

Department of Legislative Services  
 Maryland General Assembly  
 2023 Session

FISCAL AND POLICY NOTE  
 Enrolled - Revised

House Bill 614

(Delegate Cullison, *et al.*)

Health and Government Operations and  
 Appropriations

Finance

Department of Aging - Long-Term Care and Dementia Care Navigation  
 Programs

This bill requires each area agency on aging (AAA), subject to the limitations of the funding provided, to develop a long-term care and dementia care navigation program that consists of new or existing services. The Maryland Department of Aging (MDOA) must oversee and train navigation program staff and disseminate best practices and collect interaction data to ensure statewide program integrity. By October 1, 2024, and annually thereafter, MDOA must submit a report on navigation services, as specified, and publish the report on the MDOA website. Beginning in fiscal 2025, the Governor must include in the annual budget bill an appropriation of \$2.4 million to manage the navigation programs statewide and fund the programs locally, distributed as specified. **The bill takes effect July 1, 2023.**

Fiscal Summary

**State Effect:** MDOA general fund expenditures increase by \$79,700 in FY 2024 for personnel; future years reflect ongoing costs and the bill’s mandated appropriation, as discussed below. Revenues are not affected. **This bill establishes a mandated appropriation beginning in FY 2025.**

(in dollars)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	79,700	2,400,000	2,400,000	2,400,000	2,400,000
Net Effect	(\$79,700)	(\$2,400,000)	(\$2,400,000)	(\$2,400,000)	(\$2,400,000)

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** For those AAAs that are units of local government, revenues and expenditures increase beginning in FY 2025 from mandated funding to establish navigation programs.

**Small Business Effect:** None.

## Analysis

### Bill Summary:

#### *Long-Term Care and Dementia Care Navigation Programs*

Each AAA may staff its navigation program using existing resources or hire an individual for the program. The duties of the navigation program include:

- providing information and referrals to long-term care and chronic disease services;
- providing cognitive screening for individuals concerned with their cognition;
- providing programs that engage individuals who demonstrate symptoms of dementia that interfere with activities of daily living (ADLs), regular exercise, and social activities;
- providing support for caregivers of individuals who demonstrate symptoms of dementia that interfere with ADLs;
- consulting with and providing technical assistance to AAA staff who interact with individuals with dementia diagnoses or cognitive changes that may be associated with dementia; and
- establishing relationships with health care providers to facilitate contact between health care providers and individuals who demonstrate symptoms of dementia that interfere with ADLs as well as the caregivers of such individuals.

The services provided by the navigation programs must be provided along with single point-of-entry programs and services for frail or health-impaired seniors. The work of the navigation programs must be guided by the recommendations of the State Plan on Aging and the Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

Funding from the mandated appropriation must be distributed proportionally to each AAA based on a formula that considers the number of individuals who will likely need long-term care or dementia care services in each jurisdiction.

**Current Law:** In Maryland, each of the 23 counties and Baltimore City designate an AAA. The agency may be a unit of local government or a private, nonprofit corporation. AAAs provide a variety of adult services, incorporating assisted living, protective services, and temporary disability programs.

Each AAA must operate a single point-of-entry program to access the needs of seniors and their caregivers and provide appropriate services, including (1) providing current information on available programs, services, or benefits; (2) determining the service needs of each senior who requests service; (3) processing requests for service from seniors;

(4) providing access to available public and private programs and services for seniors; (5) monitoring the outcome of requests for service or information; and (6) arranging for individual screenings to determine the service needs of a frail or health-impaired senior.

MDOA must administer the system for the Interagency Committee on Aging Services to develop a system to provide services to frail or health-impaired seniors at risk of institutionalization and coordinate the system among the agencies represented on the committee. Provided services must include (1) integrated screening and evaluation; (2) development of an individual plan of care; (3) in-home services; and (4) community services such as day care, congregate meals, and other programs to assist seniors or adult caregivers in providing care for seniors.

#### *Virginia I. Jones Alzheimer's Disease and Related Disorders Council*

Chapters 305 and 306 of 2013 established the Virginia I. Jones Alzheimer's Disease and Related Disorders Council for a three-year period. Chapters 410 and 411 of 2019 required the council to submit an annual report and extended the council's termination date to September 30, 2024. The council must (1) update the State Plan on Alzheimer's Disease and Related Disorders and advocate for the State plan; (2) examine the needs for individuals with Alzheimer's disease and related disorders (ADRDs) and their caregivers and identify methods through which the State can most effectively and efficiently assist in meeting those needs; (3) advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with ADRDs and their caregivers; and (4) develop and promote strategies to encourage brain health and reduce cognitive decline.

Chapters 349 and 350 of 2021 require the Maryland Department of Health (MDH), in partnership with MDOA, the council, and the Greater Maryland Chapter of the Alzheimer's Association, to incorporate specified information regarding cognitive impairment, Alzheimer's disease, and other types of dementia into relevant public health outreach programs to educate health care providers and increase public understanding and awareness.

**State Expenditures:** MDOA general fund expenditures increase by \$79,733 in fiscal 2024, which accounts for a 90-day start-up delay from the bill's July 1, 2023 effective date. This estimate reflects the cost of hiring one program manager to oversee and train the staff of navigation programs, disseminate best practices, collect interaction data, and submit the required annual report (the first of which is due by October 1, 2024). It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. Although fiscal 2024 funding is discretionary, it is assumed the position is funded to prepare for implementation the following year.

Position	1.0
Salary and Fringe Benefits	\$72,324
Operating Expenses	<u>7,409</u>
<b>Total FY 2024 State Expenditures</b>	<b>\$79,733</b>

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Beginning in fiscal 2025, the Governor must include in the annual budget bill an appropriation of \$2.4 million to manage the navigation programs statewide and fund the programs locally. Thus, general fund expenditures increase by \$2.4 million annually beginning in fiscal 2025, to reflect the mandated appropriation. This analysis assumes that MDOA personnel costs are paid using the mandated appropriation, with the remainder of funds (approximately \$2.3 million annually) distributed to AAAs to fund local navigation programs.

**Local Fiscal Effect:** Under the bill, funds must be distributed proportionally to each AAA based on a formula determined by MDOA that considers the number of individuals who will likely need long-term care or dementia care services in each jurisdiction. AAAs must use the funds to manage the navigation programs. Therefore, beginning in fiscal 2025, for those AAAs that are units of local governments, local revenues increase from funds provided under the mandated appropriation. Local expenditures increase to fund navigation programs. Implementation of the navigation programs is subject to the limitation of the funding provided to each AAA under the bill.

**Additional Comments:** The fiscal 2024 budget as passed by the General Assembly includes \$3.5 million in general funds for Family Health and Chronic Disease Services within MDH to implement the [Maryland State Plan to Address Alzheimer’s Disease and Related Dementias: 2022-2026](#) submitted by the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council. The plan includes the following five goals: (1) expand efforts to support public awareness, prevention, and early detection of ADRDs; (2) enhance quality, access, and coordination of ADRD care; (3) enhance and expand supports for family caregivers; (4) advance ADRD research and encourage evidence-based practices; and (5) enhance data capabilities related to dementia and dementia impact and effects of interventions.

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### Additional Information

**Prior Introductions:** Similar legislation has been introduced within the last three years. See SB 505 and HB 731 of 2022

**Designated Cross File:** SB 228 (Senator Beidle, *et al.*) - Finance.

**Information Source(s):** Maryland Department of Aging; Baltimore, Carroll, Harford, and Queen Anne's counties; Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

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