

Supporting Older Adults with Resources (SOAR)

HB36/SB212 will consolidate three state-funded MDOA programs that support older adults where they live to efficiently and effectively serve more older Marylanders.



Senior Care: \$14M Annually

Services Provided: In-home and community support including food, laundry, personal care, transportation, home repair, health services, adult day care, and caregiver support

Program Challenges: Significant reverted funds, overlap in services with Congregate Housing Services Program

Clients Served: 3,000 Marylanders age 65+ across all counties who make less than 60% of the median state income and have under \$11,000 in assets



Senior Assisted Living Subsidy: \$5M Annually

Services Provided: Partial subsidy for assisted living monthly fee up to \$1,075 per month

Program Challenges: Declining participation from providers

Clients Served: 500 Marylanders age 62+ across many counties who live in assisted living communities and meet local income eligibility guidelines



Congregate Housing Services: \$2M Annually

Services Provided: In-home support (typically) in federally-subsidized age-restricted apartment buildings including food and meals, laundry, chore assistance, and personal care

Program Challenges: Declining participation, high administrative burden, not person-centered

Clients Served: 500 Marylanders age 62+ across many counties who live in apartment facilities and make less than 60% of the median state income and have under \$27,375 in assets

SOAR: \$21M Annually

Services Provided: All existing services from the three previous programs reauthorized with clients smoothly transitioned

Program Advantages: Expanded capacity and reduced administrative burden for all parties

Clients Served: More Marylanders across all counties and all living arrangements with common age and eligibility requirements

Senior Care Success Stories



Matt is 81 years old and rents a home in suburban Frederick County with his wife. They live off of his Social Security income (about \$22K a year) and have \$3K in a savings account. He has developed cognitive issues and needs more help with daily needs. After years of struggling to attend to both Matt and the household, his wife can no longer provide adequate care and called Senior Care to get some help. Matt was approved for personal care services through his Case Manager, and a home health aide now comes twice a week to help with bathing, dressing, chores, and meal preparation. This is allowing Matt to live longer in the community he feels safe in, with his wife by his side.



Inez is a 74-year-old widow who owns a condo in Baltimore County. She lives off of a limited income of less than \$1,200 a month and has about \$3,500 in assets. She has mobility issues and was struggling to remain in the condo she loves. She called Senior Care to ask for assistance, and now receives four hours a week of personal care and chore services. Because she lives alone, Senior Care also provided her with a Personal Emergency Response System in case she needs urgent assistance and case management to help her with medical and accessibility needs. This has allowed Inez to more easily navigate life in her condo where she loves to host movie night with her neighbors.



Bruce is a 78-year old who rents a small apartment in a senior housing complex in Columbia with his cat. He lives off about \$1,300 a month, and has no other assets. While Bruce is very attentive to his cat, he often struggles with self-care, neglecting his own personal needs. His niece used to care for him several times a week until she moved away. But before she did, she called 211 to ask for help. She was connected with the local Maryland Access Point service who helped with the Senior Care screening process. Bruce now receives four hours a week in personal care and chore services, case management support, and monthly incontinence supplies. He is less dependent on his niece now, and they can spend quality time together when she visits. She reports that her uncle is happier and more confident than ever, and has been leaving the apartment more often to socialize with others in the building.

SOAR consolidation will make it possible to support more people like Matt, Inez, and Bruce, and ensure a smooth transition so clients continue to receive these critical supports and services uninterrupted.

Support HB36/SB212

Department of Aging – Aging Services – Program Repeal and Consolidation

Questions? Contact Andrea Nunez, MDOA Legislative Director at andrea.nunez@maryland.gov or 410 - 414-8183 (cell).



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: January 20, 2025

Bill Number: **SB212**

Bill Title: Department of Aging – Aging Services – Program Repeal and Consolidation

Committee: Senate Finance

MDOA Position: **FAVORABLE WITH AMENDMENTS**

The Department of Aging (MDOA) thanks the Chair and Committee members for the opportunity to submit testimony for Senate Bill (SB) 212 - Department of Aging – Aging Services – Program Repeal and Consolidation.

This bill repeals the authorizing statutes for MDOA’s Congregate Housing Services Program (CHSP), and Senior Assisted Living Subsidy Program (SALS). The bill adds language to authorize MDOA design and develop a new program that includes the kinds of services provided under CHSP and SALS programs under the Senior Care program statute. This will allow MDOA to create a single, larger, streamlined program called SOAR - Supporting Older Adults with Resources. SB212 also repeals the Interagency Committee on Aging Services, which has been inactive since 2014. While not in statute, MDOA’s Longevity Ready Maryland Initiative¹, launched last year, replaces the planning and interagency functions of the Interagency Committee on Aging Services. SB212 has a delayed effective date of July 1, 2026, which will allow MDOA to organize a workgroup of key stakeholders immediately following the legislative Session, to assist in the design, planning and implementation of SOAR in the following fiscal year. This transition period will also allow time for a smooth service transition for the approximately 4,000 current participants in the CHSP, SALS and Senior Care Programs.

¹ Pursuant to a recent Executive Order, in January 2024, MDOA launched the Longevity-Ready Maryland Initiative, which will build upon existing efforts across state agencies, private and philanthropic sectors and other stakeholders to tackle real-life challenges throughout the lifespan, taking a whole-of-life and whole-of-government approach. Key goals of Longevity-Ready Maryland are for all Marylanders to lead lives that are healthy, financially secure, socially connected, purposeful - with improved access to affordable housing, healthcare, and retirement needs.



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By consolidating these three state-funded programs we believe we can reduce administrative burden for Maryland's Area Agencies on Aging (AAAs), and give them more flexibility in providing these services at the local level. This will allow MDOA to increase accountability with these funds, cut red tape, modernize and standardize program elements to serve *a larger number of* older Marylanders more efficiently, effectively and equitably with appropriate supportive services in their homes.

MDOA offers the enclosed amendment which will confirm its intent to continue working with stakeholders, including area agencies on aging, post-passage on key details around the new program's eligibility, design, transition plans and developing the new program regulations. We offer the following additional background on all three programs to be consolidated:

Senior Care – Initially a pilot program starting in 1982, and expanded statewide in 1986, MDOA administers this program through grants to AAAs. It is intended for adults 65 years and older and who are at risk of long-term care placement and who meet program eligibility requirements. The program provides a case manager to secure and coordinate services and gap-filling funds to purchase services. In addition, gap-filling funds can be used for chore services, medical adult day care, medication costs, personal care, transportation, respite care, home delivered meals, emergency response system, medical equipment and supplies and other items. Participants must have no more than \$11,000 in assets and 60% of the median Maryland income (\$47,900).

SALS – Begun in 1988, SALS is administered by AAAs through MDOA grant funding. Not all AAAs participate in SALS. The program helps low- to moderate income adults age 62 years and older pay for assisted living programs they would otherwise be unable to afford. The subsidy covers services provided in assisted living settings: meals, personal care, and 24-hour supervision. Participants must be 62 years old or older, reside in an assisted living facility, or be approved for entrance into a facility, be physically or mentally impaired and in need of assistance with the activities of daily living, and be financially eligible.

CHSP – Established in 1976, CHSP is administered by MDOA and we contract directly with housing and senior service provider organizations, such as local housing authorities, nonprofit organizations, or housing management companies. The program provides services and supports



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that allow residents to live as independently as possible. This can include meals, housekeeping, medication management, and limited personal assistance with activities such as bathing, dressing, and laundry. Participants must be 62 years old or older and have no more than \$27,000 in assets and 60% of the median Maryland income (\$47,900).

Program	Participants	Wait List	Budget (000)	Who is Eligible?
Senior Care	2,834	1,999	\$13,929	\$47,900/yr income, \$11,000 in assets, moderate to high disability (some or all Activities of Daily Living) Benefit cap: Varies by AAA, maximum benefit ranges from \$6,000-\$12,000/yr [1] [2]
SALS	369	440	\$4,922	\$52,300/yr income, \$20,000 in assets, in need of support for ADLs Benefit cap: Varies by AAA, typically \$12,000/yr



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CHSP	534	73	\$1,931	\$47,900/yr income, \$27,000 in assets, in need of support for ADLs Benefit cap: Varies by provider, typically <\$5,000/yr
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We note that this program consolidation and modernization will support more older adults living safely in their homes with dignity. These services will delay or prevent some older adults moving into long-term care facilities and prevent older adult homelessness.

Finally, this program consolidation and modernization aligns squarely with policy imperatives at federal, state and local levels, such as:

- The federal Older Americans Act regulations update focusing on ensuring that all older adults age well with their health needs well-supported and economic security.
- Governor Moore’s policy priorities, to increase efficiency, expand and enhance care options that promote aging in place, and to build a better health care system in Maryland to improve the quality of life for all Marylanders,
- Longevity-Ready Maryland, the state’s multi-sector plan on aging, and
- The goals of Maryland’s AHEAD model waiver, by curbing healthcare cost growth, improving population health, advancing health equity.

For these reasons, **the Department of Aging respectfully urges a favorable with amendments report for SB 212.** If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.



SB0212/163122/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

20 JAN 25
08:55:13

BY: Chair, Finance Committee
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 212
(First Reading File Bill)

On page 7, after line 7, insert:

“SECTION 3. AND BE IT FURTHER ENACTED, That the Department of Aging shall engage with key stakeholders, including area agencies on aging, to conduct program transition planning and to co–design the new, consolidated program established under this Act.”;

and in lines 8 and 11, strike “3.” and “4.”, respectively, and substitute “4.” and “5.”, respectively.