

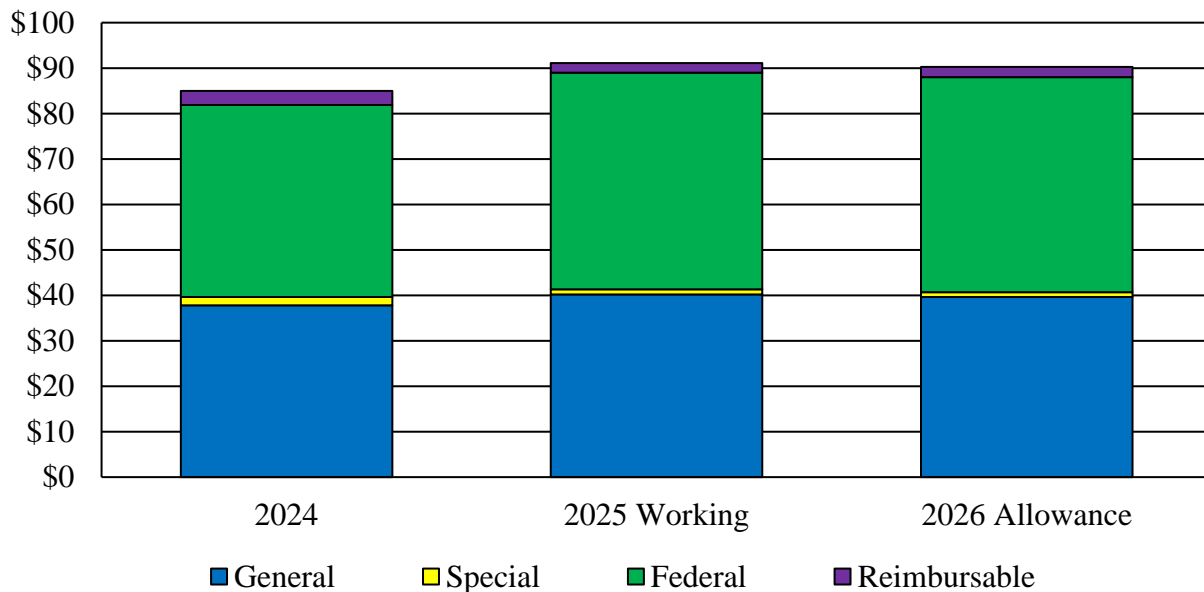
D26A07
Department of Aging

Program Description

The Maryland Department of Aging (MDOA) functions as the State Unit on Aging as federally designated through the Older Americans Act (OAA) of 1965 and receives federal and state funding to serve older adults and their families and caregivers. MDOA distributes funding and provides fiscal and programmatic oversight to the aging services network across Maryland, including to 19 local Area Agencies on Aging (AAA). Services funded through MDOA and administered by the aging services network include information and referral services, nutrition services, community-based supportive services, and assisted living subsidies.

Operating Budget Summary

Fiscal 2026 Budget Decreases by \$869,021, or 1.0%, to \$90.3 Million
(\$ in Millions)



Note: The fiscal 2025 working appropriation accounts for deficiencies. The fiscal 2026 allowance accounts for contingent reductions. The fiscal 2025 impacts of statewide salary adjustments are centrally budgeted in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2026 impacts of the fiscal 2025 statewide salary adjustments appear in this agency’s budget. The fiscal 2026 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

- The fiscal 2026 allowance includes a reduction of \$1.2 million in general funds for the Long-Term Care and Dementia Care Navigation Programs established by Chapters 667 and 668 of 2023 contingent on the passage of legislation reducing the mandated funding amount.

Fiscal 2024

Section 19 of the fiscal 2024 Budget Bill (Chapter 101 of 2023) added \$8.5 million in general funds to reduce waitlists in the Senior Care program. However, during the 2024 session, MDOA planned to revert \$4.5 million of these funds and ultimately reverted \$5.9 million from the program at the fiscal 2024 closeout. MDOA underspent this funding most notably due to AAA's feeling uncertain about fund availability in the out years and due to staffing shortages. Further discussion of the Senior Care program is found in Key Observation 1.

Fiscal 2025

Cost Containment

On July 17, 2024, the Board of Public Works (BPW) approved a total of \$1.5 million in reductions to MDOA's general fund appropriation for two initiatives. BPW reduced \$1.2 million for Long-Term Care and Dementia Care Navigation Programs, which had initially received \$2.4 million in fiscal 2025 as required by Chapters 667 and 668. BPW also reduced \$300,000 in general funds for the multisector planning, stakeholder engagement, survey, and analysis required by the Longevity Ready Maryland Initiative (LRM).

Implementation of Legislative Priorities

Section 21 of the fiscal 2025 Budget Bill (Chapter 716 of 2024) added \$550,000 in general funds for grants to the following two nonprofit agencies serving Maryland older adults:

- \$500,000 for Gilchrist Hospice Care, Inc.; and
- \$50,000 for Maryland Senior Olympics to support their annual games.

MDOA awards grant dollars quarterly as reimbursements for eligible expenses up to the amount authorized. Grantees must invoice MDOA describing services provided to receive the funds as outlined in this section. As of January 2025, MDOA has awarded the first of four payments to each grantee to reflect the first quarter of the grant awards. Funding for these grants does not continue in fiscal 2026.

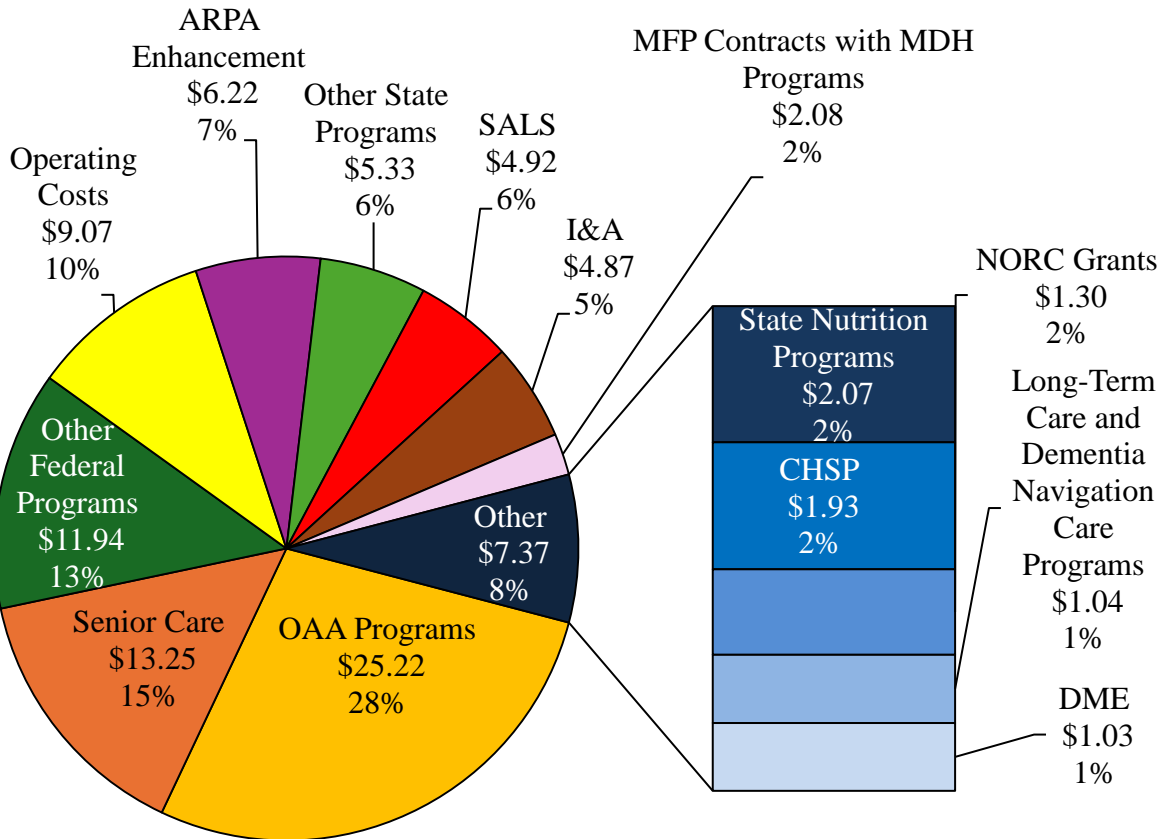
Proposed Deficiency

The fiscal 2026 allowance includes one deficiency appropriation totaling a net increase of \$1.5 million to the fiscal 2025 appropriation. The deficiency appropriation includes \$912,697 in federal funds from the American Rescue Plan Act (ARPA) of 2021 and \$550,000 in reimbursable funds from the Maryland Department of Health to fund a Hospital Transition program, Workforce Expansion grant, and Long-Term Care Ombudsman grant.

Fiscal 2026 Overview of Agency Spending

The fiscal 2026 allowance for MDOA totals \$90.3 million. As shown in **Exhibit 1**, OAA programs comprise the largest share of the budget at \$25.2 million (28%). OAA requires states to administer certain programs to protect and support older adults, including meal delivery, caregiver support, and ombudsman services. Funding for State programs comprises the second largest share of the budget with \$23 million (25%) allocated to Senior Care (\$13.2 million), the Senior Assisted Living Subsidy (SALS) Program (\$4.9 million), and Information and Assistance services (\$4.9 million). The fiscal 2026 allowance includes nearly \$12 million for other federal programs such as the Veteran-Directed Care Program (\$2.9 million), which helps veteran older adults with daily personal care needs, and the Nutrition Services Incentive Program (\$1.6 million), which reimburses meal providers for the costs of congregate and home-delivered meals. There is also \$6 million in ARPA funding to supplement federal programs. Included in Other State Programs is \$206,308 in general funds for LRM established by executive order on January 3, 2024, (discussed in Key Observation 2).

**Exhibit 1
Overview of Agency Spending
Fiscal 2026 Allowance
(\$ in Millions)**



ARPA: American Rescue Plan Act
 CHSP: Congregate Housing Services Program
 DME: Durable Medical Equipment
 I&A: Information and Assistance
 MDH: Maryland Department of Health

MFP: Money Follows the Person
 NORC: Naturally Occurring Retirement Communities
 OAA: Older Americans Act
 SALS: Senior Assisted Living Subsidy

Note: The fiscal 2026 allowance accounts for contingent reductions. The fiscal 2026 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

Source: Governor’s Fiscal 2026 Budget Books

Proposed Budget Change

As shown in **Exhibit 2**, the fiscal 2026 allowance decreases by \$869,021, or 1.0%, compared to the fiscal 2025 working appropriation. The change is largely driven by various adjustments in program funding, including a decrease of \$913,697 due to expiration of the ARPA stimulus funding to local AAAs; a net decrease of \$682,505 in Senior Care, accounting for an increase of \$3.3 million in funding to address the waitlist and decrease of \$4 million due to the end of one-time senior care enhancements provided in fiscal 2025; a decrease of \$550,000 due to the end of fiscal 2025 grants to community-based organizations; and a net decrease of \$162,606 in mandated funding for Long-Term Care and Dementia Care Navigation Programs established by Chapter 667 and 668, accounting for a contingent reduction of \$1.2 million. The fiscal 2026 allowance also includes a net increase of \$1.5 million for regular personnel, mainly for 1 new position and 6 contractual conversions.

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

How Much It Grows:	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2024 Actual	\$37,827	\$1,795	\$42,266	\$3,087	\$84,974
Fiscal 2025 Working Appropriation	40,191	1,107	47,666	2,172	91,136
Fiscal 2026 Allowance	<u>39,615</u>	<u>1,099</u>	<u>47,305</u>	<u>2,248</u>	<u>90,267</u>
Fiscal 2025-2026 Amount Change	-\$577	-\$8	-\$361	\$76	-\$869
Fiscal 2025-2026 Percent Change	-1.4%	-0.7%	-0.8%	3.5%	-1.0%

Where It Goes:

Personnel Expenses

	<u>Change</u>
Costs for salaries and fringe benefits associated with a total of 7 new positions including 6 contractual conversions	\$773
Salary increases and associated fringe benefits including fiscal 2025 cost-of-living adjustments and increments	458
Employee and retiree health insurance	204
Miscellaneous adjustments	90
Turnover increase from 4.15% to 4.36%	-12

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Where It Goes:	<u>Change</u>
Funding to Local AAAs	
ARPA funding for expanding the Public Health Workforce in the Aging Network for States	250
Net decrease in senior care, accounting for program growth and end of one-time enhancements	-682
Expiration of the ARPA stimulus funding to local AAAs	-913
New Initiatives	
Development of the Longevity Ready Maryland Initiative	206
Mandated funding for Miriam Kelyt Aging and Senior Social Connection Hub and Spoke Pilot Program, established through Chapters 340 and 341 of 2024...	80
Net decrease for Long-Term Care and Dementia Care Navigation Programs, accounting for a contingent reduction (see Key Observation 3 for more information)	-163
Programmatic Changes	
Maryland Supports Amyotrophic Lateral Sclerosis program	-60
End of grants to community-based organizations authorized in Section 21 of the fiscal 2025 Budget Bill	-550
Administrative Changes	
Cost allocation, mainly for the DoIT services allocation	-88
Contractual personnel expenses, driven by a net decrease of 6.0 positions	-463
Other changes	-1
Total	-\$869

AAA: Area Agency on Aging
 ARPA: American Rescue Plan Act
 DoIT: Department of Information Technology

Note: Numbers may not sum to total due to rounding. The fiscal 2025 working appropriation accounts for deficiencies. The fiscal 2026 allowance accounts for contingent reductions. The fiscal 2025 impacts of statewide salary adjustments are centrally budgeted in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2026 impacts of the fiscal 2025 statewide salary adjustments appear in this agency’s budget. The fiscal 2026 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

Community Services Grant

Most of the MDOA budget is distributed to AAAs as grant funding for direct services. As shown in **Exhibit 3**, the fiscal 2026 allowance includes \$79.6 million for community services. Of this total, \$6.1 million represents ARPA enhancement funding for OAA programs and is included in the following federal programs: Public Health Workforce; Congregate and

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Home-Delivered Meals; Supportive Services; Family Caregiver and Caregivers Support; Health Promotion and Disease Prevention; Ombudsman; and Preventing Elder Abuse. MDOA reported that due to fiscal and program management challenges, it would return all work of the Veteran Directed Care program under the U.S. Department of Veterans Affairs to its former subcontractor and is in the process of conducting closeout of outstanding payments and will not receive any funding for the program in fiscal 2026.

Exhibit 3
Community Services Grant Program
Fiscal 2025-2026
(\$ in Thousands)

<u>Program</u>	<u>2025</u> <u>Working</u>	<u>2026</u> <u>Allowance</u>	<u>2025-2026</u> <u>\$ Change</u>	<u>2025-2026</u> <u>% Change</u>	<u>Fund</u> <u>Type</u>
Increases					
Public Health Workforce	\$0	\$250	\$250	100%	FF
Aging and Senior Social Connection Hub and Spoke Pilot Program	0	80	80	100%	GF
Decreases					
OAA Congregate and Home-Delivered Meals	16,347	16,344	-3	0%	FF
Senior Care	13,929	13,248	-682	-5%	GF
OAA Family Caregiver and Caregivers Support	4,029	3,429	-600	-15%	FF
Long-Term Care and Dementia Care Navigation Programs	1,200	1,037	-163	-14%	GF
OAA Ombudsman	819	507	-313	-38%	FF
State Health Insurance Program	644	582	-62	-10%	FF
Maryland Supports ALS Program	750	690	-60	-8%	GF
Legislative Priorities (Fiscal 2025)	550	0	-550	-100%	GF
Level Funded					
OAA Community Services	6,646	6,646	0	0%	FF
Federal Financial Participation for Medicaid Information and Assistance Activities	5,840	5,840	0	0%	FF
Senior Assisted Living Subsidy	4,922	4,922	0	0%	GF
Information and Assistance	4,865	4,865	0	0%	GF

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<u>Program</u>	<u>2025 Working</u>	<u>2026 Allowance</u>	<u>2025-2026 \$ Change</u>	<u>2025-2026 % Change</u>	<u>Fund Type</u>
OAA Supportive Services	3,299	3,299	0	0%	FF
Veteran Directed Care Program	2,890	2,890	0	0%	FF
State Nutrition	2,071	2,071	0	0%	GF
Congregate Housing Services Program	1,931	1,931	0	0%	GF
Nutrition Services Incentive Program	1,634	1,634	0	0%	FF
Money Follows the Person	1,325	1,325	0	0%	RF
Naturally Occurring Retirement Communities	1,300	1,300	0	0%	GF
State Ombudsman	1,122	1,122	0	0%	GF
Durable Medical Equipment Reuse Program	1,031	1,031	0	0%	GF
OAA Health Promotion and Disease Prevention	800	800	0	0%	FF
Maryland Community for Life – HCBS	750	750	0	0%	RF
State Guardianship	641	641	0	0%	GF
Vulnerable Elderly Programs Initiative	479	479	0	0%	GF
Hold Harmless – Supplemental State Funding	442	442	0	0%	GF
Senior Medicare Patrol	328	328	0	0%	FF
MIPPA programs	292	292	0	0%	FF
Commodity Supplemental Food Program	285	285	0	0%	FF
Senior Estate Planning	225	225	0	0%	GF
Maintaining Active Citizens, Inc.	132	132	0	0%	GF
Aging-in-Place Programs	100	100	0	0%	GF
OAA Preventing Elder Abuse	78	78	0	0%	FF
Total	\$81,697	\$79,596	-\$2,102	-3%	

ALS: Amyotrophic Lateral Sclerosis

FF: federal funds

GF: general funds

HCBS: home and community-based services

MIPPA: Medicare Improvements for Patients and Providers Act

OAA: Older Americans Act

RF: reimbursable funds

Note: Numbers may not sum to total due to rounding. The fiscal 2025 working appropriation accounts for deficiencies. The fiscal 2026 allowance accounts for contingent reductions.

Source: Governor’s Fiscal 2026 Budget Books; Department of Legislative Services

Social Connections Program

HB 158 and SB 223 of 2025 are departmental bills that would rename one of MDOA’s community services programs, the Senior Call Check Program, to be the Social Connections Program. Senior call check service and notification are telephone calls made or received each day at a regularly scheduled time by MDOA or their designee to the residence of an eligible participant (a resident of the State who is at least age 65) to verify that the participant is able to receive notifications and answer the telephone or place a call from the telephone. MDOA may contract with a private vendor or nonprofit organization to provide the senior call check and notification service.

In addition, the departmental bills would broaden 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 Program within the Maryland Department of Disabilities (MDOD) and collaborate with MDOD to establish the program’s budget. MDOA may adopt regulations that include policy guidance and program standards as necessary to implement the program. The bill primarily alters the purposes for which existing funds for the program may be used, which is budgeted at \$419,967 in special funds from the Universal Services Trust Fund in fiscal 2026. To the extent administrative changes are needed, MDOA indicated it can handle them with existing budgeted resources.

Personnel Data

	<u>FY 24 Actual</u>	<u>FY 25 Working</u>	<u>FY 26 Allowance</u>	<u>FY 25-26 Change</u>
Regular Positions	40.00	49.00	56.00	7.00
Contractual FTEs	<u>12.20</u>	<u>9.00</u>	<u>3.00</u>	<u>-6.00</u>
Total Personnel	52.20	58.00	59.00	1.00

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	2.21	4.50%
Positions and Percentage Vacant as of 12/31/24	7.00	14.29%
Vacancies Above Turnover	4.79	

- As of December 31, 2024, MDOA had 7 vacant positions in administrative functions. Of the 7 vacancies, 1 has been vacant for 4 to 6 months, 2 have been vacant for 6 to 12 months, and 4 have been vacant for longer than a year.

- The fiscal 2026 allowance includes 1 new position for information technology support and 6 contractual conversions, providing a total of 56 regular positions and 3 contractual full-time equivalent positions.

Key Observations

1. Departmental Bill Would Consolidate Three Community Programs

MDOA operates three major community programs, Senior Care, SALS, and the Congregate Housing Services Program (CHSP), that support older adults living in place. These programs provide financial support and case management to eligible older adults to allow them to live independently for as long as possible and avoid costly stays in nursing facilities or State-funded caregiver support, including services paid for by Medicaid. Specifically, the programs support older adults throughout Maryland in the following ways:

- Senior Care provides financial assistance and case management for individuals living independently;
- SALS provides financial assistance to help individuals afford assisted-living costs; and
- CHSP supports congregate housing placements and limited personal assistance.

SB 212 and HB 36 of 2025 would consolidate these three programs – Senior Care, SALS, and CHSP – under the Senior Care statute to facilitate MDOA in managing the programs as one singular program. According to MDOA, each of the three programs are authorized separately by outdated statutes and regulations that require different eligibility criteria. Under the bills, MDOA aims to redesign state-funded aging-in-community services to make them more flexible and accessible while containing cost.

Additionally, the bills would repeal the Interagency Committee on Aging Services. The 12-member Interagency Committee on Aging Services comprises, among other representatives, the Secretary of Aging, the Secretary of Disabilities, the Secretary of Health, the Secretary of Housing and Community Development, and the Secretary of Human Services. The committee must develop and update annually a plan for providing services to older adults in the State consistent with priorities established by MDOA. As the interagency committee would be repealed, the bill specifies the duties transferred to MDOA in addition to clarifying the responsibilities of AAAs. Specifically, the bill states that:

- MDOA may enter into agreements and contracts and adopt regulations, policies, and procedures to implement and coordinate services to older adults;

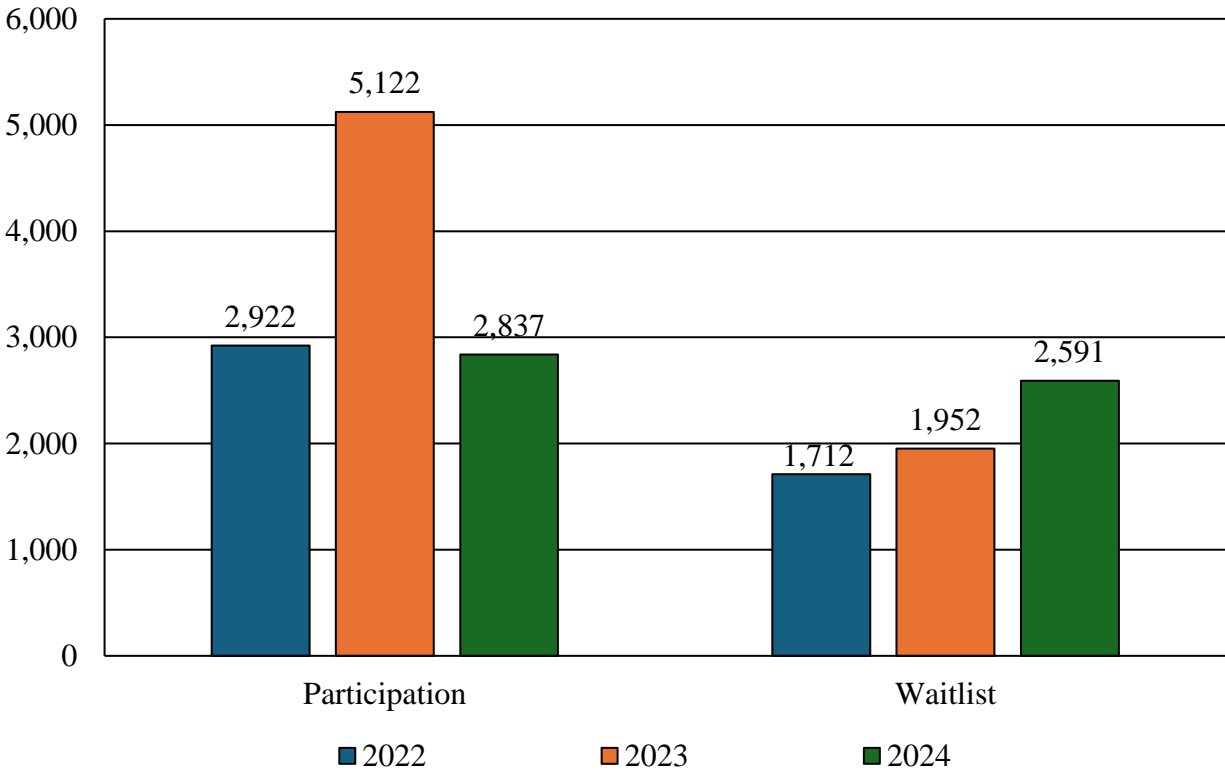
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- MDOA may collaborate with county agencies, AAAs, nonprofit organizations, or other persons that establish local interagency committees;
- MDOA must establish, coordinate, and supervise a program to provide single points of entry within each planning and service area. Each AAA must continue to operate a single point of entry program to assess the needs of older adults and their caregivers and provide appropriate services;
- AAAs (rather than local interagency committees on services to older adults) must make agreements with nonprofit organizations or other persons as needed and provide staff on a regular basis at the single points of entry to provide information and services to older adults in need of long-term services and administer agency programs; and
- MDOA must develop, coordinate, and administer with AAAs or other persons a system to provide services to older adults in need of long-term services and supports to allow older adults to age in their selected location with appropriate services, supports, and housing opportunities.

2. Senior Care Waitlist Increases While Participation Decreases

The General Assembly has been concerned in recent years about large and growing waitlists in Senior Care, which is offered by all 19 local AAAs. Although additional funding in recent years was anticipated to lower the Senior Care waitlist, participation in the program decreased, while the waitlist continued to increase from fiscal 2023 to 2024. **Exhibit 4** shows the fluctuating participation and steady increase in waitlist size of the Senior Care program. Over the course of fiscal 2023, participation for Senior Care increased dramatically by 2,200 individuals. However, the trend reversed in fiscal 2024 as participation decreased by 2,285 individuals with participation dropping below the fiscal 2022 level. The waitlist size grew steadily over the period climbing from 1,712 in fiscal 2022 to 2,591 in fiscal 2024. Since the fiscal 2024 reporting, the waitlist decreased slightly to 2,300 as of September 30, 2024.

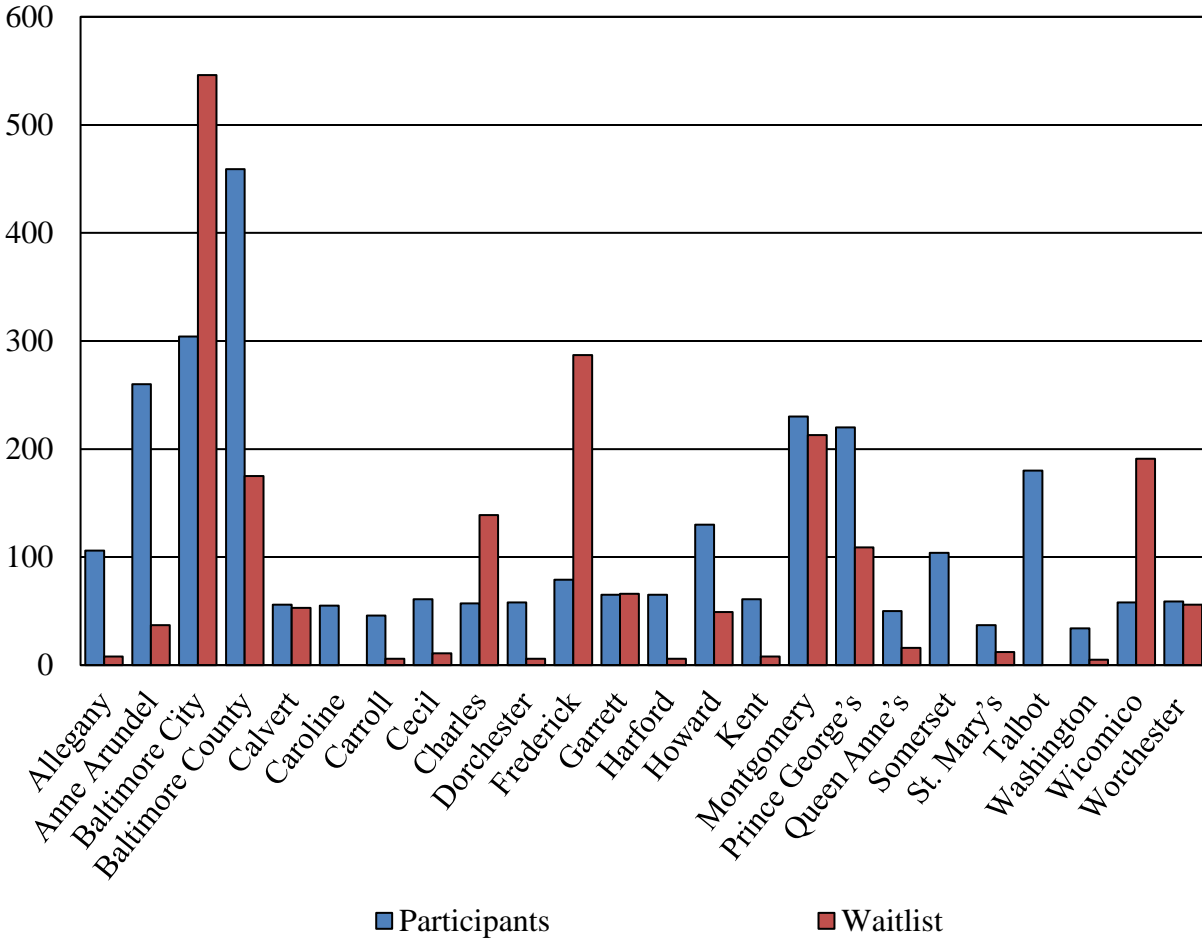
Exhibit 4
Senior Care Participation and Waitlist Size
Fiscal 2022-2024



Source: Maryland Department of Aging; Department of Legislative Services

Exhibit 5 shows the number of Senior Care participants and the number of individuals on the waitlist for each jurisdiction as of September 30, 2024. Of the 24 jurisdictions shown, the jurisdictions with the largest number of participants are Baltimore County (459), Baltimore City (304), Anne Arundel County (260), Montgomery County (230), and Prince George’s County (220). The jurisdictions with the highest waitlists are Baltimore City (546), and Frederick (287), Wicomico (191), and Charles (82) counties, and for all these jurisdictions, the number of individuals on the waitlist was larger than the number of participants in the program.

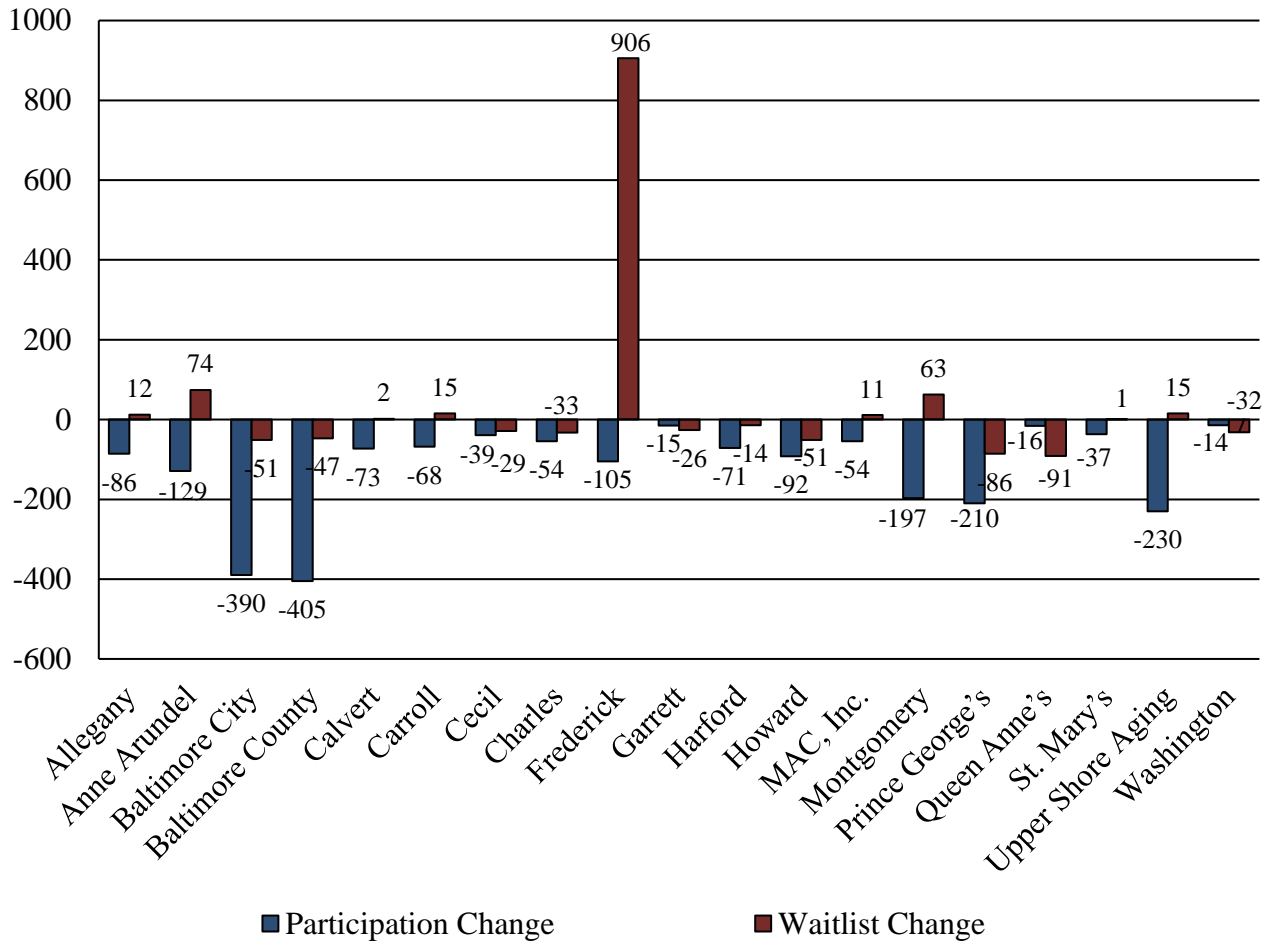
Exhibit 5
Senior Care Participation and Waitlist Size by Jurisdiction
As of September 30, 2024



Source: Maryland Department of Aging

Exhibit 6 shows the net change in Senior Care participation and waitlist size by jurisdiction from fiscal 2023 to 2024. As shown, the number of participants decreased in all jurisdictions from the prior year. Across the same period, the number of individuals on the waitlist decreased for 11 AAAs while increasing for 8 AAAs. Participation in the program decreased most notably in Baltimore County (-405) and Baltimore City (-390) while the waitlist size increased most drastically in Frederick (906).

Exhibit 6
Change in Senior Care Participation and Waitlist Size by Jurisdiction
Fiscal 2022 to 2024



MAC, Inc.: Maintaining Active Citizens, Incorporated

Note: MAC, Inc. includes Dorchester, Somerset, Wicomico, and Worcester counties. Upper Shore Aging includes Caroline, Kent, and Talbot counties. Data from MAC, Inc. and Upper Shore Aging are not delineated by county.

Source: Maryland Department of Aging

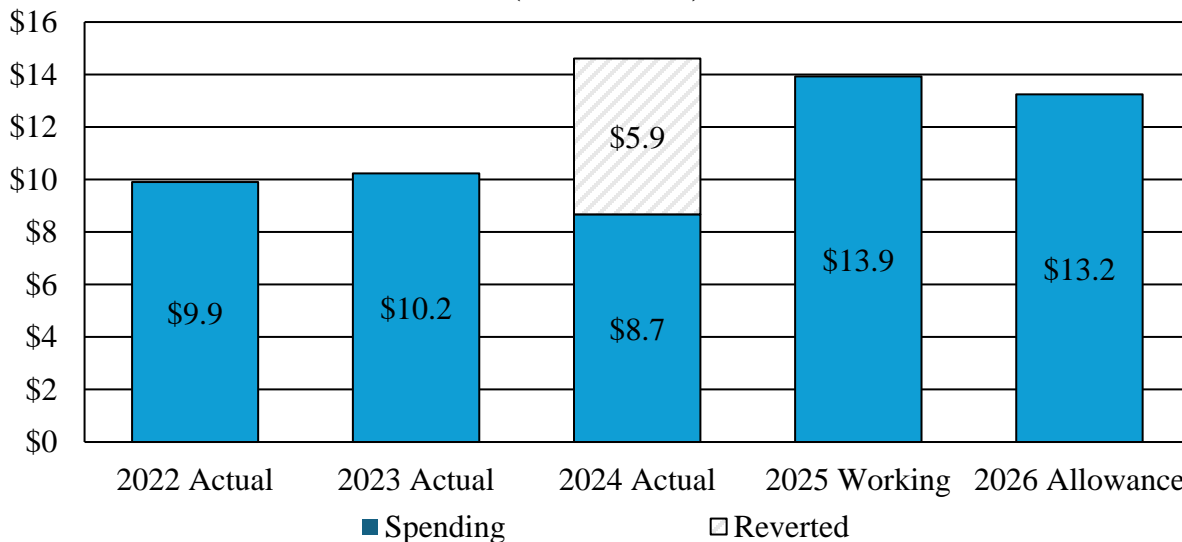
The department should explain the reasons for the significant increase in participation in fiscal 2023, provide the number of individuals that were disenrolled from the program from fiscal 2023 to 2024, discuss the common reasons for disenrollment and why participation in Senior Care in fiscal 2024 decreased while the waitlist continued to

increase, and discuss current efforts to efficiently enroll individuals from the waitlist into newly open slots.

Challenges in Spending Increased Funding to Lower Waitlist

Since fiscal 2023, additional funding has been allocated to Senior Care to enable local AAAs to expand the program and reduce waitlists. Annual funding levels for fiscal 2022 through 2026 are presented in **Exhibit 7**. The fiscal 2024 appropriation included \$8.5 million added by the General Assembly for Senior Care. At fiscal 2024 closeout, MDOA reverted \$5.9 million. The fiscal 2026 allowance includes \$13.2 million for the program, which surpasses the most recent actual spending level by \$4.5 million.

Exhibit 7
Funding for Senior Care
Fiscal 2022-2026
(\$ in Millions)



Source: Department of Budget and Management; Department of Legislative Services

The agency reported that funds were underspent by AAAs in fiscal 2024 in part due to uncertainty about sustained funding in the out-years and due to operational challenges. Local AAAs expressed reticence in spending down the enhanced funding received for the Senior Care program in fiscal 2024 because it was not guaranteed to be ongoing funding. The Senior Care program supports individuals from enrollment until they are unable to live on their own. Therefore, spending down enhancement funding to enroll individuals who may have to later be removed due to lack of funding risks disrupting participants’ connection to resources and services supporting their daily lives. Local AAAs expressed a need for sustained funding levels to address the waitlist. Nevertheless, actual spending in fiscal 2024 fell below fiscal 2022 and 2023 levels suggesting

there were challenges beyond spending the enhancement. In addition to uncertainty regarding funding in subsequent years, local AAAs expressed various limitations in being able to spend Senior Care funding, such as:

- initial confusion regarding appropriate uses of the funding due to unclear guidelines since the increased funding in fiscal 2024 was not planned;
- administrative barriers such as lengthy processes for authorizing spending; and
- difficulties obtaining contracts with other agencies for providing aging services due to staffing shortages.

Due to the fiscal 2025 working appropriation reflecting a level of funding more than \$4 million beyond actual fiscal 2024 spending, the Department of Legislative Services (DLS) recommends reducing \$2.5 million in general funds budgeted for the Senior Care program in fiscal 2025 to better reflect actual spending in recent years. This reduction would allow for a gradual increase in Senior Care funding from \$8.7 million spent in fiscal 2024 to \$13.2 million in the fiscal 2026 allowance. MDOA should discuss efforts to ensure that Senior Care funding will be fully spent in fiscal 2026, including strategies that it is implementing to assist local AAAs in expending funding.

3. Update on Dementia Care Programs and Multisector Plan on Aging Initiatives

Dementia Care Navigation Program

Dementia Care Navigation programs are intended to provide support to persons living with dementia and their care partners to ensure access to services that mitigate the impact of dementia. Chapters 667 and 668 established Long-Term Care and Dementia Care Navigation Programs requiring local AAAs to establish or build upon existing dementia care navigation programs for their jurisdictions. MDOA is tasked with overseeing program development, training staff, and collecting and managing data to measure progress.

Funding

Chapters 667 and 668 require the Governor, beginning in fiscal 2025, to include \$2.4 million annually in the budget to support the programs. The fiscal 2025 appropriation included the required \$2.4 million in general funds for the program, but BPW approved a reduction of \$1.2 million at its July 17, 2024, meeting. In fiscal 2026, the Governor’s proposed budget plan level funds the program after accounting for a reduction of \$1.2 million, contingent upon the enactment of the Budget Reconciliation and Financing Act of 2025, which includes a provision that reduces the mandated amount by \$1.2 million for fiscal 2025 and each year thereafter.

Program Goals and Progress

The Acts also required MDOA to submit an annual report beginning October 1, 2024, to the Governor and General Assembly about the program’s services and scope. The report, submitted on September 30, 2024, includes the department’s vision and goals for the program, structure and organization, and progress towards implementing goals. Program implementation relied on guidance and direction from the Virginia I. Jones Alzheimer’s Disease and Related Dementias Counsel: the 2022 to 2025 Maryland State Plan on Aging, an Ad Hoc Committee of dementia clinical practitioners, researchers, and community providers; and a workgroup consisting of 19 AAAs. **Exhibit 8** summarizes the program’s seven goals and progress toward each goal as of October 1, 2024.

Exhibit 8
Dementia Care Navigation Program Goals and Progress as of October 1, 2024

<u>Goals</u>	<u>MDOA Progress</u>
Goal 1: Provide Training to the Dementia Care Network on Long-Term Care and Dementia Care Navigation Best Practices	Began developing trainings and educational opportunities for staff to provide dementia navigation.
Goal 2: Provide Cognitive Screening Opportunities for Individuals Concerned with Memory and Thinking	Added the updated AD8 dementia screening tool on the central MAP webpage for use by the agency, AAA staff, and the public and scheduled multiple training sessions for MAP staff with the goal of having all relevant staff trained by January 2025.
Goal 3: Collect Dementia Navigation Interaction Data to Ensure Statewide Program Integrity	Investigated existing sources to extract data to fulfill the legislatively mandated data reporting and adapted the AD:8 to auto-generate screening results and recommended best practices.
Goal 4: Provide Programs to Engage Individuals Experiencing Symptoms of Dementia that Interfere with Activities of Daily Living	Provided guidance to AAAs to enhance or adapt existing programming, participate in outreach activities, and provide programs that engage individuals in regular exercise and social activities.
Goal 5: Support Caregivers of Individuals Experiencing Symptoms of Dementia that Interfere with Activities of Daily Living	Identified the Johns Hopkins Memory Care Family Checklist as a tool to understand stressors experienced by caregivers, with plans to adapt the tool to automate results and best practices and link problematic domains to available community resources within the 211 Maryland MAP resource database.
Goal 6: Provide Consulting and Technical Assistance to AAA Staff	Provided technical and consulting support to AAAs on the program plan, including trainings on implemented screenings, checklists, and reporting tools.
Goal 7: Facilitate Establishing Relationships Between AAAs and Health Care Providers	Plans to host “Dementia Navigation Health Forums” to open dialogue and enhance relationships between dementia providers and available community resources.

AAA: Area Agencies on Aging
AD8: Ascertain Dementia 8

MAP: Maryland Access Point
MDOA: Maryland Department of Aging

Source: Maryland Department of Aging

Longevity Ready Maryland Initiative

The second initiative, established by executive order on January 3, 2024, requires MDOA to assess existing services and care options to develop a multisector plan to guide systems transformation over the next 10 years. Through LRM, MDOA will build and implement a multisector plan to address the needs of older Marylanders. The main deliverable of the project is a 10-year plan with recommendations for a whole-of-government approach to develop Maryland’s aging-care infrastructure. This plan will identify and expand upon areas throughout State government in which older Maryland adults are supported across a range of needs. The administrative responsibilities of the initiative include collaborating with other State agencies and incorporating the needs of older adults in public services.

As requested through committee narrative in the 2024 *Joint Chairmen’s Report* (JCR), MDOA submitted a report providing an update on LRM. The report included the planned and completed expenses and activities related to LRM in fiscal 2024 and 2025, highlighting the following activities.

- **Staffing:** Throughout fiscal 2024 and 2025, MDOA utilized existing staff and resources to conduct LRM activities. Two regular positions oversee LRM work, including the Assistant Secretary of Planning (formerly the Director of Multisector Planning), and the Policy and Stakeholder Manager. MDOA also has three contractual staff that partially support LRM, including a communications staff, data analyst, and senior call check administrator.
- **Data Dashboard:** Beginning in September 2023, MDOA began a project to develop a data dashboard to better track and analyze data related to caring for the elderly population in Maryland. The project is governed by an interagency agreement with the Maryland Department of Planning using ARPA administrative funds with a total budget of \$500,000 in fiscal 2024 and 2025. MDOA reported that the data dashboard has progressed significantly and is in the final stages with plans of launching a public beta version in spring 2025 and a final version for July 2025.
- **Workgroups:** Between September and November 2024, MDOA convened workgroups to study the needs of and opportunities for older adults in Maryland, collect and manage data related to senior services, and develop recommendations. The department launched four workgroups to address priority areas, including (1) building a longevity ecosystem; (2) promoting economic opportunity; (3) preparing Marylanders to afford longevity; and (4) optimizing health, wellness, and mobility. Meetings were conducted monthly and facilitated by MDOA. The department also convened a LRM Stakeholder Advisory Group composed of key members of the workgroups to review recommendations.
- **Consulting Engagements:** MDOA contracted with National Center to Reframe Aging to provide reframing aging training, education, and technical assistance to MDOA between February and September 2025. Throughout fiscal 2024 and 2025, MDOA also contracted

with Ignited Strategies to provide technical assistance in developing a plan that outlines all tasks, roles, responsibilities, and timeliness of deliverables.

MDOA reported that it will finalize the preliminary LRM Plan and recommendations beginning January 2025, share the draft plan for public comment beginning March 2025, submit the draft plan to State and federal leadership for review beginning May 2025, share the final plan with the Governor and General Assembly in July 2025, and implement the final plan and begin conducting annual reporting between July 2025 and December 2035.

4. Task Force on Preventing and Countering Elder Abuse Recommendations

As required by Chapters 706 and 707 of 2023, MDOA established the Task Force on Preventing and Countering Elder Abuse in fiscal 2024. The department submitted a final report to the Governor and the General Assembly in December 2024 with the task force’s findings and recommendations. The task force conducted a review of issues relating to abuse, vulnerability, and exploitation of the older adult population in Maryland that focused on four key areas and developed a list of 22 recommendations regarding the task force’s findings that are summarized in **Exhibit 9**. **MDOA should discuss plans to implement recommendations provided by the Task Force on Preventing and Countering Elder Abuse.**

Exhibit 9 Task Force Recommendations

Key Area 1: The Collaborative Study of Maryland and Other States' Laws

1. Establish a comprehensive statutory scheme, including modernizing definitions to promote collaborative investigations for victims of abuse.
2. Enact legislation to establish an Older Adult Criminal Trafficking Statute.

Key Area 2: Preserving the Rights of the Person and Property and Utility of Guardianship

3. Assess alternatives to guardianship and contract attorneys skilled in medical assistance planning to serve as Guardian of Property.
4. Enhance oversight of private and public guardianships.

Key Area 3: Enhancing Accountability and Oversight of Transitions in Care

5. Establish a formal process to request a hearing for involuntary discharge or evictions from assisted living programs.
6. Establish an interagency committee to study challenges to safe, well-coordinated, and appropriate transitions of care across provider settings.
7. Ensure accountability and adequate support to prevent delays in the application process for Maryland Medicaid and its programs.

Key Area 4: Preventing Fraud, Scams and Financial Exploitation

8. Increase oversight of power of attorneys and representative payees.
9. Increase oversight in reporting banking fraud and exploitation.

Additional Recommendations

10. Establish a public awareness campaign with a comprehensive inventory of services and programs to prevent abuse.
11. Create a centralized repository to understand the scope of abuse, neglect and financial, exploitation.
12. Establish the Maryland Office of Elder Abuse Response.
13. Enact proactive and preventative regulatory oversight.
14. Expand to access to healthcare through modifying eligibility requirements for Aged Blind Disabled Medical Assistance and Home- and Community Based Waiver programs.
15. Increase screening for elder abuse through intake processes.
16. Develop the Elder Abuse Lethality Assessment for police to utilize.
17. Standardize procedures for assessing capacity and increase the number of Capacity Evaluators.
18. Increase the number of professional social workers and care resources.
19. Explore civil and legal remedies such as establishing pro bono emergency legal services, extending protective orders, and enhancing accountability for abusers.
20. Increase the Homestead Exemption to prevent predatory bankruptcies.
21. Improve access to affordable, safe housing and shelters.
22. Establish a multisector Elder Fatality Review Team.

Source: Task Force on Preventing and Countering Elder Abuse

Operating Budget Recommended Actions

1. Add the following language:

- (1) \$2,500,000 in general funds is reduced from the fiscal 2025 appropriation for program D26A07.03 Community Services within the Department of Aging that was made for the purpose of the Senior Care program.

Explanation: This action reduces the fiscal 2025 general fund appropriation for the Senior Care program to more closely align with actual spending.

Updates

- ***MDOA Headquarters Move:*** MDOA will relocate its current central office in State Center in Baltimore City to the twelfth floor of 36 South Charles Street. The planned move date was January 22, 2025.
- ***No New Capital Projects Funded in Fiscal 2026:*** The fiscal 2026 capital budget does not provide funding for any MDOA projects. The fiscal 2024 capital budget authorized \$1.9 million for new projects, bringing the total funding for MDOA to encumber to \$4.3 million.

Appendix 1
2024 Joint Chairmen’s Report Responses from Agency

The 2024 JCR requested that MDOA prepare three reports. Electronic copies of the full JCR responses can be found on the DLS Library website.

- **Report on Senior Care Funding Adequacy:** Between June 2023 and September 2024, overall waitlists increased in the Senior Care program, while participation decreased. Further discussion of the Senior Care program waitlist, participation, and funding is included in Key Observation 1 of this analysis.
- **Prince George’s County AAA Operations and Spending:** MDOA provided a report addressing concerns regarding local jurisdictions’ ability to direct available funding to administer local services. The report also provided information on Prince George’s County operations, revenues, and expenditures process and barriers to spending funds. Challenges to spending funds include delayed notice of grants (NGA), county appropriation processes, reporting timelines, and annual fiscal year closeout. Specifically, the 12-month grant periods present challenges because MDOA cannot issue NGAs before the start of the State fiscal year and receipt of budget approval. Each AAA must seek budget authority to spend the grant according to their local County regulations following the receipt of the NGA, leading to spending delays of up to one to two quarters into the fiscal year.
- **Update on the LRM Initiative:** MDOA reported on the planned and completed expenses and activities related to LRM in fiscal 2024 and 2025. MDOA plans to share the final LRM Plan and recommendations to the Governor and General Assembly in July 2025 and implement the final plan between July 2025 and December 2035. Further discussion of LRM is included in Key Observation 2 of this analysis.

**Appendix 2
Object/Fund Difference Report
Department of Aging**

<u>Object/Fund</u>	<u>FY 24 Actual</u>	<u>FY 25 Working Appropriation</u>	<u>FY 26 Allowance</u>	<u>FY 25 - FY 26 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	40.00	49.00	56.00	7.00	14.3%
02 Contractual	12.20	9.00	3.00	-6.00	- 66.7%
Total Positions	52.20	58.00	59.00	1.00	1.7%
Objects					
01 Salaries and Wages	\$ 3,930,647	\$ 5,924,674	\$ 7,437,317	\$ 1,512,643	25.5%
02 Technical and Special Fees	383,634	692,471	229,553	- 462,918	- 66.9%
03 Communication	2	21,230	21,230	0	0%
04 Travel	79,978	80,698	80,698	0	0%
07 Motor Vehicles	7,559	8,263	8,263	0	0%
08 Contractual Services	2,353,811	2,277,738	2,339,115	61,377	2.7%
09 Supplies and Materials	31,174	5,119	5,119	0	0%
10 Equipment – Replacement	378,042	39,000	39,000	0	0%
12 Grants, Subsidies, and Contributions	77,591,662	80,387,763	81,070,389	682,626	0.8%
13 Fixed Charges	217,916	236,624	236,572	- 52	0%
Total Objects	\$ 84,974,425	\$ 89,673,580	\$ 91,467,256	\$ 1,793,676	2.0%
Funds					
01 General Fund	\$ 37,826,656	\$ 40,191,437	\$ 40,814,868	\$ 623,431	1.6%
03 Special Fund	1,794,911	1,107,122	1,099,407	- 7,715	- 0.7%
05 Federal Fund	42,265,527	46,752,849	47,304,997	552,148	1.2%
09 Reimbursable Fund	3,087,331	1,622,172	2,247,984	625,812	38.6%
Total Funds	\$ 84,974,425	\$ 89,673,580	\$ 91,467,256	\$ 1,793,676	2.0%

Note: The fiscal 2025 appropriation does not include deficiencies. The fiscal 2026 allowance does not include contingent reductions or statewide salary adjustments budgeted within the Department of Budget and Management.