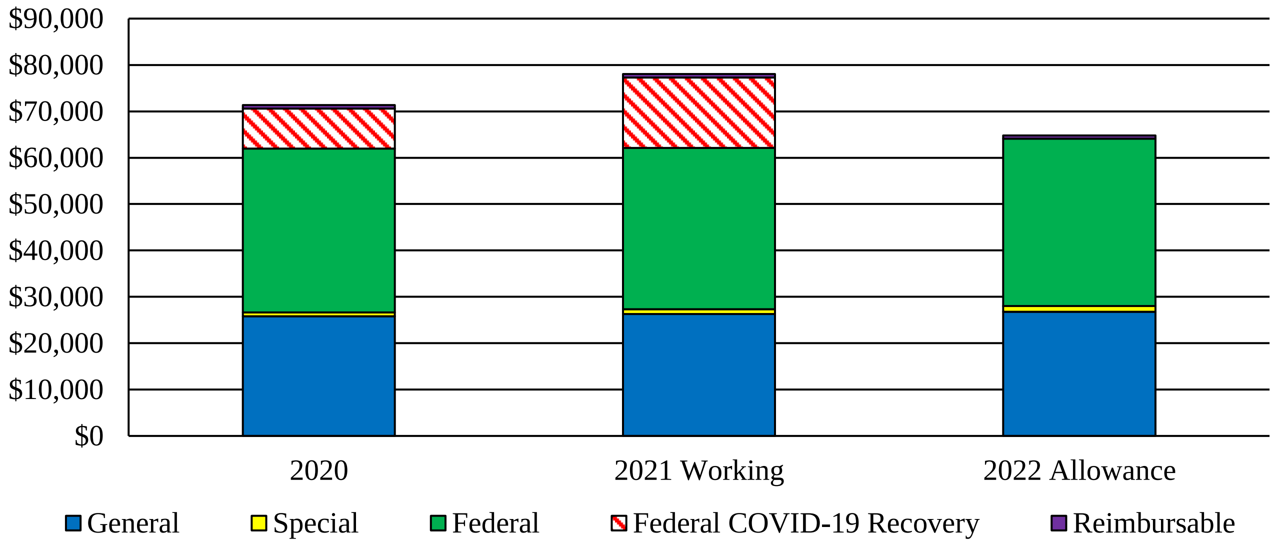
D26A07
Department of Aging

Program Description

The Maryland Department of Aging (MDOA) has the responsibility for administering community-based programs and services for older Marylanders, evaluating the services that they need, and determining the extent to which public and private programs meet those needs. The department also administers the State Aging and Disability Resource Center (ADRC) initiative, known as Maryland Access Point (MAP). ADRC is a national initiative to realign long-term care information and access to resources into a single point-of-entry system. The department administers the MAP program through collaborative partnerships with State and local aging and disability agencies and stakeholders. With input from the local Area Agencies on Aging (AAA), seniors, caregivers, the Maryland Department of Disabilities (MDOD), and other sister agencies, the department establishes priorities for meeting the needs of older Marylanders and advocates for frail and vulnerable seniors. The department promotes healthy lifestyles for older Marylanders, *e.g.*, good nutrition, exercise, employment, and volunteerism, so that they remain active and engaged in their communities.

Operating Budget Summary

Fiscal 2022 Budget Decreases $13.3 Million, or 17.0%, to $64.8 Million
($ in Thousands)



Note: The fiscal 2021 appropriation includes deficiencies, planned reversions, and general salary increases. The fiscal 2022 allowance includes annual salary review adjustments and annualization of general salary increases. The Governor's Fiscal 2022 Budget Books indicate that $8.6 million in federal COVID-19 recovery funds were expended in fiscal 2020, but most of these same funds were also added by amendment to the fiscal 2021 working appropriation. The Department of Budget and Management confirmed that this is a double-count. Actual fiscal 2020 COVID-19 spending totaled $3.4 million.

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- The overall change in MDOA's fiscal 2022 allowance is driven by a federal fund decrease of nearly $14 million primarily resulting from one-time funding allocated to the State in federal coronavirus relief packages.

- Supplemental Budget No. 2 adds a $790,000 federal fund deficiency for home-delivered meals to the fiscal 2021 working appropriation and $2.1 million in federal funds to the fiscal 2022 budget for administration and provision of home-delivered meals. This funding was made available by the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, signed in December 2020. The State was also allocated $69,196 for the Long-Term Care Ombudsman Program, which is not appropriated in Supplemental Budget No. 2 but will likely be added in the fiscal 2021 closeout. The supplemental appropriation is not otherwise reflected in the analysis.

Fiscal 2020

The Families First Coronavirus Relief Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act allocated $18.7 million to MDOA through the federal Administration for Community Living (ACL). In fiscal 2020, a budget amendment added $17.9 million of these funds to MDOA's budget. The closeout statement indicates that $9.6 million was expended, with the remainder canceled, leaving $8.3 million available for use in fiscal 2021. By November 2020, MDOA had actually expended only $2.9 million of the funds against fiscal 2020 accruals, leaving an additional $6.8 million available for fiscal 2021, and a budget amendment was subsequently processed to bring those funds into fiscal 2021. The Department of Budget and Management has acknowledged that the data provided in the budget books represents a double-count of fiscal 2020 spending of CARES Act funding. MDOA indicates actual fiscal 2020 spending totaled $3.4 million.

Fiscal 2021

Federal Coronavirus Relief

A budget amendment appropriated the $15.1 million of estimated unexpended funds allocated to MDOA through the FFCRA and the CARES Act. Supplemental Budget No. 2 also adds $790,000 in federal funds from the CRRSA Act signed in December 2020 for the Home Delivered Meals program.

In addition, the CARES Act allocated $755,454 to the State for ADRCs. The amendment processed in November 2020 provided $172,124 of the federal funds for ADRCs, and the remaining $583,330 is expected to be added to the fiscal 2021 budget at closeout.

Proposed Deficiency

The Senior Center Operating Fund is a nonlapsing fund. At fiscal 2020 closeout, $367,144 in general funds from the Senior Center Operating Fund were reverted in error. A deficiency appropriation is provided to rectify the error in the fiscal 2020 reversion. Despite reverting nearly half of the fiscal 2020 appropriation, MDOA reports that this reversion had no effect on AAAs. **MDOA should discuss the reason for the unexpended funds that led to the reversion and discuss if fund balance was available to meet AAAs' needs prior to the proposed deficiency appropriation.**

In addition, a proposed deficiency appropriation withdraws $250,000 in general funds for the Durable Medical Equipment Reuse Program (DME) because the funding is unneeded in fiscal 2021. MDOA indicated that the department delayed fully staffing the program due to the pandemic. Fiscal 2022 funding for DME returns to the original funding level of $1.2 million. However, fiscal 2020 actual spending also did not exceed $1 million. **The Department of Legislative Services (DLS) recommends level funding DME at the revised fiscal 2021 spending level.**

Cost Containment

In response to the COVID-19 pandemic, the Administration's budget balancing plan, approved by the Board of Public Works on July 1, 2020, decreased MDOA's appropriation by $2.1 million, including $2.1 million in general funds, $5,731 in special funds, and $2,171 in federal funds. The largest share of this funding ($2.0 million in general funds) was discretionary program enhancement funding of which language in the fiscal 2021 budget restricted $470,000 for the State Nutrition Program. An additional $84,658 resulted from an increase in the turnover expectancy and for other operational efficiencies. The remaining decrease of $8,313 was part of an across-the-board reduction to State agency unemployment insurance contributions.

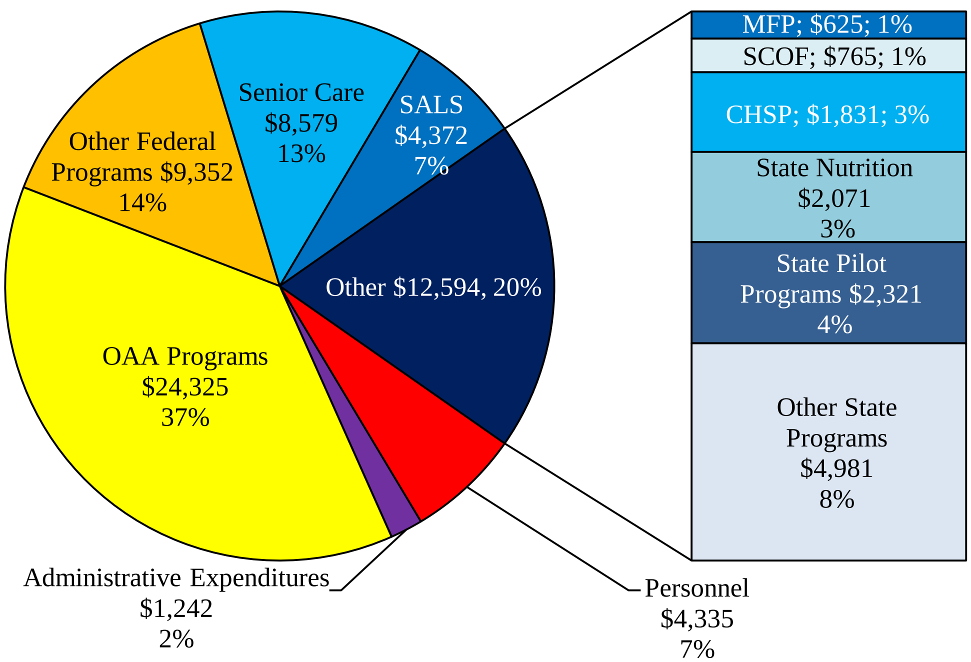
Targeted Reversion

The Administration's budget plan assumes a $300,000 reversion that accounts for half the Community for Life (CFL) appropriation. During the 2020 session, the General Assembly restricted the entire appropriation ($600,000) to be used only to establish new CFLs in jurisdictions with populations above 600,000 that have not yet received funding under this program. At the time of this writing, MDOA has not yet awarded CFL grant funding in fiscal 2021 to any nonprofit. MDOA indicates that it can take years for a nonprofit or local government to develop and commit to operating a CFL program because of the large contribution of non-State funds required to administer the program. Since the reversion is only a portion of the program funding, it appears that MDOA will comply with the restriction for the remaining portion. Further discussion of the CFL program is included in Key Observation 1 of this analysis.

Fiscal 2022 Overview of Agency Spending

As shown in **Exhibit 1**, more than half of the fiscal 2022 allowance supports federally funded programs and activities, the largest of which are the federal Older Americans Act (OAA) programs, including programs that improve senior nutrition, prevent and monitor elder abuse, and support caregivers. Other federal programs include programs related to Medicare and the Veteran Directed Care Program. Various State programs comprise approximately 30% of the fiscal 2022 allowance, including Senior Care (13%), the Senior Assisted Living Subsidy (7%), the State Nutrition Program (3%), and the Congregate Housing Services Program (3%). State pilot programs account for 4% of the allowance and include DME, CFL, and the Maryland Senior Call Check Program.

Exhibit 1
Overview of Agency Spending
Fiscal 2022 Allowance
($ in Thousands)



CHSP: Congregate Housing Services Program
MFP: Money Follows the Person Peer Outreach and Support
OAA: Older Americans Act
SALS: Senior Assisted Living Subsidy
SCOF: Senior Center Operating Fund

Note: The fiscal 2022 allowance includes annual salary review adjustments, and annualization of general salary increases.

Source: Governor’s Fiscal 2022 Budget Books

Proposed Budget Change

As shown in **Exhibit 2**, federal funds in the allowance decrease nearly $14 million from the working appropriation. One-time funding available in fiscal 2021 from federal coronavirus recovery packages is the primary driver of the decrease, with $14 million provided for community services and $1.1 million for general administration in fiscal 2021. However, this decrease is partially offset by increased federal base allocations for some OAA programs, restoration of DME and CFL general funds removed in fiscal 2021 cost containment, and increased special fund expenditures for the Maryland Senior Call Check Program.

Exhibit 2
Proposed Budget
Department of Aging
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2020 Actual	$25,788	$864	$43,947	$753	$71,351
Fiscal 2021 Working Appropriation	26,313	983	49,983	800	78,079
Fiscal 2022 Allowance	26,800	1,188	36,094	717	64,799
Fiscal 2021-2022 Amount Change	$488	$204	-$13,889	-$83	-$13,280
Fiscal 2021-2022 Percent Change	1.9%	20.8%	-27.8%	-10.4%	-17.0%

Where It Goes:	Change
Personnel Expenses	
Reduce turnover rate by 2.53 percentage points	$92
Annualization of fiscal 2021 general salary increase	38
Annual salary review	28
Restoration of one-time reduction in State agency unemployment contributions	8
Employees' retirement system	-9
Employee and retiree health insurance	-28
Regular earnings	-33
Accrued leave payout	-50
Other fringe benefit adjustments	-2
Program Expenses	
Annual funding fluctuations for federal programs, including Older Americans Act programs (as shown in Exhibit 3)	907
Align federal financial participation for Medicaid information and assistance activities with fiscal 2020 actual	840
Restore Community for Life and DME funding removed for cost containment	550
Maryland Senior Call Check Program anticipated call center expenditures	198
Federal grants for short term pilot programs	83

Where It Goes:	**Change**
One time deficiency appropriation in the Senior Center Operating Fund to restore fiscal 2020 funds reverted in error	-367
One-time federal coronavirus relief funding for community services	-14,015
Administrative Expenses	
Cost allocations	242
Contractual FTE compensation reflecting changes in position responsibilities in Maryland Senior Call Check Program and DME	82
Delete 2.41 FTEs for grant administration, partially offset by increased compensation for remaining FTEs	-33
Fixed charges	-275
One-time federal coronavirus relief funding for general administration	-1,129
Other	-407
Total	**-$13,280**

DME: Durable Medical Equipment Reuse Program
FTE: full-time equivalent

Note: Numbers may not sum to total due to rounding. The fiscal 2021 appropriation includes deficiencies, planned reversions, and general salary increases. The fiscal 2022 allowance includes annual salary review adjustments, and annualization of general salary increases.

Program Funding Fluctuations

As shown in **Exhibit 3**, State and AAA Medicaid information and assistance activities accounts for the largest increase over fiscal 2021. Maryland's base allocation of the annual home-delivered meals funding (unrelated to federal coronavirus recovery legislation) totals $4.3 million in the allowance, an 8% increase over fiscal 2021. In addition, other annually budgeted base allocations for OAA programs fluctuate as well, with a net increase across all OAA programs' base allocations totaling $675,112. Nevertheless, overall federal funding for OAA programs decreases substantially from fiscal 2021 due to one-time federal coronavirus recovery funds totaling $14 million in fiscal 2021, with home-delivered meals comprising more than half of all coronavirus recovery funding ($8.2 million). The fiscal 2022 allowance includes $279,000 in federal funding for a grant to support development and expansion of dementia-capable home- and community-based services. The Innovations in Nutrition Services program and the Assistive Technology program were federally funded pilot programs that ended in fiscal 2021.

Exhibit 3
Community Services Funding Fluctuations
Fiscal 2021-2022
($ in Thousands)

Program	2021 Working	2022 Allowance	2021-2022 $ Change	2021-2022 % Change
Increases				
Medicaid Information and Assistance Activities	$5,000	$5,840	$840	17%
Maryland Community for Life	300	600	300	100%
HCBS Grant		279	279	n/a
Durable Medical Equipment Reuse Program	951	1,201	250	26%
Commodity Supplemental Food Program	177	267	89	51%
Federal Ombudsman Programs, including CARES Act Funds	347	434	87	25%
Senior Medicare Patrol	113	179	66	58%
State Health Insurance Program	528	558	30	6%
Money Follows the Person – Nursing Facility Program Education	270	300	30	11%
Veteran-Directed Care Program	1,572	1,600	28	2%
Federal Elder Abuse Program	75	78	3	4%
Federal Health Promotion and Prevention	405	406	1	0%
Decreases				
Nutrition Services Incentive Program	1,658	1,647	-11	-1%
Assistive Technology	69	0	-69	-100%
MAP COVID-19 Response Project	117	0	-117	-100%
Innovations in Nutrition Services	127	0	-127	-100%
Federal Congregate Meals, including FFCRA Funds	8,679	8,282	-397	-5%
Federal Community Services	6,688	6,204	-484	-7%
Federal Caregiver Support Programs, including CARES Act Funds	4,393	2,954	-1,439	-33%
Federal Supportive Services, including CARES Act Funds	3,165	0	-3,165	-100%
Home Delivered Meals Program, including FFCRA and CARES Act Funds	12,149	4,320	-7,829	-64%
Level Funded				
Senior Care	8,579	8,579	0	0%
Senior Assisted Living Subsidy	4,372	4,372	0	0%
State Nutrition	2,071	2,071	0	0%
Congregate Housing Services Program	1,831	1,831	0	0%
Naturally Occurring Retirement Communities	1,300	1,300	0	0%
State Ombudsman	1,122	1,122	0	0%
Information and Assistance	865	865	0	0%
State Guardianship	641	641	0	0%

Program	**2021 Working**	**2022 Allowance**	**2021-2022 $ Change**	**2021-2022 % Change**
Vulnerable Elderly Programs Initiative	479	479	0	0%
Hold Harmless – Supplemental State Funding	442	442	0	0%
No Wrong Door Hospital Transitions Project	388	388	0	0%
Money Follows the Person – MAP Level 1 Screening	325	325	0	0%
MAC	132	132	0	0%
MIPPA	110	110	0	0%
MIPPA to MAPs	71	71	0	0%
MIPPA to AAAs	61	61	0	0%
Total	**$69,571**	**$57,937**	**-$11,635**	**-17%**

AAA: Area Agency on Aging
CARES: Coronavirus, Aid, Relief, and Economic Security Act
FFCRA: Families First Coronavirus Relief Act
HCBS: home and community-based services
MAC: Maintaining Active Citizens Inc.
MAP: Maryland Access Point
MIPPA: Medicare Improvements for Patients and Providers Act

Source: Governor's Fiscal 2022 Budget Books

Personnel Data

	FY 20 Actual	**FY 21 Working**	**FY 22 Allowance**	**FY 21-22 Change**
Regular Positions	38.70	39.00	39.00	0.00
Contractual FTEs	9.35	12.61	10.00	-2.61
Total Personnel	**48.05**	**51.61**	**49.00**	**-2.61**

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	3.90	10.01%
Positions and Percentage Vacant as of 12/31/20	11.00	28.21%
Vacancies Above Turnover	7.10	

- Contractual FTE decrease by a net 2.61 in the fiscal 2022 allowance. A decrease of 2.41 FTE provided assistance with grant administration. In addition, 1.0 FTE was removed for the Director of Continuing Care Retirement Communities. However, these decreases are partially offset by a new 0.8 FTE director of DME. At the time of this writing, MDOA had not explained how the removal of FTEs will affect the administration and oversight of grants and Continuing Care Retirement Communities. **MDOA should discuss the impact of the deleted FTEs on administration and oversight of grants and Continuing Care Retirement Communities.**

- The allowance's budgeted turnover rate decreases 2.53 percentage points from the fiscal 2021 working appropriation. In fiscal 2021, the turnover rate was increased to 12.54% as part of the Administration's budget balancing plan. As of December 31, 2020, more than 1 in 4 positions in MDOA were vacant. MDOA's vacancy rate is consistently over 20%. Since calendar 2016, 23 of the agency's 39 positions were vacant for 12 months or more. Seven currently vacant positions that serve a variety of administrative or fiscal oversight and management roles have been vacant for 20 months or more over the five-year period. The consistently high turnover rate raises concerns about the agency's development of institutional knowledge. MDOA indicates that the responsibilities of vacant positions often fall to agency leadership until the position is filled. DLS notes that the current hiring freeze has presented additional hurdles to filling vacancies over the past year. **MDOA should comment on how it plans to attract and retain staff so that vacancy rates experienced before the pandemic do not continue after the hiring freeze is lifted.**

Key Observations

1. Cost Effectiveness of New Programs

In recent years, MDOA has worked to implement two new programs – the CFL program and DME. The CFL program provides service navigation, transportation, and home maintenance to members of the community and is designed to help members stay in their homes and avoid alternate settings like assisted living or a skilled nursing facility. The preventive and support services are also intended to help members avoid burdening family caregivers and exhausting financial resources (as with Medicaid spend-down). DME aims to accept, sanitize, repair, and distribute used durable medical equipment. While both programs share the worthy goal of improving lives of older Marylanders, it is unclear whether either program's approach is the most efficient or effective means of achieving their intended purposes.

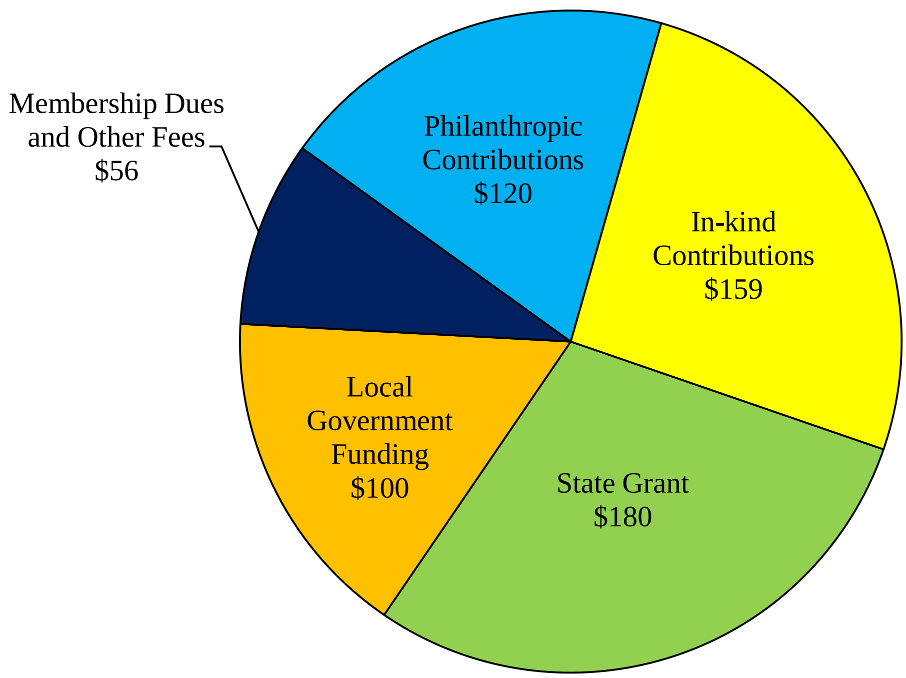
Community for Life

The State funds in the CFL program are used as seed grants, providing funds to support start-up costs of a CFL. Nonprofits receiving funding agree to administer the CFL for five to six years. The program first received funding through a fiscal 2019 deficiency. The program is currently deployed in 10 jurisdictions. Six grantees were operational in fiscal 2020 (in Baltimore City and Allegany, Baltimore, Talbot, Wicomico, and Worcester counties). Fiscal 2020 funds were distributed at the end of the fiscal year to the other 4 counties (Anne Arundel, Caroline, Frederick, and Washington counties), so that these grantees were not operational in fiscal 2020.

In response to the 2020 *Joint Chairmen's Report*, MDOA submitted membership data as of July 1, 2020, indicating that only 134 members participated in CFL programs statewide. Four of the six grantees each accommodated fewer than 20 members. MDOA has not submitted updated data through the first half of fiscal 2021 as requested by the budget committee chairs in the letter releasing MDOA's restricted funds but indicated that the data is being finalized as of this writing.

As shown in **Exhibit 4**, in fiscal 2020, membership dues and other fees accounted for less than 10% of CFL revenues, while the State grant accounted for the largest share. Half of the grantees did not generate more than $5,000 in membership fees. In-kind contributions provided by nonprofits, including staffing costs and the cost of a gym facility, made up 26% of revenues. The Worcester County program receives the most local government funding ($94,179). The Baltimore City program receives the most philanthropic support ($76,626). The Baltimore County program incurred costs $37,237 (56%) greater than revenues and used the nonprofit grantee's own funds to cover the difference. On average, CFLs' fiscal 2020 expenditures totaled $108,243, while average revenues totaled $102,370. The low proportion of revenues supported by membership fees and that one of the grantees had to contribute its own funds to support a significant portion of the program's expenditures in fiscal 2020 raise concerns about the program's long-term viability without government or philanthropic support.

Exhibit 4
Community for Life Revenues
Fiscal 2020
($ in Thousands)



Source: Maryland Department of Aging

The pandemic has added barriers to the program's success since the end of fiscal 2020, making it difficult to evaluate the program. CFL offers three core services, two of which can only be offered in a limited capacity during the pandemic. Although some exterior yard work and grocery or prescription deliveries can be offered, home maintenance and transportation services cannot currently be offered as originally intended. Service navigation is the only uninterrupted CFL service provided during the pandemic. However, DLS notes that much of the service navigation work is duplicative of efforts by AAAs and senior centers. Although services are not currently provided as originally envisioned, membership dues have not been adjusted to reflect the reduced operations. Program recruitment during the pandemic has also been difficult.

After accounting for the $300,000 targeted reversion in fiscal 2021, $1.3 million has been allocated to the program since fiscal 2019. The grant period for fiscal 2021 has not started yet, consistent with prior grant distributions in MDOA, which typically begin near the end of the fiscal year. The fiscal 2022 allowance provides $600,000 for the program, restoring the fiscal 2021 planned reversion incorporated into the Governor's budget plan.

The program's evident financial and administrative challenges will likely present great hurdles for already established CFLs in upcoming years. With recruitment and two of the program's three core services severely limited by pandemic considerations, it is reasonable to anticipate new CFL programs may experience outsized difficulties in implementing the program in fiscal 2021 and 2022.

MDOA is currently planning a long-term evaluation of the CFL program with the Johns Hopkins Bloomberg School of Public Health. The evaluation will study participants' demographics and explore the factors that often contribute to seniors becoming Medicaid eligible. Findings from the long-term evaluation could be used to improve the program's likelihood of successful implementation should it be expanded to further counties. Given the pandemic-related challenges, the limited rollout, and the planned evaluation, additional investments appear unwarranted. **DLS recommends reducing the fiscal 2022 appropriation to level fund the program.**

Durable Medical Equipment Reuse Program

Under DME, MDOA retains distribution centers throughout the State and a warehouse to hold donated equipment, contracts with the Maryland Environmental Service to sanitize and repair the equipment, and staffs front-end support to interact with the public and right-size equipment to its future user. The department notes that, in addition to providing equipment free of charge to Marylanders, the program diverts from landfills equipment that otherwise would have been thrown away.

Because equipment needs to be specifically fitted to users, and it is not possible to remain socially distant while fitting the equipment, MDOA determined that the risk of transmitting COVID-19 to vulnerable populations through this program was too great for the program to be fully public facing at this time. However, some equipment has been distributed to a small number of individuals in limited circumstances. Although equipment is not currently being widely distributed, MDOA is still accepting equipment donations.

As of this writing, MDOA indicates that the total value of equipment collected through DME is $912,155. MDOA explained that this estimate is calculated based on the value of new equipment because there is not a standard valuation of used equipment. MDOA emphasized that equipment is fully refurbished before distribution, and there is no difference in the functionality of used equipment compared to new equipment.

After accounting for a fiscal 2020 reversion and a withdrawal of funding through a fiscal 2021 negative deficiency, DME has received $1.9 million in general funds from prior appropriations. The fiscal 2022 allowance includes $1.2 million for the program returning the program to the full fiscal 2021 level prior to the withdrawn appropriation. It is unclear when, or if, the value of equipment collected will exceed the expenditures to run the program.

In addition, equipment available through the program is subject to the types and quantity of equipment donated. While the current implementation is equitable in that all Marylanders are subject to the same inventory constraints, it is possible that there are more strategic alternatives for the State to provide durable medical equipment to residents. For example, had the State created a grant program to provide this equipment, the funding could have potentially reached more individuals than the amount of equipment currently donated. In addition, such a grant program would not be subject to the same inventory limitations.

Other State entities also work to make durable medical equipment accessible. For example, MDOD works to connect people to assistive technology by publishing a directory of resources that offer used and refurbished assistive technology, some of which includes durable medical equipment. MDOD also operates the Maryland Technology Assistance Program, which offers an Assistive Technology Reuse Center. In addition, some local departments of social services report receiving unsolicited durable medical equipment donations. It is unclear the degree to which MDOA collaborates with other State agencies to strengthen the stream of durable medical equipment donations. **DLS recommends that MDOA submit a report describing how it plans to work with other State entities to increase the number of donations that it receives and public awareness of the program. DLS also recommends adding language restricting funds pending data about MDOA's program waitlists and CFL and DME activity.**

Operating Budget Recommended Actions

1. Add the following language to the general fund appropriation:

<u>, provided that $100,000 of this appropriation for general administration may not be expended until the Maryland Department of Aging (MDOA) submits two reports to the budget committees analyzing waitlists and the current administration and utilization of MDOA's two recently-created programs: the Community for Life (CFL) program; and the Durable Medical Equipment Reuse Program (DME). The first report shall include the following data as of July 1, 2021, and the second report shall include the following data as of January 1, 2022: (1) for all MDOA programs with waitlists, the number of individuals on the waitlist, by program, by Area Agency on Aging; (2) membership totals of each CFL program, the amount of funding each CFL was originally granted, the date each grant period commenced, the amount each CFL has expended to date, the amount of the State grant that is unencumbered to date, and the amount of funding, by source, that each grantee received to date from other sources to support operating expenses of the CFL program; and (3) the number of pieces of durable medical equipment collected through DME, the dollar value of the equipment in inventory, the number of pieces of equipment distributed, and the dollar value of equipment distributed. The first report shall be submitted by August 1, 2021. The second report shall be submitted by February 1, 2022, and the committees shall have 45 days from the date of receipt of the second report to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted.</u>

Explanation: The General Assembly is concerned that two new MDOA programs have seen low utilization, while waitlists in other MDOA programs indicate that there is more demand than resources available. In order to track these issues, this language restricts funding pending receipt of two reports providing waitlist, CFL utilization, and DME utilization data.

Information Request	**Author**	**Due Date**
Program utilization data	MDOA	August 1, 2021 February 1, 2022

		Amount Reduction	
2.	Level fund the general fund appropriation for the Community for Life Program with fiscal 2021.	$ 300,000	GF
3.	Level fund the general fund appropriation for the Durable Medical Equipment Reuse Program with fiscal 2021.	250,000	GF

4. Adopt the following narrative:

Improving Coordination of Durable Medical Equipment Donations and Distribution: The committees are concerned with the cost effectiveness of the Durable Medical Equipment Reuse Program (DME) and the degree to which activities related to durable medical equipment are coordinated across State agencies. The committees request that the Maryland Department of Aging (MDOA) submit a report that:

- identifies State agencies that may receive durable medical equipment donations or interact with constituents in need of durable medical equipment;
- describes MDOA's plan for coordinating with these agencies to streamline durable medical equipment donations through DME;
- illustrates MDOA's plan for increasing public awareness of DME; and
- indicates any challenges that MDOA has experienced in developing interdepartmental coordination and increasing public awareness of DME.

Information Request	**Author**	**Due Date**
Improving coordination of durable medical equipment donations and distribution	MDOA	September 15, 2021

Total General Fund Reductions **$ 550,000**

Updates

- ***Publication of Updated State Plan on Aging Postponed One Year:*** The *State Plan on Aging* is a requirement for OAA programs and identifies the State's priority uses of OAA funding over four years. MDOA requested a waiver of the State plan duration limit. This waiver was approved by ACL, allowing the existing State plan, written for federal fiscal 2017 through 2020, to be extended by one year, through federal fiscal 2021. The new State plan will become effective in federal fiscal 2022.

- ***Meals Provided in Federal Fiscal 2020 Exceed Prior Years:*** From federal fiscal 2013 through 2019, the highest number of home-delivered meals distributed in a year was 1.2 million. In federal fiscal 2020, 5.2 million home-delivered meals were distributed. From federal fiscal 2013 to 2019, at most 1.2 million congregate meals were provided in a single year, whereas 1.8 million congregate meals were provided in federal fiscal 2020.

- ***Caregiver Services Corps Program Concludes in Fiscal 2021:*** The Caregiver Services Corps Program was implemented in fiscal 2020 and 2021 to meet temporary, emergent caregiving needs during the pandemic. Marylanders could call 2-1-1 to access a variety of services for a senior in need. Services included self-administration of medication, bathing, and basic food preparation.

- ***Use of Federal Coronavirus Relief Funds:*** MDOA has used its allocation of funds from federal coronavirus relief legislation in a variety of ways, some which are not typical services provided by the agency. For example, MDOA purchased restaurant meals from local businesses for delivery to seniors and executed a contract to purchase 455 tablets for seniors and a two-year Verizon service plan.

Appendix 1
2020 *Joint Chairmen's Report* Responses from Agency

The 2020 *Joint Chairmen's Report* (JCR) requested that the Maryland Department of Aging (MDOA) prepare eight reports. Electronic copies of the full JCR responses can be found on the Department of Legislative Services Library website.

- ***Waitlist Data Collection:*** Waitlist data was provided for the Congregate Housing Services Program (11 individuals), My Groceries to Go! (386 individuals), the Senior Assisted Living Subsidy (219 individuals), and Senior Care (2,372 individuals).

- ***Community for Life (CFL) Administration and Utilization:*** Further discussion of this data can be found in Key Observation 1 of this analysis.

- ***Timeline for CFL Self-sufficiency:*** The report provided membership data and described challenges that CFLs face during the pandemic. Further discussion of this data can be found in Key Observation 1 of this analysis.

- ***Use of New General Funds:*** The fiscal 2021 allowance provided $2 million in discretionary enhancement funding to MDOA, a portion of which was restricted pending submission of a report describing the planned use of the funds. As part of the Administration's budget balancing plan, this discretionary enhancement funding was deleted.

- ***Report on Grant Allocations to Area Agencies on Aging (AAA):*** MDOA confirmed that grant allocations to Area Agencies on Aging (AAA) were made before October 1, 2020, but stated that actual federal grant allocations would be made once notices of awards are received from the federal government, the first award being received generally in November or December. MDOA's second submission did not provide the requested information because MDOA indicated that information on potential changes to fiscal 2022 funding levels for each AAA would be available when the Governor submitted the proposed fiscal 2022 budget. However, MDOA has yet to provide this information, more than a month after the budget was introduced.

- ***Report on Public Guardianship Administration:*** MDOA submitted a summary of program activities, data about the number of cases diverted from public guardianship, and identified existing actions taken to ensure that best practices are utilized in the public guardianship program.

Appendix 2
Object/Fund Difference Report
Department of Aging

Object/Fund	FY 20 Actual	FY 21 Working Appropriation	FY 22 Allowance	FY 21 - FY 22 Amount Change	Percent Change
Positions					
01 Regular	38.70	39.00	39.00	0.00	0%
02 Contractual	9.35	12.61	10.00	-2.61	-20.7%
Total Positions	**48.05**	**51.61**	**49.00**	**-2.61**	**-5.1%**
Objects					
01 Salaries and Wages	$ 3,151,471	$ 3,635,993	$ 3,614,190	-$ 21,803	-0.6%
02 Technical and Spec. Fees	746,310	639,564	626,805	-12,759	-2.0%
03 Communication	84,109	69,175	84,230	15,055	21.8%
04 Travel	21,000	75,473	83,400	7,927	10.5%
07 Motor Vehicles	18,415	18,391	10,583	-7,808	-42.5%
08 Contractual Services	2,224,188	2,325,563	1,058,406	-1,267,157	-54.5%
09 Supplies and Materials	68,826	39,818	31,600	-8,218	-20.6%
10 Equipment – Replacement	26,590	79,651	50,000	-29,651	-37.2%
12 Grants, Subsidies, and Contributions	64,820,175	70,885,514	58,951,500	-11,934,014	-16.8%
13 Fixed Charges	189,755	464,794	194,118	-270,676	-58.2%
Total Objects	**$ 71,350,839**	**$ 78,233,936**	**$ 64,704,832**	**-$ 13,529,104**	**-17.3%**
Funds					
01 General Fund	$ 25,787,641	$ 26,480,762	$ 26,748,374	$ 267,612	1.0%
03 Special Fund	863,518	979,536	1,175,692	196,156	20.0%
05 Federal Fund	43,947,084	49,973,244	36,064,960	-13,908,284	-27.8%
09 Reimbursable Fund	752,596	800,394	715,806	-84,588	-10.6%
Total Funds	**$ 71,350,839**	**$ 78,233,936**	**$ 64,704,832**	**-$ 13,529,104**	**-17.3%**

Note: The fiscal 2021 appropriation does not include deficiencies, planned reversions, or general salary increases. The fiscal 2022 allowance does not include annual salary review adjustments, or the annualization of general salary increases.