as a Community for a Lifetime for all residents. COA's County budget recommendations are informed by the Senior Agenda, COA public forums, COA Committees' Focus Areas, COA monthly meetings, and summer studies. These activities benefit from input and feedback from subject matter experts and members of the public, especially older adults and their families.

Montgomery County must continue to be a community of hope for its residents by ensuring that all those in need have access to the safety net of vital services and supports essential for their well-being. In addition, the County must ensure that all of our older adults are provided with services that enhance their quality of life and have access to housing that is affordable, so that they can remain vital members of our community. These services will help to address the results of the County's 2017 Community Livability survey, which found that residents were concerned about how expensive it is to live on a retirement income. The 2018 M-NCPPC report, Meeting the Housing Needs of Older Adults in Montgomery County, provides the following summary of this result:

"Montgomery County, Maryland, is a community offering high-quality services and amenities to people of all ages and at all stages of life. According to the County's 2017 Community Livability Report, 90 percent of County residents 55 and older say that Montgomery County is a "good" or "excellent" place to live. The County scores particularly high among older adults in terms of its health services, public safety, and parks and activities. However, only 50 percent of residents 55 and older said that Montgomery County was a good place to retire. And just 25 percent rated the cost of living favorably. Therefore, despite the high quality of life enjoyed by many residents in Montgomery County, there are challenges to ensuring that people can remain in the County as they age and that the County's opportunities and amenities are available to all older adults, regardless of income. <http://montgomeryplanning.org/tools/research/special-studies/housing-for-older-adults-study>."

In addition, the need to intervene to ensure community engagement and reduce social isolation among older adults is vital. People who are isolated are at greater risk of needing long-term care; becoming victims of fraud and elder abuse; dying early; and going to emergency rooms. Their additional health risks lead Medicare to pay \$1608 more per person each year (AARP Public Policy Institute).

The Commission on Aging's FY20 priorities are intended to fight social isolation and to promote safe, affordable living. They include recommendations for recreation, health and social services programs, affordable housing expansion and preservation, and funding that would provide needed support for our vulnerable and vital older adults and their families. Given the current fiscal climate, we have limited our budget requests to those we believe to be of the highest priority.

Department of Health and Human Services

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www.montgomerycountymd.gov/hhs

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RESPONSE TO FY20 PROPOSED BUDGET

Support for Proposed Budget Items

We appreciate the continued funding of essential supports and services for which we have advocated in the past, including the Long-Term Care Ombudsman Program; funding for home care services; as well as the Mobility Manager, Village Coordinator, Caregiver Support Coordinator, and Age-Friendly Senior Fellow. The FY20 budget also includes several grants of varying amounts to Villages, for a total \$110,520.

Several of the County Executive's affordable housing proposals will benefit older adults.

The proposal for a new Home Sharing Pilot Program could provide an affordable housing option for older adults who own their homes and have a spare room, as well as those who need an affordable place to live. Funding for services to alleviate homelessness will benefit older persons, who in FY18 comprised approximately 10% of those experiencing homelessness in the County. In addition, there are key increases within the Housing Initiative Fund for rental assistance and affordable housing, as well as a proposed increase in transfers from the General Fund for FY20. The funding of two positions in the MPDU program could increase efficiency and enhance services. Montgomery County needs to support a variety of creative affordable housing options for older adults with low and moderate incomes. These proposals are consistent with the COA affordable housing recommendations.

Concern About Proposed Budget Reductions

As much as the Commission applauds the inclusion of the budget items described above, we are concerned about proposed reductions for programs that serve lower income and other vulnerable older adults.

Department of Recreation – Senior Programming

Recreational programs at senior and community centers can include healthy meals, social engagement, and intellectual stimulation – all essential for older adults who might otherwise be isolated and alone. The benefits of participation in these programs are pronounced. For many isolated and otherwise vulnerable older adults, a senior program or senior center may provide the only opportunity for social interaction and a healthy meal. Moreover, at our March 2019 Public Forum, “Older Adults in the County’s Diverse Racial, Ethnic and LGBTQ Communities,” which included panel discussions and breakout sessions, many speakers indicated that senior programs were especially beneficial to older adults of diverse communities, especially in addressing their unique challenges of social isolation.

While the Senior Adult Programs budget looks at a distance to be flat-funded in the FY20 budget, the operating expenses – the actual programs – have been cut in each of the last three budgets, going from \$771,071 in FY17 to \$705,248 in FY18 to \$623,502 in FY19, and now a proposed \$581,257 in FY20. These program cuts have been masked by increases in personnel costs attributable to salary and benefit costs of current employees. To provide points of comparison, Montgomery County budgets \$2 million/year for senior recreation services while Howard County provides \$2.35 million, and Fairfax County close to \$4.3 million.

In FY19, the County reduced funding for the Department of Recreation, which resulted in the elimination of two programs that primarily serve lower-income and vulnerable older adults: Friday bus transportation to senior centers and mini-trips. As previously noted, for many isolated and otherwise vulnerable older adults, a senior program or senior center may provide their only opportunity for social interaction and a healthy meal. Without County-provided transportation, these benefits may be lost.

Likewise, the Department's mini-trips to cultural or historical sites such as museums, the County Fair, and shopping venues, provide older adults who lack personal or financial resources, an opportunity for social engagement and intellectual stimulation. The COA requests that these services be restored.

Cost to restore: \$248,002 (FY19 and FY 20 reduction)

Additional Budget Requests

We also wish to highlight some additional budget priority items that the Commission requested but are not reflected in the County Executive's budget proposal. These services provide crucial protection and support for our most vulnerable residents, and we urge the Council to consider funding them.

Senior Center Early Stage Memory Loss Program (Senior Center Plus)

Early Stage Memory Loss Programs, or Senior Center Plus, provide structured activities and support tailored to the individual needs of senior center participants with early stage memory loss. Senior Center staff are encountering more individuals who are brought to the center by caregivers but whose cognitive impairments prevent them from joining regular center activities. However, center staff have neither the time nor the training or expertise to provide these individuals with the individualized services they need. As a result, these participants may remain in one location, e.g., lobby area, for the entire day. They would benefit tremendously from Senior Center Plus.

Montgomery County lags behind neighboring jurisdictions in providing this service. There are currently 43 Senior Center Plus sites in Maryland, including in Anne Arundel, Baltimore, Charles, and Howard counties. Fairfax County, Virginia, operates a robust program with more than \$1 million in county funds.

JCA operates a small early stage memory loss program in Germantown with private grant funds and County-provided space, serving 8 people/2 days per week on a sliding fee scale. In FY19, JCA received a County grant to start a second program in Mid-County or East County, in partnership with the Recreation Department. As a result, a once-a-week program is offered at Margaret Schweinhaut Senior Center. Funding for a second day each week at Schweinhaut would enhance participation and benefits received, including reducing social isolation for these vulnerable adults.

Cost to add a second day: \$40,000

Respite Program – Increases in Rates and Services Requests

DHHS contracts with The Arc Montgomery County to provide respite services to unpaid, live-in, primary caregivers, who are typically family members. Respite services can provide relief for a caregiver for a few hours, a day, a weekend, or sometimes longer. Respite services can be provided in the home or in approved respite facilities. Services may be provided at two levels: supervisory and personal care (Level I agency), and skilled nursing care (Level II).

The Respite Program budget has absorbed recent increases in Level I agency rates (from \$14.50 to \$20/hour) and Level II (nursing level) rates (from \$25 to \$34/hour) without additional ongoing funding. The Level I rate increases are a result of the need to have rates comparable to other in-home/personal care programs and to meet increases to the County's minimum wage. The Arc is requesting an additional rate increase to the Level I rate for Respite Care Provider agencies from \$20/hour to \$22/Hour for FY20. Additional County monies are needed to fund this rate increase without impacting service to clients.

While respite services can be provided in the home, service providers report that more of their clients are choosing to have their loved ones receive care in an approved respite facility. In addition to the rate increase,

there is also a need for additional funding to cover costs for those clients who require 24-hour care in a respite facility.

The FY19 budget recognized the need to assist certain other direct service providers with meeting minimum wage requirements for their employees. Respite care is another area where this financial assistance is needed. Without additional money to assure that direct care providers receive the minimum wage they are due, current service levels may need to be reduced.

Cost to implement: \$130,000

Public Guardianship Program - Social Worker Position

The state mandated Public Guardianship Program provides substitute decision-making for adults whom the court has determined lack the capacity to make their own decisions about essential aspects of their lives (e.g., housing, safety, or medical care) and for whom there is no less restrictive alternative, including no appropriate family member or loved one to serve in this role. The Public Guardianship Program has seen an 18% increase in the number of clients over the last four years. Public Guardianship program caseloads are likely to continue to increase, as the program is closely tied to Adult Protective Services (APS), which investigates referrals of abuse, neglect, self-neglect and financial exploitation of vulnerable adults. The caseload for APS is at an all-time high. Investigations increased by 24% from FY13 to FY17. From FY17 to FY18, the increase was 11.4%. August 2018 saw the highest caseload in the program's history, with 119 open cases. In FY18, 34% of APS cases involved financial exploitation of a vulnerable adult.

In addition to serving as court-appointed decisionmaker for some of the most vulnerable residents of our community, the Public Guardianship Program also conducts guardianship assessments after receiving referrals from hospitals and provides services to both continuing APS clients who are not under guardianship and clients of the Social Services to Adults program.

An additional Social Worker is needed to provide services to these very vulnerable clients, who are often victims, or at risk of becoming victims, of abuse or neglect.

Cost to implement: \$99,000

Coordinator of Outreach and Support to Older Adults in Diverse Communities

While the County's older adult population will not transition to being majority-minority until around 2027, we do have large racial and ethnic older adult minority populations. Approximately 14% of County residents age 60 and older are Asian, 13% are Black or African-American, and 8% identify as Hispanic or Latino. HHS Aging and Disability Services conducts outreach and provides services to ethnic and racial communities through its work in transportation, health and wellness, village coordination, caregiver supports, and senior nutrition programming. The Office of Community Partnerships includes liaisons to the various populations that comprise the Montgomery County community. Other County agencies and departments also engage in outreach efforts.

In June 2018, COA identified five communities with large or growing older adult populations in the County: Vietnamese, Korean, Ethiopian, Salvadoran, and African-American. We convened a panel of representatives from these communities for a moderated discussion of the issues and challenges that they face. We continued our exploration of these important issues at our March 2019 Public Forum, "Older Adults in the County's Diverse Racial, Ethnic and LGBTQ Communities," which included panel discussions and breakout sessions. These programs made clear that despite HHS, OCP, and other department efforts, many older adults in these diverse communities face unique challenges and continue to be isolated and unaware of the services and programs available to them.

COA recommends that the County create a new position – Coordinator of Outreach and Support to Older Adults in Diverse Communities. The proposed position, which could be a Senior Fellow, would develop and lead a newly developed Diverse Communities Coordinating Council (or similar entity) of leaders representing older adults in their communities. The Coordinating Council would identify needs and resources and work with various resources including within their communities, county government, non-profits and for-profit sectors to address these needs.

Cost to create a Senior Fellow position: \$26,000

Housing Initiative Fund (HIF) Increase

COA appreciates the County Executive's and the Council's continued efforts to support affordable housing options in the County, including through use of the HIF.

The COA 2017 Summer Study supported the recommendation of the County's 2017 Rental Housing Study by RKG Associates, "that Montgomery County follow the District of Columbia's lead and increase dedicated funding [for affordable housing] to at least \$100 million annually." COA regards this amount as a multi-year goal to address the continuing critical need for affordable housing in the County.

We also continue to strongly recommend that the Council work with the Montgomery County Delegation to the General Assembly to research the federal Low-Income Housing Tax Credit program and support a carve out for Montgomery County, similar to the carve out currently in place in Northern Virginia.

Finally, COA continues to urge the Council to ensure that long-range planning, including innovative solutions to expand and preserve affordable housing, is undertaken for both older adult owned housing and rental housing to ensure a range of safe, affordable housing alternatives.

Moderately-Priced Dwelling Unit (MPDU) Program Expansion

The County's Moderately-Priced Dwelling Unit (MPDU) program includes homeownership and rental components. The rental component of the MPDU program requires that landlords set aside a certain percentage (currently 15%, with some exceptions) of units for low- and moderate-income households. The County uses the HIF to subsidize rents on these units.

The County should make the MPDU program more accessible to households earning less than 65% of Area Median income by requiring a larger base set aside of 15% or more for all new developments, expanding HIF rent subsidies of MPDU units and adopting a sliding scale of income targets and set aside percentages that could assist individuals below 50% of AMI. (Recommendation from 2017 Summer Study).

Affordable Housing: User Friendly Database and Streamlined Application Process

A primary challenge for individuals seeking affordable housing is the difficulty of navigating multiple complex programs that serve a broad population and are administered by dozens of private and public entities. The 2018 M-NCPPC report, Meeting the Housing Needs of Older Adults in Montgomery County, lists 37 senior affordable housing rental communities governed by ten federal or state programs. COA recommends creating a user-friendly searchable database to help older adults, those assisting them, and other county residents navigate affordable housing options.

The Housing Opportunities Commission operates an on-line application program, Housing Path, that funnels on-line applications to the appropriate entry point, "based on household size, income, age and other factors," including into the federal Section 8 Housing Choice Voucher program and to other affordable communities that

HOC owns and/or operates. This application program does not include privately operated affordable housing options.

At one time, the Montgomery County Department of Housing and Community Affairs website hosted an on-line Apartment Rental Guide. Data for the site was extracted from the annual Rental Housing Survey and included rich supplemental information such as maps, bus routes and school districts. The user could filter according to needs such as housing for seniors, persons with disabilities, and affordable programs. DHCA is currently updating this resource.

COA recommends that the County consider developing an on-line, single point of entry, comprehensive listing tool like the Apartment Rental Guide, and that this site be enhanced to include:

- A universal application
- Live data to supplement Annual Rental Housing Survey data
- Integration into portals for affordable housing programs such as Public Housing, Section 8, and MPDU rentals.
- Automated response to inquiries to include: programs for which resident is eligible, wait list information and status, and contact information for a person associated with each program for which the resident is eligible.

COA further recommends that the County implement a robust roll-out campaign to include inter-agency training, property management industry training, and resident education.

Conclusion

The Commission on Aging understands the need for strategic fiscal management in uncertain times, and we appreciate the County Executive's and the County Council's commitment to serving the needs of older adults.

With the number of County residents 65 years of age and older increasing by approximately 10,000 each year and becoming increasingly diverse, the County must continue to support critical programs that permit all older adults to live safely in their homes and communities, and to enjoy a high quality of life, regardless of income.

PH 4-8-19
7:00PM



Commission on People with Disabilities
Testimony before the County Council
FY20 Operating Budget
April 8, 2019
Seth Morgan, MD, Chair

Pedestrian and Bicycle Safety as it Relates to People with Disabilities

Common sense road improvements is not a term that applies to the County's current bicycle master plan. Many of the Commissioners have become quite concerned about the increase in bicycle lanes, floating bus stops, parking along a bike lane, two stage turn queue and bike boxes and concerned about the safety of pedestrians who have a disability. It is observed that many bicyclists do not obey traffic rules such as stopping at stop signs. People who are blind cannot see them and people who are deaf cannot hear them coming from behind.

Of particular note, Mr. Charles Crawford who is blind and past Vice Chair of our Commission, remarked even as we have made good progress in securing a safer and accessible pedestrian environment in our county, recent efforts to accommodate bicyclists in the same space as used by vehicles and pedestrians, have struck fear into the hearts of persons with disabilities. This fear results from the changes to our infrastructure as evidenced by floating bus stops, having to cross bicycle lanes to get to a bus stop, having to cope with roundabouts with little to no traffic control favoring the pedestrians, with the coming appearance of e-bikes, e-scooters, self-driving vehicles and to increasingly complex intersection crossings designed with little regard for the ability of pedestrians who have a disability to manage the crossings. It is the considered opinion of Mr. Crawford that all planning and work done to facilitate traffic, pedestrian, and other transportation modes, must be done with the information available from experts in disability mobility methodologies, so as to assure all persons that they matter and the County will not disregard their needs.

We recommend that if you are going to build bike lanes to make them separate shared use paths and not mix them with pedestrians and cars. We ask that you halt the current installation and take better consideration of the needs of people who are blind, have mobility limitation or use wheelchairs, or are deaf. We would urge a careful examination of some of the previous design failures of protected bike lanes (the City of London had a lawsuit around their floating bus lanes, and Boulder, Boise, and Memphis a few years ago all scaled back their protected bike lanes.)

With the increased housing development, our mostly older roads can barely handle the dense traffic we have now with some lanes marked giving permission to the bicyclist to

take the whole lane? Plans are to paint some of the intersections green and white. Service animals cannot tell color. Does the County make a funding priority of bicycle lanes/trails when we do not have sidewalks in all of our neighborhoods where there are elementary schools and children walk in the roads amongst parked vehicles? There is also the issue of modifying the roads where few bikers use the road and the County has taken out parking spaces. One Commissioner who works at Nebel and Nicholson Lanes reports that parking spots were taken out and bike lanes were put in and narrowed the streets. She reports that she has never seen a bicyclist there. She reports that in inclement weather it does not feel safe to drive on these roads. One has to ask how safe is cycling or being a pedestrian in Montgomery County?

In the book City on the Line written by Andrew Klein, CAO he writes of a staff person not in support of a bike master plan for Baltimore. On page 135 he writes about an employee who was on a Results Team who was ever mindful of what she calls "the two Baltimores" divided between black and white, rich and poor. In one instance she advocated for a Planning Department proposal to engage underserved neighborhoods that are often overlooked by urban designers. In another, she found herself outnumbered as she argued against funding for a bike master plan. Invoking "spatial injustice" she raised concerns that bike lanes would serve only an elite sliver of Baltimoreans while promoting gentrification and taking up limited roadway space making long commutes even longer for those who do not have the luxury of living and working near downtown. "Most of my teammates had sold their cars," she says. "They weren't in touch with how the other half lives."

Transportation Services Improvement Fund

We request that the Council continue to monitor the Transportation Services Improvement Fund. The fund is the result of a 25 cent surcharge per ride for trips originating in the County for Transportation Network Companies, such as Uber and Lyft, because their vehicles are not accessible to people who use wheelchairs. We ask that you closely monitor the fund to improve significantly the availability and reliability of accessible transportation options in the County for those that need them.

Initiative to Improve Early Screening, Diagnosis, and Intervention for Infants and Toddlers with Developmental Delays

The Commission supports the new push on early childhood education, and we want to ensure that our youngest children with delays are fully included and funded. The Infants and Toddlers program reports that pediatricians do not always do screenings and some do not even know about the program or make poor referrals. The Commission recommends including \$159,000 in this year's budget (and \$1.2 to \$1.5 million over 5 years) to fund an initiative developed by a coalition of area stakeholders that includes commissioners—the Montgomery County Coalition to Improve Early Intervention for Infants and Toddlers with Developmental Disabilities—to significantly improve efforts to identify and provide appropriate evidence based interventions to children under three years of age who do become diagnosed as having a developmental disability. Because

of the brain plasticity of the young child's mind, evidence-based interventions dramatically improve outcomes for children with serious developmental disabilities when administered early in the child's development. Nonetheless, most children with serious developmental disabilities in the County either do not receive appropriate intervention or receive it when they are too old to benefit fully from it. Funding this initiative will ensure that County children under three with developmental disabilities obtain the interventions they desperately need. The initiative's multi-prong approach includes the promotion of an electronic screening and data management tool among area pediatricians and county clinics, expansion of efforts at the Montgomery County's Infants and Toddlers Program (MCITP) to quickly diagnose infants and toddlers screened positive for developmental conditions such as autism, and the adoption of electronic tools and new strategies to expedite referrals to MCITP and to evidence based interventions after the identification of a developmental disability. We note that for a number of years, Prince George's County has engaged in outreach with area pediatricians to promote screenings for developmental disabilities, and we believe our County should be doing the same.

Caregiver Support – Respite Care

The Commission is requesting \$69,450 to increase the Level I Respite Care rate from \$20 to \$22. The County's Respite Program is administered via a contract with The Arc Montgomery County. The Level II (skilled nursing) rate increased on July 1, 2016 from \$25.00 to \$34.00 rate, and the department has approved 2 rate increases for Level I services (for agencies only) in the past two fiscal years (from \$14.50 to \$17.50 and then from \$17.50 to \$20) without additional ongoing funding for the four targeted populations mentioned in the contract. This includes –

Children and adults with intellectual/developmental disabilities,
Children with challenging behaviors, or
Children or adults with functional disabilities (Diabetes, cancer, MS, Lupus, and
Adults who are 60 and older.

- Eligibility is limited to families not receiving DDA or other state funded services that provide in home supports.
- Families can choose from many respite care venues, including the family home, community and recreational programs, camps, and approved respite facilities.

Bill No. 35-17
Concerning: Finance -- Payments to
Service Providers
Revised: 12/04/2017 Draft No. 5
Introduced: October 31, 2017
Enacted: December 12, 2017
Executive: December 18, 2017
Effective: March 19, 2018
Sunset Date: None
Ch. 37, Laws of Mont. Co. 2017

COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Council President Berliner
Co-Sponsors: Councilmembers Leventhal, Elrich, Katz, Floreen, Rice, Hucker, Council Vice-
President Riemer and Councilmember Navarro

AN ACT to:

- (1) provide for an annual payment to certain providers of direct services to persons with developmental disabilities;
- (2) require the Director of ~~[[Finance]]~~ Health and Human Services to consider certain factors in ~~[[setting]]~~ recommending the amount of the payment;
- (3) establish eligibility standards for a provider to receive the payment; and
- (4) generally amend the law governing payments to service providers.

By adding

Montgomery County Code
Chapter 20, Finance
Article XVI, Payments to Service Providers
Section 20-83

BoldfaceUnderlining~~[[Single boldface brackets]]~~Double underlining~~[[Double boldface brackets]]~~

* * *

*Heading or defined term.**Added to existing law by original bill.**Deleted from existing law by original bill.**Added by amendment.**Deleted from existing law or the bill by amendment.**Existing law unaffected by bill.*

The County Council for Montgomery County, Maryland approves the following Act:

Sec 1. Article XVI (Section 20-83) is added to Chapter 20 as follows:

ARTICLE XVI. Payments to Service Providers.

20-83. Payment to providers of direct services to persons with developmental disabilities.

(a) Definitions. In this Section:

(1) Developmental disability means developmental disability as defined in Section 7-101 of the Health - General Article of the Maryland Code.

(2) Direct service worker means an employee of a service provider that provides direct treatment or services to persons with developmental disabilities for at least 50[[%]] percent of their work hours.

(3) [[Director means the Director of the Department of Finance.

(4)]] Service provider means an organization providing direct residential, meaningful day (including employment and community development services) or support services to clients through the Developmental Disabilities Administration of the Maryland Department of Health.

(b) Payment. Each year, to the extent that funds are appropriated, the Director of Finance must make a payment to each eligible service provider in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland.

(c) [Amount] Recommended amount of payment. [[In calculating the payment, the]] The Director of Health and Human Services must, by February 1 of each year, recommend to the Executive and Council the amount of the payment, [[consider]] considering:

(1) the State reimbursement rates to service providers; [[and]]

(2) the total cost of providing services, including wages; and

29 (3) the additional operating support needed to allow each service
 30 provider to pay direct service workers, on average, 125[[[%]]
 31 percent of the County minimum wage.

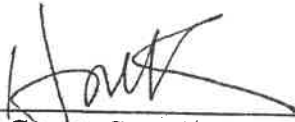
32 (d) Eligibility for payment. To receive a payment under this Section, a
 33 service provider must:

34 (1) demonstrate to the Department of Health and Human Services
 35 that it pays direct service workers at a rate specified in the
 36 Council's current operating budget resolution; and

37 (2) meet any other eligibility standards set in regulation.

38 (e) Regulations. The Executive may issue regulations under Method (2) to
 39 implement this Section.

Approved:



Hans D. Riemer, President, County Council
12-13-2017

Date

Approved:



Isiah Leggett, County Executive
Dec 18, 2017

Date

This is a correct copy of Council action.



Linda M. Lauer, Clerk of the Council
Dec 19, 2017

Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Victoria Buckland
Acting Director

MEMORANDUM

February 20, 2019

TO: Nancy Navarro, President
Montgomery County Council

FROM: Victoria Buckland, Acting Director
Department of Health and Human Services *Victoria G. Buckland*

SUBJECT: Department of Health and Human Services
Fiscal Year 2020 Development Disabilities Supplement

As per Bill 35-17, I am providing the projected amount of funding necessary in the Developmental Disabilities Supplement in order to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage. For Fiscal Year 2020, we project that the total amount of funding needed would be \$18,950,893.

VB:al

Office of the Director

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895
Co-Chair; Tim Wiens (twiens@Jubileemd.org)

**Testimony to the Montgomery County Council
Regarding the FY20 Operating Budget
Tim Wiens, Co-Chair Inter ACC/DD
Executive Director of Jubilee Association
April 9, 2019
Testimony**

Inter ACC/DD is a coalition of 30 providers of adult services supporting over 3,850 Montgomery County residents who have developmental disabilities. The coalition represents \$135 million in annual revenue from the Maryland Developmental Disabilities Administration (DDA). The coalition employs more than 4,350 staff.

Background: For over 40 years, Montgomery County Government has provided a match to leverage state-funded services for county residents with intellectual and other 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 wages of provider agencies supporting people in residential, employment, day, and community support services. There are currently more than 3,850 Montgomery County residents with intellectual and developmental disabilities receiving these supports.

Bills 28-17 & 35-17; In 2018 The County Council unanimously passed Bill 35-17 Finance- Payments to Service Providers. This bill established in law a requirement that each year, to the extent that funds are appropriated, the Director of the Department of Finance shall pay each service provider the additional support needed to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage. The FY19 County budget included funding to fulfill the promises of this law.

Implementation of Minimum Wage Requirements in Montgomery County: It has been the goal of Montgomery County Inter ACC/DD, since the County first increased its minimum wage law four years ago, to maintain our average Direct Support Professional hourly wage at 125% of the County's minimum wage. Montgomery County has provided the funding during the last four years to keep us at or close to that position. Our methodology for calculating what we need is the difference between the State DDA wage factor in our rates and what we need to be at 125% of minimum wage. The wage factor included in the State DDA rate for Direct Support wages is presently (FY19) \$12.09/hour. Maryland DDA did increase its rates by 3.5% in its FY20 budget, and so the DDA wage factor in FY20 will be \$12.51.

With the Montgomery County minimum wage going up to \$12.50 an hour on 7/1/19, for non-profits and small businesses it means that Montgomery County agencies would need to pay an average wage of \$15.63 to stay at 125% of the County's minimum wage. Based

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

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895

Co-Chair; Tim Wiens (twiens@Jubileemd.org)

on the numbers that the Montgomery County Department of Health and Human Services (DHHS) collected for FY18 from our agencies, and with average projections in growth of 4.5%, Montgomery County would need to add \$1,388,718 to the DD Supplement in FY20 to meet this goal. Attached to our written testimony is the chart prepared with DHHS staff showing these calculations.

The County Executive has proposed reducing the DD Supplement to be \$1.8m less than the FY19 appropriation. This is being done because of a difference of understanding of the requirements of the law. The Executive and DHHS staff believe to comply the base hourly wage must be at 125%. Inter ACC/DD understood that the base hourly wage always needs to be at or above the County minimum wage but that the average wage, to reach 125% is determined by dividing the total wages paid to direct service employees by the total hours worked. The biggest variable that this difference of understanding takes into account is the use of overtime as part of the calculation of the average. Overtime and bonuses have always been included in wage data that has been collected by County Department of Health & Human Services. Under the DHHS calculation the majority of agencies receiving the supplement are out of compliance, under the Inter ACC/DD assumption the majority of agencies are in compliance.

Reducing agencies funding that are out of compliance either because of a difference of understanding or for other reasons will not lead to the desired outcomes that everyone shares regarding this law, which is to pay direct service staff a living wage. Agencies whose funding is reduced will fall further and further behind in their ability to not only meet the 125% standard but even their ability to comply with the County minimum hourly wage.

We urge the Council to fully fund the FY20 DD Supplement and to work with service providers to develop regulations for the law which will clearly lay out expectations for compliance and consequences for noncompliance. Inter ACC/DD agencies are fully in support of being held accountable for spending the money in line with the legislative intent, we just need to be clear about what that intent is, so that we can determine the resources needed to meet that intent.

We are requesting that you include **an additional \$3,188,718 in the FY20 budget** for the DD Supplement to restore the \$1.8m that the County Executive cut and to include the additional \$1,388,718 that is necessary to keep us at 125% in FY20 for the DD Supplement, using the current agreed upon formula.

The jobs our Direct Support staff do, caring for our most vulnerable citizens, are not minimum wage jobs. This increase will allow our agencies to keep the wages of our direct service employees above minimum wage and to maintain a salary grid that recognizes longevity, performance and education

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

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6. Section G of this resolution lists the entities designated to receive non-competitive contract awards under Section 11B-14(a)(4) of the County Code, which states: "A contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$7,872,486 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. The Council intends that the majority of these funds should be used to increase the pay of direct service providers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. In order to receive this supplement, an organization must demonstrate to DHHS that its hourly wage exceeds the minimum State pay for the appropriate program. Beginning in FY 2014, each organization must report to DHHS on the amount of funds used to improve hourly pay. Beginning in FY 2015, the Council expects each organization to allocate 75% of any supplement received to improve hourly pay.

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

8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2012. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2012.

FY14

6. Section G of this resolution lists the entities designated to receive non-competitive contract awards under Section 11B-14(a)(4) of the County Code, which states: "A contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

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

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

8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2013. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2013.

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contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$9,426,421 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.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2014. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2014.

\$19,547,940	County General Fund Risk Management Non-Departmental Account
9,240,674	County Special, Enterprise, and Internal Service Funds Contributions
16,525,778	Fire and Rescue System – Fire Tax District Funds
18,668,897	Montgomery County Public Schools
1,488,554	Montgomery College
1,010,050	Maryland- National Park and Planning Commission

contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$10,542,529 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. For FY 2016, \$10,395,841 is expected to be the equivalent of 8.0% of projected revenue the organizations will receive from the Developmental Disabilities Administration. In addition, \$146,688 is provided to assist organizations in maintaining a 25% differential from the minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2015. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2015.

15,568,426	County General Fund Risk Management Non-Departmental Account
8,943,261	County Special, Enterprise, and Internal Service Funds Contributions
18,910,219	Fire and Rescue System – Fire Tax District Funds
17,096,060	Montgomery County Public Schools
1,506,075	Montgomery College
1,188,910	Maryland- National Park and Planning Commission

Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$13,800,211 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 100% 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. For FY 2017, funds are expected to allow organizations to pay direct service workers, on average, 125% of Montgomery County minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2016. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2016.

\$15,276,943	County General Fund Risk Management Non-Departmental Account
8,336,580	County Special, Enterprise, and Internal Service Funds Contributions
17,243,106	Fire and Rescue System – Fire Tax District Funds
17,265,223	Montgomery County Public Schools
1,509,125	Montgomery College
1,086,878	Maryland- National Park and Planning Commission

In addition to contributions from County Government and County and Bi-county agencies, the following contributions and revenues are expected to be realized in FY 2017.

Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$14,729,712 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 100% 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. For FY 2018, funds are expected to allow organizations to pay direct service workers, on average, 124% of Montgomery County minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2017. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2017.

\$16,816,427	County General Fund Risk Management Non-Departmental Account
9,259,426	County Special, Enterprise, and Internal Service Funds Contributions
17,318,991	Fire and Rescue System – Fire Tax District Funds
18,822,309	Montgomery County Public Schools
1,638,940	Montgomery College
1,153,798	Maryland- National Park and Planning Commission

In addition to contributions from County Government and County and Bi-county agencies, the following contributions and revenues are expected to be realized in FY 2018.

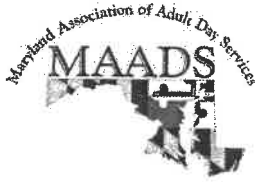
Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$17,562,175 to the Department of Health and Human Services to provide a payment 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 payment, an organization must demonstrate to the Department that it pays direct services workers, on average, a wage equal to at least 125% of the Montgomery County minimum wage. Section G of this resolution includes entities eligible to receive this non-competitive payment.
8. This resolution appropriates \$651,012 to the Department of Health and Human Services to provide a payment to organizations providing adult medical daycare services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by Medicaid funded County residents. The provider must be in compliance with the Montgomery County Minimum Wage law.
9. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
10. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2018. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2018.

\$17,417,251	County General Fund Risk Management Non-Departmental Account
9,351,157	County Special, Enterprise, and Internal Service Funds Contributions
15,639,419	Fire and Rescue System – Fire Tax District Funds
20,889,252	Montgomery County Public Schools

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04/08/19

Honorable Council members,

On behalf of the Maryland Association of Adult Medical Day Services (MAADS), whose members provide Medical Day Care Services throughout the State and in particular in Montgomery County, we request that the Council add a line item to the FY2020 budget to continue the Medical Day Care Minimum Wage Supplement that was added to the FY2019 budget.

As you are all aware, we have consistently raised our concerns about the County's increase in the **minimum wage rate** over and above the State's minimum wage for the following main reasons:

1. Medicaid rules strictly prohibit Adult Medical Day Care Providers (AMDC) from passing the associated increase in labor costs to their consumers. This is a sharp contrast from other businesses that simply can pass the additional costs onto consumers.
2. State licensing regulations prohibit AMDC Providers from reducing staff or limiting services due to staffing ratio and other requirements. Again, this is in sharp contrast to other businesses that have the ability to adjust their staffing and product lines.
3. Medicaid pays all AMDCs across the State a single flat fee for a day of service provided to a qualified participant (regardless of which county they serve). This places the Montgomery County providers (which are subject to the highest minimum wages in the State) in significant disadvantage because the cost of providing services and operating a business in our county is much higher than other counties.
4. Medicaid has chronically underfunded AMDCs over the past decade, resulting in AMDCs being stretched as far as they could to survive. The rapid increase in minimum wage by Montgomery County on top of the fragile financial state of the AMDCs has created an **existential emergency** that requires the County to provide **immediate** supplement to enable the AMDCs to continue functioning and serving the fragile elderly and disabled adults in our community.

After detailed deliberation and many months of presenting the prior County Council, County Executive, and their corresponding staff and advisers with indisputable data and justifications, both the Council and the Executive appreciated the gravity of the situation that AMDCs are facing, and recognized that Medicaid reimbursements alone are simply not sufficient to cover the cost of AMDC business in Montgomery County when subjected to the rapid increases in minimum wage.

Recognizing that not supporting AMDCs will leave a significant deficiency in the County's ability to care for the growing population of fragile elderly and disabled adults, the County approved (for the first time) a line item in the budget to provide a supplement to assist AMDCs with labor costs associated with minimum wage increase in FY2019. (We greatly appreciate this)

Since this was the first year for this supplement, HHS had to develop a program, methodology, legal, and contractual details to properly implement this budget line item. MAADS worked closely with the HHS leadership and staff to accomplish this task, and at the present time we have been invited to attend the kickoff meeting to sign our contracts and begin the program to be reimbursed for the months of April, May, and June. Unfortunately, since this process took the greater portion of the FY2019, we ended up losing 75% of the appropriated funds that had not been disbursed to us due to the new County Executive's budget saving initiative. This has resulted in increased pressure on our

organizations and has made us more in need of support in FY2020. **This is cause for serious concern**, and demonstrates the need for the County to provide assistance to AMDCs to ensure their viability through this rapid cost increase transition period.

Similar to organizations catering to individuals with **Developmental Disabilities**, **AMDCs provide much needed care to the county's frail and vulnerable populations. Furthermore, AMDCs are subject to similar Medicaid funding shortage and challenges.** These programs are basically branches of the same tree, or arms to the same body. COMAR defines AMDCs as providing services to **Adults with Medical Disability** and DDAs as providing services to **individuals with Developmental Disability**. Furthermore, because developmental disability is a form of medical disability, many people living with developmental disabilities use and depend on AMDC services for their daily life. All applicable Medicaid Waiver programs enable an individual with developmental disability to use services by an AMDC for their needs.

Therefore we respectfully request that the Council add a new line item to the FY2020 budget so that our labor costs are kept steady as the minimum wage continues to increase. It does not cost much to cover the AMDCs budgetary shortage. This supplement helps ensure the viability of the AMDC programs for the disabled and the elderly whose population is expected to increase significantly over the next two decades.

Update on developments with regards to increases in the State minimum wage:

This year the State passed a minimum wage law to increase the minimum wage to \$15/hr by January 2025. MAADS worked diligently with the State Legislators to help them realize that increasing minimum wage must be accompanied with proportional increases in the Medicaid budget. Both House and Senate recognized this fundamental need and have allotted budget increases in Medicaid payments to match the State's minimum wage. This is good news as it reduces the long-term fiscal note responsibility of the County significantly. The short-term need for the County's supplemental support remains unchanged as the State will take up to five years before reaching close to the County's minimum wage. Also, the supplement for the State does not even begin till FY2021. We have therefore provided the calculations that show the updated supplemental request based on the Difference between the State and the County minimum wage figures. We are glad to provide additional details at future meetings to discuss this and any questions the Council may have.

It is essential that the County Council deliberate on the policy implications of excluding AMDCs from the bill. **Exclusion of the AMDCs from the bill signals to the community that our county does not support those who provide services to the elderly and adults with medical disability.** Further, not addressing this problem makes it harder and harder for existing AMDCs to continue providing much-needed services in the County. **Projecting this into the future will render our county with deficiency in services for elderly and those with medical disability.**

Min Wage Difference between Montgomery County and State of Maryland

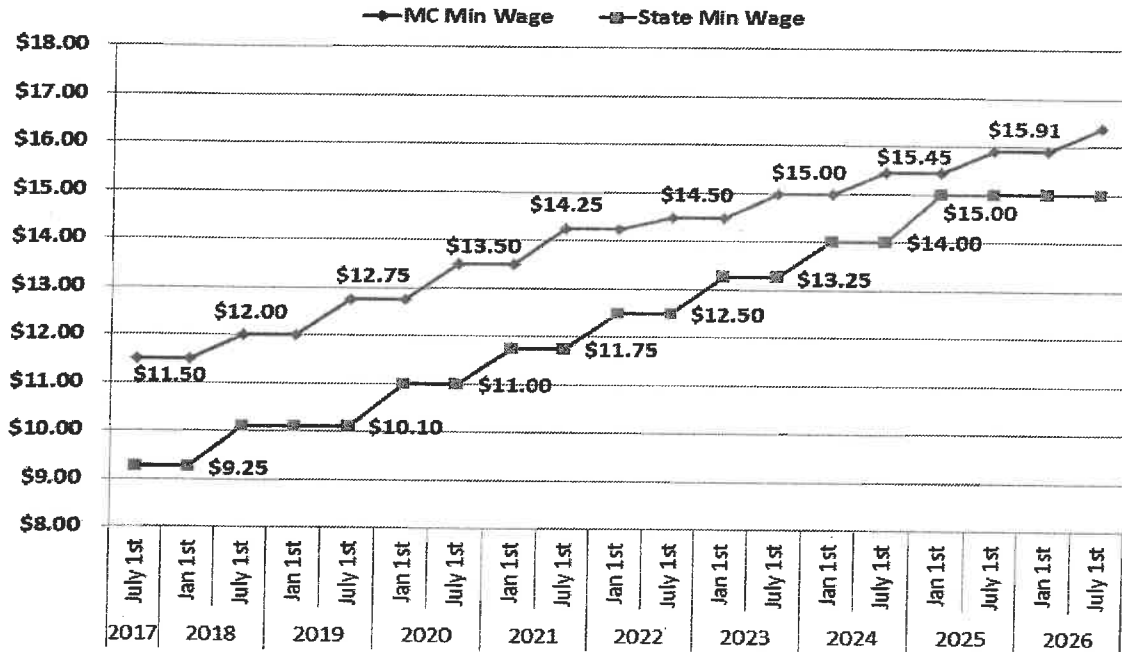


Figure 1: Comparison of minimum wage rates at Montgomery County vs State of Maryland based on recent legislative session. It is important to note that the County continues to have significant differences in minimum wage rate with the State through FY2023. We also note that County law allows for indexing minimum wage after it reaches \$15, whereas the current State law does not have such provision at the present time so the max State minimum wage is currently \$15/hr.

Fiscal Year	County Min Wage	State Min Wage	County AMDC Subsidy (Prior to State Min Wage Law)	State Min Wage Subsidy?	County AMDC Subsidy (After State Min Wage Law)	Savings to County
2020	\$ 12.75	\$10.10	\$ 1,627,531.15	No	\$ 1,627,531.15	\$ -
2021	\$ 13.50	\$11.00	\$ 2,604,049.84	Yes	\$ 2,604,049.84	\$ -
2022	\$ 14.25	\$11.75	\$ 3,580,568.53	Yes	\$ 2,766,802.96	\$ 813,765.58
2023	\$ 14.50	\$12.50	\$ 3,906,074.76	Yes	\$ 2,766,802.96	\$ 1,139,271.81
2024	\$ 15.00	\$13.25	\$ 4,557,087.23	Yes	\$ 2,115,790.50	\$ 2,441,296.73
2025	\$ 15.45	\$14.00	\$ 5,142,998.44	Yes	\$ 1,790,284.27	\$ 3,352,714.17
2026	\$ 15.91	\$15.00	\$ 6,368,080.20	Yes	\$ 1,236,923.68	\$ 5,131,156.52
TOTAL			\$ 27,786,390.16		\$ 14,908,185.35	\$ 12,878,204.81

Figure 2: AMDC minimum wage subsidy calculations before and after Maryland State's minimum wage law. Table shows that State's reimbursing Medicaid providers for its min wage increase reduces the burden on the County with nearly \$13M in savings over the period spanning FY2026.

Coordination of Community Services

1. Definition

Coordination of Community Services (CCS) assists people and their family/guardian with the process of applying for services from the Maryland Department of Health, Developmental Disabilities Administration (DDA), conducting an eligibility Comprehensive Assessment, and assisting with planning and coordinating services. CCS is provided to people who are eligible based on a developmental disability, to receive support services from DDA, are placed on a DDA waiting list, or are transitioning from school or institutional services to community services.

CCS has previously been called Resource Coordination and is now a fee for service, Targeted Case Management service.

When a CCS provider is conducting the initial Comprehensive Assessment, they are acting on behalf of DDA. If a person is determined to be eligible for services by DDA, the CCS provider they select will then serve as their advocate to obtain needed services from DDA and other sources. Over the lifespan, a CCS provider will assist with the planning from school to community based services utilizing the Medicaid Home and Community Based Services waiver program, develop the person-centered/individual service plan, help the person apply for any needed change to the DDA support being provided or change the priority category, help to assure a person's rights are protected, and act as an agent for the person as needed to implement the person-centered plan.

DDA approves organizations to be CCS providers in its different regions of the State. CCS providers must meet State and Federal requirements that include training and staff qualifications. CCS providers must also meet Federal criteria for conflict-free case management. In Montgomery County, which is in the Southern Region, people may choose from four private sector CCS providers: MMARS RC, Optimal Health Inc., Service Coordination, and Total Care Services. The Montgomery County Department of Health and Human Services (DHHS) also provides CCS to County residents. DHHS has a cap of serving 500 people imposed by the County's approved budget starting in FY16. If a family does not choose a CCS provider, DDA will assign one, (sans DHHS). The person can choose to change CCS providers.

2014 (to FY16) Transformation of CCS

Starting in FY16 major changes were made to CCS (Resource Coordination) in Montgomery County. Prior to FY16, Montgomery County provided all CCS services to County residents and received a grant from the State to pay for the program. In order to better leverage Medicaid funds, the State moved to a fee for service requirement and also determined that private provider choice must also be available. The billing rate under the fee for service model does not cover the full cost to the County of providing CCS and a decision was made to move everyone from the County to private providers. Families were extremely confused and upset. Communication from DDA was not clear. People did not know which provider they were assigned to. Serious concerns were raised about turnover and lack of experience by the new providers.

The DD Transition Advisory workgroup was convened and one of its recommendations was that DHHS continue to be a Resource Coordination provider with a cap of 1,100 individuals and the right to decline some referrals. There was concern about the instability of the transition and the importance of having DHHS remain a provider particularly for people that need coordination with other DHHS services. The Council agreed that DHHS should remain a provider and approved County funding that along with State reimbursement would allow DHHS to serve 500 persons.

2. Eligibility - Applicability

- | | |
|---|--|
| <input checked="" type="checkbox"/> Infants and Toddlers <2 yrs | <input checked="" type="checkbox"/> Young Adults 18–25 yrs |
| <input checked="" type="checkbox"/> Pre-K 3–4 yrs | <input checked="" type="checkbox"/> Older Adults 25–49 yrs |
| <input checked="" type="checkbox"/> K-12 (transition only) 5–18 yrs | <input checked="" type="checkbox"/> Seniors 50+ yrs |

3. Description of Programs and Services

DDA's Guide to Services from January 2018 states that the coordinator:

- Assesses your needs, helps with the person-centered planning, and assists with the development of the initial and annual plan and budget,
- Identifies community resources to help you,
- Verifies that all services are waiver eligible services,
- Verifies that all services are important for the outcomes and goals you want and do not risk your health and safety,
- Monitors that the services are being delivered appropriately and that the funds -are being spent correctly, and
- Monitors your emergency backup plan, Provides checks and balances necessary for your health and welfare and overall program integrity.

Review of the private sector sector's website revealed that Service Coordination also notes that as a part of these services the coordinator will get to know you, will talk to you about your dreams and experiences, and assist you in advocating for what you want. It suggests people talk with a coordinator about where they work and live, what they want to do during the week and on weekends, people who are important, whether you have enough spending money, and what support you need to keep you safe and healthy.

A person may choose to self-direct accessing community services and employment. The DDA Guide to Services says that in this case, the coordinator will help you interview and choose a Support Broker, help you choose a Fiscal Management Services provider, help monitor your monthly budget, and helps answer questions about your Support Broker or Financial Services Manager.

4. Data and Trends

- Number of people being serviced by each of the five providers.

- Number of transitioning youth being served by each of the five providers in the current year

5. Gaps and Identified Concerns

- It is unclear why some people are found by DDA not to be sufficiently disabled to meet the criteria for eligibility for services, especially if they had been receiving services through their school system. There is a perception that DDA is becoming more conservative in their assessment of who is eligible. It would be helpful to have better documentation and definitions. This may be a reason why there seems to be a slowdown in the number of Transitioning Youth.
- Families are confused when their child is found ineligible for adult services and there is concern that if the child is on track to graduate with a high school diploma, this becomes an impediment to transitioning to adult services. Families believe that their child should be encouraged to succeed in school and graduate with a high school diploma if possible. Once a person is found ineligible it is unlikely they will receive further services through DDA. Being classified as "Future Needs" is not the same as being on a waiting list. It means that the person is determined eligible but does not have a current need for service.
- Beginning Fiscal Year 2017, the implementation of the DDA Transformation Plan has created stress for CCS providers. There is a lack of clarity about the role of CCS and sometimes there are unrealistic expectations regarding the creation and full implementation of person-centered plans. This is frustrating for CCS providers and families.
- CCS providers are extremely concerned about the rate setting study and changes to billing requirements. CCS providers would like to be able to spend more time with people but is unclear whether this will ever be realized due to the increased administrative tasks required of the CCS by the DDA.
- There is significant turnover of staff in CCS agencies. Providers report that there are not manuals with policies and procedures and providers that work in more than one region may get different answers to questions. At exit interviews, people say that there is too much stress because things are continually changing, and they are constantly having to relearn their jobs. They want to know what their job is supposed to be. They feel overwhelmed with the time allotted for doing different tasks.
- There should be clear standards about staffing ratios. Both a ratio of 1:40 and 1:35 have been discussed by DDA. Based on the required activities thus far in the five-year Transformation, a ratio of 1:35 may be feasible for CCS agencies to be compliant with Federal and State regulations. However, it remains unclear because of the ever-changing role of the CCS. This should be clearly defined in writing and taken into account in setting rates.

6. Innovations

- Person-centered planning, which is the focus of the DDA Transformation Plan, is considered a best practice. The 2001 document from the National Center for Outcomes Resources, *Practice Guidance for Delivering Outcomes in Service Coordination*, says this is a paradigm change shift **from** management **to** support and that the coordinator ensures that the choices made by the person are actualized in the broader community.
- In 2002, New Jersey developed the *Real Life Choices* program, This is a self-directed model meant to support people living at home. Services can include in-home respite, socialization and habilitation, individual supports, and supported employment.

7. Recommendations

- The Council and Executive should inform the Governor and the General Assembly Delegation that the implementation of the Transformation Plan (paradigm shift) is causing confusion for CCS providers, which is causing stress and disruption for people with Autism/IDD and their families. The Transformation Plan is based on the best practice of being person-centered, but without successful implementation, its goals will not be met.
- Policies, procedures, expectations, and responses to CCS provider questions should be in writing and available on-line so that all regions have the same information.
- All CCS providers serving Montgomery County should be staffed at least the 1:35 ratio. At this time, County Government has a higher ratio (about 1:47) than the private sector providers and higher than either the 1:40 or 1:35 that have been discussed as DDA recommended. CCS providers believe a ratio of 1:25 is appropriate given the responsibilities with person-centered planning. The Council should review DHHS staffing as a part of the Fiscal Year 2020 budget and fund the necessary positions to adequately comply with family, State, and Federal expectations. DDA should specifically work with CCS providers on strategies to reduce turnover.
- The Council and Executive should advocate with the General Assembly Delegation for a rate and billing system that appropriately compensates Montgomery County CCS providers for the work that is associated with the required person-centered planning.
- MCPS and CCS providers should return to the practice of working together to make sure all children start the Transitioning Youth process at age 14 or younger. Clear information should be given to parents about the different eligibility criteria for school systems and DDA, so they can make informed choices.
- DDA and Montgomery County should work together to fund a flexible program to provide limited supports to adults with Autism/IDD that is similar to the My Turn Program. The My Turn Program provides County children aged 3 to 13 limited short-term supports and one-time services. These children have not applied to DDA or were determined not eligible in at least the Current Request priority category. MCPS is open to collaborating on such an effort.



What are your thoughts about home sharing?

Are you a homeowner who feels your home is too big or costly to maintain? Or a renter concerned about increasing rent? Would you consider sharing a home with someone else?

Montgomery County Government would like to hear your thoughts about a program which could thoughtfully match homeowners and renters and offer background checks. To make the program successful, we would like to invite you to share your thoughts and ideas. We will hold four community conversations in different parts of the County. Refreshments will be served.

Please RSVP with your preferred location:

Events@montgomerycountymd.gov or 240-777-1131.

Tuesday, November 13th, 1:00-2:30pm

White Oak Community Center 1700 April Lane, White Oak

Wednesday, November 14th, 2:00-3:30pm

North Potomac Community Center, 13850 Travilah Road, Rockville

Thursday, November 15th, 12:00-1:30pm

Bethesda Chevy Chase Regional Service Center, 4805 Edgemoor Lane, Bethesda

Friday, November 16th, 1:00-2:30pm

Olney Library, 3500 Olney Laytonsville Rd, Olney



Montgomery County will provide sign language interpreters and other auxiliary aids or services upon request – with as much notice as possible, preferably at least three (3) business days before the event. Contact Pazit Aviv at 240-777-1231 (voice) or via Maryland Relay @711 or send a request to Events@montgomerycountymd.gov. Taking these steps will help us have enough time to meet your needs.