

# **SB212\_LeadingAgeMD\_FAV**

Uploaded by: Aaron Greenfield

Position: FAV

**TO:** Finance Committee  
**FROM:** LeadingAge Maryland  
**SUBJECT:** Senate Bill 212, Department of Aging – Aging Services – Program Repeal and Consolidation  
**DATE:** January 23, 2025  
**POSITION:** Favorable

LeadingAge Maryland supports Senate Bill 212, Department of Aging – Aging Services – Program Repeal and Consolidation

LeadingAge Maryland is a community of more than 140 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year. Our mission is to be the trusted voice for aging in Maryland, and our vision is that Maryland is a state where older adults have access to the services they need, when they need them, in the place they call home. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland. LeadingAge Maryland represents the vast majority of CCRCs in the state.

Senate Bill 212 repeals the long-defunct Interagency Committee on Aging Services and consolidates three core Maryland Department of Aging state-funded programs under single statutory umbrella. Those three programs are Senior Care, Senior Assisted Living Subsidy and Congregate Housing Services. The Senior Care Program has an annual budget of \$14 million and provides in home community support including food, laundry, personal care, transportation, home repair, health services, adult day care and caregiver support to 3,000 Marylanders age 65+ who make less than 60% of the median state income and have under 11,000 assets. The Program reverts funds and overlaps in services with the Congregate Housing Services Program which this bill seeks to address. The Senior Assisted Living Subsidy has an annual budget of \$5 million and provides partial subsidy for assisted living monthly fee up to \$1,075 per month. Clients served include 500 Marylanders age 62+ who live in assisted living communities and meet local income eligibility guidelines. Currently, there is declining participation from providers. The Congregate Housing Services Program has a \$2 million annual budget and provides in-home support (typically) in federally-subsidized age-restricted apartment buildings including food and meals, laundry, chore assistance, and personal care to 500 Marylanders 62+ who live in apartments and make less than 60% of the median state income and have under \$27,375 in assets. Similarly, there is declining participation, high administrative burden, not person-centered.

LeadingAge Maryland supports Senate Bill 212 for the following reasons:

- Addressing overlaps in services: Specifically, the Senior Care Program and Congregate Housing Services Program (CHSP) both provide similar in-home community support services, including food, laundry, personal care, and transportation. The overlap creates inefficiencies by duplicating administrative efforts and potentially confusing eligibility or service access for older adults. Consolidation would streamline service delivery, ensuring that resources are used more effectively and allowing the state to focus on a single, unified system for community support services.
- Increasing flexibility and person-centered care: A consolidated program could allow older adults to access a broader range of services tailored to their circumstances, whether they live in apartments, homes, or assisted living facilities, without the constraints of rigid program categories. Also, the bill reduced administrative costs and burden. Each program currently operates with its own administrative structure, resulting in unnecessary costs and bureaucratic complexity. By combining these programs, administrative functions such as eligibility determination, service coordination, and oversight could be centralized, leading to cost savings and improved service coordination.
- Addressing Declining Provider Participation: Both the Senior Assisted Living Subsidy and CHSP suffer from declining provider participation, likely due to complex requirements, low reimbursement rates, or burdensome reporting. Consolidation could create an opportunity to revamp the subsidy structure and simplify provider participation requirements, making it more attractive for providers to remain involved and deliver services. It could also enable the state to negotiate better contracts or create incentives for providers to serve more low-income seniors.
- Enhancing Equity in Service Delivery: Consolidation would enable the state to apply consistent eligibility criteria and asset limits, reducing disparities in who can access services and how much support they receive. For example, the asset limit for CHSP is currently more than double that of the Senior Care Program, which can create inequities in access to services. A unified program could establish fairer and more uniform guidelines.
- Preventing Fund Reversion: The Senior Care Program reverts unused funds, indicating that resources are not being fully utilized due to inefficiencies or gaps in service delivery. A consolidated program could improve fund allocation and utilization by expanding eligibility or broadening the range of services offered, ensuring that available resources are used to meet growing needs.
- Aligning with Broader Policy Trends: Many states are moving toward integrated models of care for older adults to reduce fragmentation, improve outcomes, and ensure that seniors can age in place with dignity. By consolidating these programs, Maryland would be better positioned to pursue federal funding or grants that reward innovative, integrated aging services.

Consolidating the Senior Care Program, Senior Assisted Living Subsidy, and Congregate Housing Services Program into a single, streamlined program would reduce administrative burden, eliminate service redundancies, enhance person-centered care, and make better use of available funds. By adopting this approach, Maryland can improve the efficiency and equity of its aging services, ensuring that more older adults can access the support they need in a sustainable and cost-effective manner

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 212.

**SB0212\_MHAMD\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV



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**SB 212 – Department of Aging – Aging Services – Programs Repeal and Consolidation**

Senate Finance Committee

January 22, 2025

**Position: SUPPORT**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 212.

SB 212 would consolidate three separate programs for older Marylanders into one comprehensive program that provides a variety of supports to older adults, so that they can continue to live in the community and avoid institutionalization. In addition, the bill removes from statute all references to a now defunct body.

Responsibilities of the “Interagency Committee on Aging Services,” which is referenced in statute, have long been assumed by the Department of Aging. SB 212 simply codifies this change.

In addition, SB 212 consolidates three community-based programs for older adults into one, thereby creating efficiencies, which has the potential to allow more older adults to be served. There are waiting lists for the programs and limitations, and any actions that can be taken to expand services are welcomed.

For this reason, MHAMD supports SB 212 and urges a favorable report.

*For more information, please contact Ann Geddes at (443) 926-3396*

# **SB212 - Dept Aging Program Consolidation.Hopkins.S**

Uploaded by: Annie Coble

Position: FAV

**TO:** The Honorable Pamela Beidle, Chair  
*Senate Finance Committee*

**SB212**  
**Favorable**

**FROM:** Annie Coble  
*Assistant Director, Maryland Government Affairs*

**DATE:** January 22, 2025

**RE:** SB212 Department of Aging – Aging Services – Program Repeal and Consolidation

Johns Hopkins supports **SB212 Department of Aging – Aging Services – Program Repeal and Consolidation**. This bill consolidates three programs that support older adults where they live to efficiently and effectively serve more older Marylanders. The programs being consolidated are Senior Care, Senior Assisted Living Subsidy and Congregate Housing Services. This change will reduce the administrative burden and make the programs more accessible. Johns Hopkins treats hundreds of patients that would benefit from easier access to these programs. We see this as a first step and would hope moving forward the Department can continue to build the investment in these programs and create reasonable timelines for enrollment.

Johns Hopkins has several innovative programs to assist the aging population to remain safely in their homes for as long as possible. These programs have been incredibly successful in improving the quality of life for the aging population and reducing health care costs. Making more funding available for these programs, and programs like these, will only continue to improve the lives of the growing aging population. We support the Department making their programs more easily accessible through this legislation.

The Johns Hopkins programs that best demonstrate the importance of funding Aging-in-Place programs are:

- Community Aging in Place-Advancing Better Living for Elders (CAPABLE). CAPABLE is a program developed at the Johns Hopkins School of Nursing for low-income seniors to safely age in place. The program consists of time-limited services from an occupational therapist, a nurse, and a handy worker working in tandem with the older adult as an inter-professional team.
- Hopkins ElderPlus (HEP) and Program of All-Inclusive Care for Elderly (PACE). HEP is Johns Hopkins' PACE program, designed to provide and coordinate all needed services to allow older individuals to continue living in the community. In addition to the traditional Medicare services, participants can receive physical therapy beyond the normal Medicare limits, as well as dentures, eyeglasses, and hearing aids, at no cost. Doctors or nurse practitioners make home visits, and home health aides may help with hygiene, light housekeeping, and other chores. This bill creates an opportunity to better access similar programs through the Department of Aging to better serve the neediest Marylanders.
- Hospital investments. Johns Hopkins currently provides a large amount of hospital-based funding to support patients waiting to access these programs, most notably the patients on the Assisted Living Facilities Waiver. We understand how important it is for patients being in appropriate settings and do our best to make sure patients can be placed there.



We appreciate that the Department is trying to create greater access and preparing for the incoming older adults and await the progress that comes from streamlining that comes from this legislation. For those reasons, Johns Hopkins urges a **favorable** report for SB212 Department of Aging – Aging Services – Program Repeal and Consolidation.

# **FIN Testimony on SB212.pdf**

Uploaded by: Camille Dobson

Position: FAV

**Bea Rector**  
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Colorado

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**Jason Kavulich**  
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Pennsylvania

**Jakenna L. Lebsock**  
At-Large  
Arizona

**David Ward**  
At-Large  
Oklahoma

**Nels Holmgren**  
Immediate Past  
President  
Utah

Date: January 20, 2025

Bill Number: SB 212

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

Committee: Finance

Submitted by: Camille Dobson, Deputy Executive Director

Position: FAVORABLE

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ADvancing States was founded in 1964 and represents the nation’s 56 officially designated state and territorial agencies on aging and disabilities. ADvancing States membership is comprised of state aging and disability agencies and Medicaid long term services and supports directors. In Maryland, our members include both the Maryland Department of Aging and the Maryland Department of Health.

ADvancing States has been providing intensive technical assistance to Secretary Roque and her team as they evaluate their current program and operations with the goal of modernizing and standardizing their programs to serve more older Marylanders more efficiently, effectively and equitably with appropriate supportive services in their homes. This is particularly critical as the number of Marylanders aged 65 and older is projected to grow significantly over the next decade; in fact, by 2030, fully 25 percent of all Marylanders will be over the age of 65. Americans overwhelmingly desire to “age in place”—to stay in their homes as long as possible. The desire to age in place is



stronger among older Americans, with 80% of those born before 1960 and 92% of those born before 1945 wishing to remain in their communities for as long as possible.

ADvancing States brings a national perspective to the table as MDOA discusses program modernization. Typically, older adults must have significant functional decline and have very low incomes to access services through Medicaid that might help them stay in their homes longer. A national trend identified by ADvancing States is that about a quarter of the states are using state GF to deliver 'light-touch' home and community-based services to older adults before they need the more intensive – and expensive – services from Medicaid. Those states include Washington, Oregon, West Virginia, Kentucky and Indiana. Serving Marylanders before they have significant functional impairments and could remain at home with a more limited set of supports can delay decline to Medicaid eligibility.

We recommended that MDOA consolidate their state-funded programs (SALS, Congregate Housing Services Program, and Senior Care) into a new, streamlined program that would focus on the most effective services to keep older Marylanders in their home and provide flexibility to the Area Agencies on Aging to meet the needs of older adults in their communities on a person-centered basis. We are delighted to support HB 36 and the creation of the Supporting Older Adults with Resources (SOAR) program.

We look forward to supporting MDOA as they begin the design, planning and implementation of SOAR this summer.

**CDN SB 212 FAVORABLE.pdf**

Uploaded by: Claudia Wilson Randall

Position: FAV



**Testimony SENATE BILL 212  
FINANCE COMMITTEE  
January 22, 2025  
Position: FAVORABLE**

Dear Chair Beidle and Members of the Finance Committee:

The Community Development Network of Maryland (CDN) is the voice for Maryland's community development sector and serves nearly 200 member organizations. CDN—focuses on small affordable housing developers, housing counseling agencies and community-based non- profits across the state of Maryland. The mission of CDN is to promote, strengthen and advocate for the community development sector throughout Maryland's urban, suburban and rural communities.

SB 212 aims to modernize and improve access to aging services statewide. This legislation focuses on restructuring and enhancing the Department of Aging's responsibilities and services for older adults. Key provisions include: Eliminating requirements for the Secretary of Aging to develop certain congregate housing and assisted living programs. Disbanding the Interagency Committee on Aging Services and shifts its responsibilities to the Department of Aging. Authorizes the Department to implement, coordinate, and supervise services for older adults, working in collaboration with local interagency committees. Mandating a streamlined, centralized entry system for accessing aging services within each planning and service area. Allowing area agencies on aging to collaborate with other entities and provide staff at these single points of entry for service delivery.: Requires the Department, in partnership with area agencies or others, to develop and manage a system that delivers essential services to older adults.

CDN and our partners across the state are excited about efforts to connect across agencies to use all available resources to assist older adults to age in place and safe, stable and affordable homes. We think that this legislation will be especially important in low income and communities of color where government services are lacking and often full of barriers.

Many people want the same things as they get older: to stay in their own homes, to maintain independence for as long as possible, and to turn to family and friends for help when needed. Community development organizations are critical to help older adults age in place. Collaborative government partnerships are key to this work

We urge your favorable report for SB 212.

Submitted by Claudia Wilson Randall, Executive Director, Community Development Network

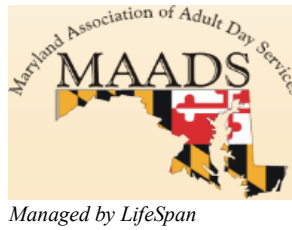


**SB0212\_FAV\_LifeSpan, MAADS, MNCHA\_Dept. of Aging -**

Uploaded by: Danna Kauffman

Position: FAV





Senate Finance Committee  
January 22, 2025

Senate Bill 212 – *Department of Aging – Aging Services – Program Repeal and Consolidation*  
**POSITION: SUPPORT**

On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, and the Maryland-National Capital Homecare Association, we support Senate Bill 212. This bill aligns with Maryland's Longevity Ready initiative by consolidating three senior assistance programs into one program to reduce administrative costs and better serve older adults.

Maryland must prioritize the older adult population. In 2000, the 60 and older population represented 15% of all Marylanders. By 2020, that percentage grew to 23%. By 2030, Marylanders age 60+ are projected to represent about 26% of the population. Senate Bill 212, while seemingly a small step, begins ensuring that the State utilizes its resources efficiently and effectively to ensure that more dollars can be spent on services rather than administrative overhead. We urge a favorable vote.

**For more information:**

Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone  
(410) 244-7000

**SB 212-MDH- FIN - LOS.pdf**

Uploaded by: Maryland State of

Position: FAV



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 22, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: Senate Bill (SB) 212 – Department of Aging – Aging Services – Program Repeal and Consolidation – Letter of Support**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 212 – *Department of Aging – Aging Services – Program Repeal and Consolidation*. SB 212 authorizes the Maryland Department of Aging (MDOA) to implement and coordinate services for older adults and collaborate with county agencies, area agencies on aging and non-profit organizations or others that establish local interagency committees. MDOA is also required to establish, coordinate and supervise a program to provide single points of entry within each planning area.

MDH served more than 138,768 individuals aged 65 and older through the Medical Assistance Program in 2024. MDH covers nursing facility services as required by Federal law and offers eight 1915(c) Home and Community-Based Services (HCBS) waiver programs that serve targeted populations including medically fragile children with chronic illnesses, aged adults, and individuals with disabilities. While Medical Assistance provides a full set of long term services and supports, individuals must be significantly disabled and meet financial requirements to qualify for coverage. Demand for these services as Maryland's population ages is expected to grow, putting additional pressure on the state budget in time.

In 2024, MDH and Maryland Department of Aging (MDOA) received technical assistance through ADvancing States to identify opportunities to redesign Maryland's system of care for older adults. Core recommendations of the technical assistance received was to improve coordination of community-based supports available through MDOA and other local agencies. Further, the technical assistance recommended that these programs be consolidated in order to more fully address the needs of older adults across the long term services and support continuum of care. MDH looks forward to the continued strong partnership with MDOA to ensure that more older adults can more easily access community-based support for Marylanders to remain at home longer. This will prevent decline in their health, and ultimately, slow their need to access safety-net services through Medical Assistance.

The Department is supportive of SB 212 with the clarifying amendment MDOA is offering, which confirms MDOA's intent to collaborate with area agencies on aging and other stakeholders post-passage on the details of the new program's eligibility and regulations.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott", is positioned above the typed name.

Laura Herrera Scott, M.D., M.P.H.  
Secretary

# **SB 212 - FAV - FIN - ALZ Association.pdf**

Uploaded by: Megan Peters

Position: FAV



**Bill:** SB 212 - Department of Aging - Aging Services - Program Repeal and Consolidation

**Committee:** Finance Committee

**Position:** Favorable

**Date:** January 22, 2025

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports *SB 212 - Department of Aging - Aging Services - Program Repeal and Consolidation*. This bill will consolidate three state-funded Maryland Department of Aging (MDOA) programs that support older adults - the Senior Care program, the Senior Assisted Living Subsidy, and the Congregate Housing Services.

Dementia is a progressive disease, where symptoms gradually worsen over a number of years and individuals will eventually need assistance with daily activities. People living with Alzheimer's or other dementia generally receive care from family members and other unpaid caregivers. Many also receive long-term care services at home; in adult day centers, assisted living residences or nursing homes; or in more than one of these settings at different times during the often long course of the disease.

The services offered through MDOA's programs help low- to moderate-income older adults, including those living with dementia, live at home longer, provide respite to their caregivers, or provide financial aid for living in an assisted living facility. These programs save the State money as the majority of the services allow individuals to live at home longer, rather than moving to a long-term care facility.

As we look to the future, the State needs to be ready to help our growing older adult population. MDOA's programs have been supporting older adults for decades, including providing vital gap-filling for individuals on the waitlist for Medicaid services. SB 212 is one step in the right direction to supporting more older adults by creating efficiencies through streamlining processes and reducing administrative burden to effectively serve more older Marylanders.

There is demand for these services, with 1,999 individuals on the Senior Care waitlist as of September 30, 2024.<sup>1</sup> Many Marylanders currently receiving these services have waited years to become eligible, and it is important that the transition is completed thoughtfully to ensure that all eligible clients are smoothly transitioned. The Alzheimer's Association looks forward to providing feedback on future regulations and department guidelines to help with this transition and update to its programs. The Alzheimer's Association urges a favorable report on SB 212. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

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<sup>1</sup> 2024 Joint Chairmen's Report (p. 29) Report on Senior Care Funding Adequacy.  
[https://dlslibrary.state.md.us/publications/JCR/2024/2024\\_29.pdf](https://dlslibrary.state.md.us/publications/JCR/2024/2024_29.pdf)

**2025 MOTA SB 212 Senate Side.pdf**

Uploaded by: Michael Paddy

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill Number:</b>	<b>Senate Bill 212</b>
<b>Title:</b>	<b>Department of Aging - Aging Services - Program Repeal and Consolidation</b>
<b>Hearing Date:</b>	<b>January 21, 2025</b>
<b>Position:</b>	<b>Support</b>

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The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 212 - Department of Aging - Aging Services - Program Repeal and Consolidation. This bill repeals provisions of law requiring the Secretary of Aging to develop certain congregate housing and assisted living programs for seniors; repeals the Interagency Committee on Aging Services and transfers certain responsibilities of the Committee to the Department of Aging; authorizes the Department to enter into agreements and contracts, adopt regulations, and adopt policies and procedures to implement and coordinate services to older adults.

Occupational therapy practitioners play a valuable role in the area of aging in place by addressing risk factors that threaten independence and promoting successful aging for older adults. This is done through thorough assessment and treatment planning to help seniors maintain independence in daily activities, such as dressing, bathing, cooking, and home management, with interventions often focused on improving safety, cognitive function, and overall quality of life. Occupational therapy practitioners work to address challenges related to aging, such as decreased mobility, memory issues, and pain management, through training, adaptive equipment recommendations, home modifications, and caregiver education. MOTA supports the Department of Aging in its reorganization efforts to better assist older adults and the Department's efforts to update outdated terminology.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at [mpaddy@policypartners.net](mailto:mpaddy@policypartners.net).



**MWE SB 223 FAV.pdf**

Uploaded by: Rev. Ray Raysor

Position: FAV



**Metropolitan  
Washington Ear**

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 223 – Department of Aging – Social Connections Program – Establishment

**Hearing Date:** January 22, 2025

**Position:** Support

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Metropolitan Washington Ear, Inc. (MWE) located in Silver Spring, Maryland, is a nonprofit, 501(c)(3) organization incorporated under the laws of the State of Maryland. MWE provides reading and information services, and independent living skills training for blind, visually impaired, and physically disabled people who cannot effectively read print, see plays, watch television programs and films, or view museum exhibits. Established in 1974, we've been providing quality services throughout Maryland, Virginia, and the District of Columbia for more than 50 years. As an organization that serves the disabled community (in which includes older adults) who face risks of social isolation, we **SUPPORT** SB 223.

SB 223 renames the Senior Call-Check Service and Notification Program in the Maryland Department of Aging (MDOA) to be the Social Connections Program and broadens the program to provide “regular, direct communication” from MDOA (or the department’s designee) to an “eligible participant” to promote wellness and purposeful social engagement. MDOA must integrate services with the Telecommunications Access of Maryland (TAM) Program within the Maryland Department of Disabilities (MDOD) and collaborate with MDOD to establish the program’s budget.

For individuals living with disabilities, social interaction is more than a social nicety – it’s a critical aspect of their lives. Social interaction for people with disabilities offer numerous benefits, including improved mental health, enhanced learning opportunities, and increased physical well-being.

Social interaction coupled with community integration for individuals with disabilities is not just beneficial – it’s necessary. It fosters a sense of belonging to a more inclusive society. Unfortunately, the social challenges people with disabilities face often lead to social isolation – which can lead to negative outcomes – making community integration an important issue for individuals with disabilities.

SB 223 helps to address social isolation and promote wellness and purposeful social engagement. For these reasons, MWE **supports SB 223** and **asks the committee for a favorable report**.

If we can provide any additional information, please contact Jocelyn I. Collins at [jcollins@policypartners.net](mailto:jcollins@policypartners.net).

**BJC Support SB212– Department of Aging – Aging Ser**

Uploaded by: Sarah Miicke

Position: FAV



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- Amit Women
- Association of Reform Zionists of America
- Baltimore Board of Rabbis
- Baltimore Hebrew Congregation
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- Beth Am Congregation
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Howard County
- Beth Tfiloh Congregation
- Bnai Brith, Chesapeake Bay Region
- Bnai Israel Congregation
- Bnai Jacob Shaarei Zion Congregation
- Bolton Street Synagogue
- Cheva A Havas Chesed, Inc.
- Chevrei Tzedek Congregation
- Chizuk Amuno Congregation
- Congregation Beir Tikvah
- Congregation Tiferes Yisroel
- Federation of Jewish Women's  
Organizations of Maryland
- Hadassah
- Har Sinai - Oheb Shalom Congregation  
J Street
- Jewish Federation of Howard County
- Jewish Labor Committee
- Jewish War Veterans
- Jewish War Veterans, Ladies Auxiliary
- Jewish Women International
- Jews For Judaism
- Moses Montefiore Anshe Emunah  
Hebrew Congregation
- National Council of Jewish Women
- Ner Tamid Congregation
- Rabbinical Council of America
- Religious Zionists of America
- Shaarei Tfiloh Congregation
- Shomrei Emunah Congregation
- Suburban Orthodox Congregation
- Temple Beth Shalom
- Temple Isaiah
- Zionist Organization of America  
Baltimore District

WRITTEN TESTIMONY

Senate Bill 212 – Department of Aging – Aging Services –  
Program Repeal and Consolidation

Finance Committee

January 22, 2025

Support

**Background:** Senate Bill 212 would consolidate three state funded grant programs into one in the Department of Aging (MDOA) and revise eligibility criteria. These programs are Senior Care, Senior Assisted Living Subsidy and Congregant Housing Services, renaming the new Program Supporting Older Adults with Resources (SOAR). By combining these three programs and revising the language, more senior will be able to be served and there will be a reduced administrative burden for the MDOA and service providers.

**Written Comments:** The Baltimore Jewish Council represents the Associated Jewish Community Federation of Baltimore and all of its agencies including Jewish Community Services, CHANA, and Comprehensive Housing Inc. (CHAI). All three of these agencies work with and receive funding from the MDOA to better the lives of older adults. By consolidating these MDOA programs into one new unit, better private-public partnership is possible. Some of the programs, like the Senior Assisted Living Subsidy program are highly underutilized and freeing up that funding would allow nonprofits, like those of the Associated, to apply for funding for grants to fully utilize state funding. This consolidation could also allow for a major expansion of programs already in place by nonprofits with the use of both public and private dollars to help more older adults in need.

With this in mind, the Baltimore Jewish Council urges a favorable report of SB212.

*The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of the Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.*

# **SB 212 - MDOA Program Consolidation - 2025, final.**

Uploaded by: Sarah Miicke

Position: FAV



# *Maryland Senior Citizens Action Network*

## **MSCAN**

*AARP Maryland*

*Alzheimer's  
Association,  
Maryland Chapters*

*Baltimore Jewish  
Council*

*Catholic Charities*

*Central Maryland  
Ecumenical Council*

*Church of the Brethren*

*Episcopal Diocese of  
Maryland*

*Housing Opportunities  
Commission of  
Montgomery County*

*Jewish Community  
Relations Council of  
Greater Washington*

*Lutheran Office on  
Public Policy in  
Maryland*

*Maryland Association of  
Area Agencies on Aging*

*Maryland Catholic  
Conference*

*Mental Health  
Association of Maryland*

*Mid-Atlantic LifeSpan*

*NAACAP- Maryland*

*National Association of  
Social Workers,  
Maryland Chapter*

*Presbytery of Baltimore*

*The Coordinating  
Center*

*MSCAN Co-Chairs:  
Carol Lienhard  
Kimberly Burton  
443-901-1550 x 210*

## **Testimony in Support of SB 212 – Department of Aging – Aging Services – Program Repeal and Consolidation Senate Finance Committee January 22, 2025**

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

MSCAN commends the Department of Aging for leading the Governor's Longevity Ready Maryland Initiative as our state prepares for unprecedented growth in our senior population. With the pressure of limited budgets, it is important to maximize the use of every resource and this bill is an example of legislation designed to do just that.

SB 212 will combine three important state programs: Congregate Housing Services, the Senior Assisted Living Subsidy Program and Senior Care and enable the funds to be used to create specific person-centered packages of services for individuals to enable them to avoid premature institutionalization and to remain independent in their homes and communities for as long as possible.

These programs have always saved taxpayers money. With our current state budget deficit, the savings are even more important today. Current average cost of nursing home placement is a whopping \$133,502 per year. Compare that with the \$4,524/year average for a Senior Care client, \$3,000/year for Congregate Housing Services, and \$1,000 a month for the Assisted Living Subsidy!

For the Area Agencies on Aging who administer these programs, consolidation of the programs can have the benefit of reducing red tape and overhead burdens. But the greatest benefit is likely to be flexibility made possible to tailor services to the needs of each recipient and the resources available in each jurisdiction.

MSCAN would like to acknowledge that most of the seniors currently enrolled in Congregate Housing Services, the Senior Assisted Living Subsidy Program and Senior Care have likely waited years before they were eligible to receive services. For this reason, we hope that those enrolled at the time of transition into the consolidated program will be able to continue to receive those services.

Thank you for your consideration of this important legislation.

# **SB 212 Aging Services Program Repeal. AARP 01.22.2**

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 212 Department of Aging – Aging Services Program Repeal  
Senate Finance Committee  
January 22, 2025**

Good afternoon, Chair Beidle and members of the Senate Finance Committee. My name is Tammy Bresnahan, and I serve as the Senior Director of Advocacy for AARP Maryland. On behalf of our more than two million members aged 50 and older, thank you for the opportunity to comment on SB 212.

SB 212 seeks to modernize and consolidate three longstanding, state-funded programs administered by the Maryland Department of Aging (MDOA): Senior Care, the Senior Assisted Living Subsidy Program (SALS), and the Congregate Housing Services Program (CHSP). These programs, initially created as nursing home diversion initiatives in the 1970s and 1980s, have remained largely unchanged. The proposed legislation would streamline these services, repeal the Interagency Committee, and introduce a single program administered by local Area Agencies on Aging (AAAs).

**Overview of Existing Programs**

1. **Senior Care Program:**
  - Provides case management and gap-filling services for Marylanders aged 65 and older at risk of nursing home placement.
  - Services include personal care, medical equipment, respite care, home-delivered meals, and emergency response systems.
  - Eligibility: Individuals must be aged 65+, severely or moderately disabled, and meet income and resource criteria.
2. **Senior Assisted Living Subsidy Program (SALS):**
  - Assists low- to moderate-income adults aged 62+ in affording assisted living services such as meals, personal care, and 24-hour supervision.
  - Assisted living facilities are monitored and licensed by the Department of Health.
3. **Congregate Housing Services Program (CHSP):**
  - Operates through contracts with local housing authorities and nonprofits to provide services in designated buildings.
  - Services include meals, housekeeping, medication management, and limited personal assistance for eligible adults aged 62+ with low or no income.





## Proposed Changes

SB 212 aims to:

- Combine these programs into a unified system with standardized eligibility criteria, assessment tools, benefit packages, and performance metrics.
- Allocate approximately \$21 million in state funds more efficiently to serve a broader population.
- Delay implementation until FY 2027, allowing time to convene a workgroup in May 2025 to finalize program elements, regulatory requirements, and implementation plans.

## Recommendations

While AARP Maryland supports efforts to improve efficiency and accessibility, we must ensure that the transition does not negatively impact older Marylanders or local governments.

Specifically, we recommend:

- **Comprehensive Stakeholder Engagement:**  
Local governments, AAAs, and service providers must be actively consulted throughout the transition process to identify potential challenges and solutions.
- **Thorough Program Analysis:**  
Conduct detailed studies of the existing programs to determine which elements work effectively and which can be streamlined. This analysis should involve input from frontline workers who manage these programs daily.
- **Protecting Service Continuity:**  
Ensure that no Marylander currently relying on these services experiences' disruptions during or after the transition period.

## Conclusion

AARP Maryland supports SB 212 with these considerations in mind. We believe that with careful planning, this legislation can enhance service delivery for older adults while maintaining the vital support they rely on.

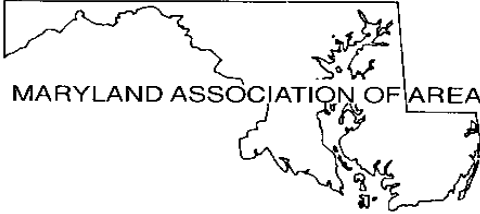
Thank you for the opportunity to provide testimony. I am happy to answer any questions or provide additional information. Please feel free to contact me at **tbresnahan@aarp.org** or **410-302-8451**.

# **M4A - 2025 SB 212 FWA - MDoA Program Consolidation**

Uploaded by: Ann Ciekot

Position: FWA

# M 4 A



*Gina Valentine*  
President  
Representing Carroll County  
Bureau of Aging & Disabilities

*Karen Winkowski, Vice President*  
Representing Harford County  
Office on Aging

*Laura Riley, Treasurer*  
Representing Baltimore County  
Department of Aging

*Karrisa Gouin, Secretary*  
Representing Anne Arundel County  
Department of Aging and Disabilities

## **Senate Finance Committee – Bill Hearing January 22, 2025**

### **Legislation: SB 212 Department of Aging – Aging Services – Program Repeal and Consolidation**

#### **Position: Support with Amendment**

The nineteen member organizations of the Maryland Association of Area Agencies on Aging (M4A) serve Maryland’s older and disabled citizens, providing a range of cost-effective state, federal and locally funded programs that help individuals remain secure in the community with dignity, independence, and choice as they age. M4A and its associated Area Agencies on Aging (AAAs) represent the “front line” in Maryland’s challenge to meet the complex and varied needs of well over 1 million older adults statewide. M4A’s goal is to ensure communication and collaboration with all partners to maximize the resources available to those we serve.

M4A supports Senate Bill 212 with amendments. Overall, consolidation of these programs has the potential to streamline operations, reduce administrative overhead, and provide flexibility for local AAAs to meet the differing needs of our communities. Senior Care, Senior Assisted Living Subsidy, and Congregate Housing Services Program are essential safety net services meeting the needs of people who largely are ineligible for Medicaid, but still cannot afford services to help them stay in their homes, in the community.

The bill calls for the implementation of the consolidation to take place in July 2026. M4A requests three amendments.

1. First, we ask a clarification in a definition.

On page 2, in line 9, insert:

- (b) “Area agency ON AGING” means the local agency...

*(over)*

2. Second, we request language that will require the Maryland Department of Aging to engage stakeholders, including AAAs, in developing a plan to implement the new Supports for Older Adults with Resources (SOAR) program.

On page 7, after line 7, insert:

SECTION 3. AND BE IT FURTHER ENACTED, That the Department shall engage with key stakeholders, beginning May 2025, including area agencies on aging, to conduct program transition planning and to co-design the new, consolidated program.

3. Finally, we request language that ensures that Marylanders currently receiving services through any of the three programs being combined are not lost to care.

On page 7, after line 7, insert:

SECTION 4. AND BE IT FURTHER ENACTED, That individuals enrolled in the Senior Care, Senior Assisted Living Subsidy, and Congregate Housing Services Programs at the time of the transition into the new consolidated program shall continue to receive those services, with the assistance of the area agencies on aging.

For the reasons stated herein, M4A supports SB 212 with the above amendments.

**SB212\_MDOA\_FWA**

Uploaded by: Carmel Roques

Position: FWA

# 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](mailto: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**

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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 Initiative<sup>1</sup>, 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.

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<sup>1</sup> 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.





Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

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



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

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).

<b>Program</b>	<b>Participants</b>	<b>Wait List</b>	<b>Budget (000)</b>	<b>Who is Eligible?</b>
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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Carmel Roques | Secretary

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](mailto: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.

**SB212\_DHCD\_SUPPORT\_W\_AMD.pdf**

Uploaded by: Chuck Cook

Position: FWA



WES MOORE  
Governor  
ARUNA MILLER  
Lt. Governor  
JACOB R. DAY  
Secretary  
JULIA GLANZ  
Deputy Secretary

**DATE:** January 22, 2025  
**BILL NO.:** Senate Bill 212  
**TITLE:** Department of Aging – Aging Services – Program Repeal and Consolidation  
**COMMITTEE:** Senate Finance Committee

### Letter of Support with Amendments

#### **Description of Bill:**

Senate Bill 212 combines the Department of Aging’s Congregate Housing Services Program, Senior Assisted Living Subsidy Program, and Senior Care Program into a new single program: Supporting Older Adults With Resources (SOAR). The bill also repeals the Interagency Committee on Aging Services, which has been inactive since 2014 and has been supplanted by the Department of Aging’s Longevity Ready Maryland initiative.

#### **Background and Analysis:**

The three programs consolidated by this bill – the Congregate Housing Services Program, Senior Assisted Living Subsidy Program, and Senior Care Program – assist thousands of older Marylanders by providing in-home and community support including food, laundry, personal care, transportation, and home repair, along with financial assistance for older adults in assisted living facilities. Their combined budget is about \$21 million annually.

Older adults are a vulnerable population who face numerous challenges when it comes to independent living. Fixed incomes and disabilities can make it difficult to remain in a safe, comfortable home environment. The rapidly rising costs of assisted living are often far more than seniors can afford. Consolidating these existing programs into the SOAR program will reduce the administrative burden and operational costs associated with them, allowing more older Marylanders to be served. As the state’s older adult population is expected to significantly increase in coming years, this improvement in efficiency is much needed.

The bill will also strengthen the local Home and Community Based Services network by standardizing eligibility, benefits, performance metrics, and data systems across the existing programs. Key stakeholders will have an opportunity to assist in the design, planning and implementation of SOAR before the bill’s effective date of July 1, 2026.

#### **DHCD Position**

The improvements to efficiency in the Department of Aging’s programs for older Marylanders will increase the amount and quality of care for beneficiaries, and help older Marylanders remain housed, whether in independent or assisted living settings. The Department of Aging is planning on offering their own clarifying amendments to this bill, and, therefore, The Maryland Department of Housing and Community Development respectfully requests a **favorable with amendments** report on Senate Bill 212.



# **NASW Maryland - 2025 SB 212 FWA - MDoA Program Con**

Uploaded by: Karessa Proctor

Position: FWA

## Testimony Before the Senate Finance Committee

January 22, 2025

### Senate Bill 212 – Department of Aging – Aging Services – Program Repeal and Consolidation

#### **\*\* Support with Amendment \*\***

The National Association of Social Workers is the largest professional association of social workers in the country, and the Maryland Chapter represents social workers across the state. On behalf of the NASW-MD Committee on Aging, we would like to express our support with one amendment for Senate Bill 212 Department of Aging – Aging Services – Program Repeal and Consolidation.

As social workers, we are in favor of this bill because it consolidates and simplifies application for three key programs administered by the Maryland Department of Aging – Senior Care, Senior Assisted Living Subsidy, and Congregate Housing Services.

All of these programs are vital supports for seniors who need help to meet their basic needs while they live in the least restrictive environment possible. The Senior Care program has been a lifeline for seniors living in the community who need help with personal care, chores, transportation, adult day care and other services. Congregate Housing subsidy allows people in senior apartments to receive assistance with meals, personal care and household chores. Senior Assisted Living subsidy subsidizes the monthly cost of assisted living for those who could otherwise not afford this level of care.

Currently, each program operates independently, and each has its own application process and eligibility criteria. This presents some barriers for potential clients, and burdens for the Area Agencies on Aging that administer the programs. In addition, declining participation by clients and/or providers in some programs make it challenging to serve the maximum number of people across all three programs. Consolidating the programs could result in enhanced administrative efficiencies and, potentially, a greater number of elders served.

**It is vital to add a “hold harmless” amendment to the bill to ensure that current participants in Senior Care, Senior Assisted Living Subsidy and Congregate Housing Services would keep the services they currently have.**

*(over)*



In many jurisdictions across Maryland, there are wait lists for these three programs, and many elders who desperately need these services may never receive them. It is our hope that the reorganization proposed by SB 212 would allow more elders to receive the supports they need and deserve.

For these reasons, we ask that you give a favorable report on Senate Bill 212 with one amendment.

Respectfully,

Karessa Proctor, BSW, MSW  
Executive Director, NASW-MD