

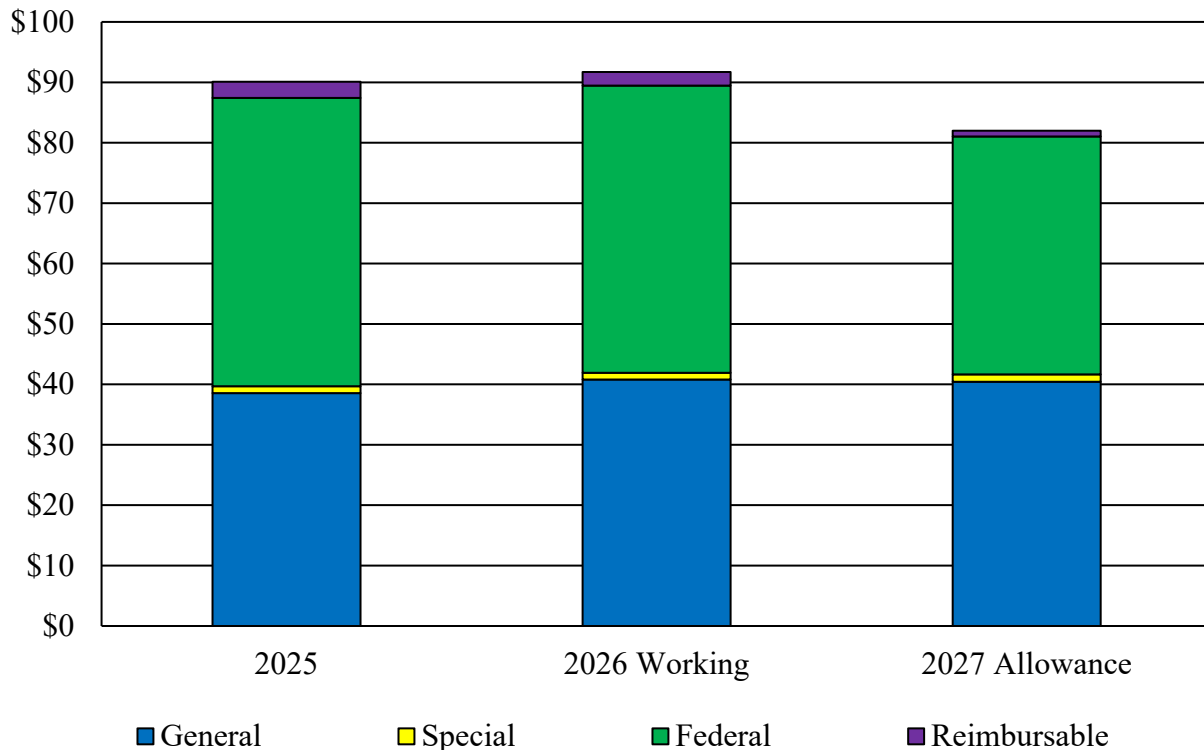
D26A07
Department of Aging

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 2027 Budget Decreases \$9.7 Million, or 10.6%, to \$82.0 Million
(\$ in Millions)**



Note: The fiscal 2026 working appropriation accounts for deficiencies. The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Fiscal 2026

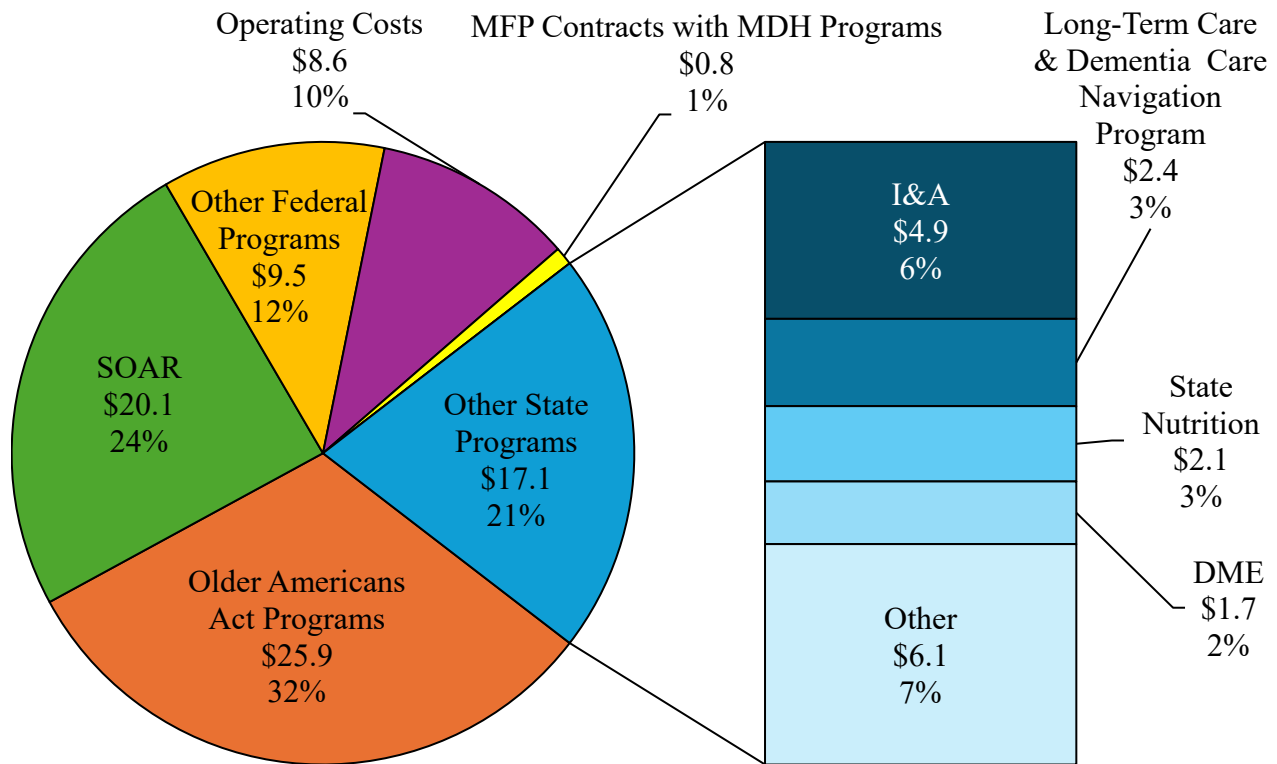
Proposed Deficiency

The fiscal 2027 budget includes the following five deficiency appropriations for MDOA, providing a net total of \$423,410 (\$117,000 in general funds, \$276,377 in federal funds, and \$30,033 in special funds). Two deficiency appropriations add \$117,000 in general funds to fund a full year of rent costs, as the budgeted amount was not sufficient to cover the rent costs in the new facility following the agency's headquarters relocation, and \$30,033 in special funds from the Universal Services Trust Fund to support the Senior Call Check program. The budget also includes two negative deficiencies, withdrawing \$379,012 in federal funds to abolish 4 vacant positions in MDOA's General Administration program for 3 administrative roles and 1 human services administrator position within MDOA's Chief of Staff and Operations program and \$284,611 in federal funds to reflect the transfer of the Commodity Supplemental Food Program to the Maryland Department of Human Services, per Chapters 370 and 371 of 2025. These reductions are more than offset by the addition of \$940,000 in federal funds for two new federal awards, including \$450,000 for the No Wrong Door Systems for Efficient Access to Long Term Services and Supports and \$490,000 for the Maryland Caregiver Navigation Grant.

Fiscal 2027 Overview of Agency Spending

The fiscal 2027 allowance for MDOA totals \$82.0 million. As shown in **Exhibit 1**, OAA programs comprise the largest share of the budget at \$25.9 million (32%). OAA requires states to administer certain programs to protect and support older adults, including meal delivery, caregiver support, and ombudsman services. Funding for the Supporting Older Americans with Resources (SOAR) program comprises the second largest share of the budget with \$20.1 million in funding, reflecting the consolidation of three major community programs in fiscal 2027, per Chapters 33 and 34 of 2025 (discussed in Key Observation 1). Other State-operated programs funded in the budget plan include almost \$5.0 million for Information and Assistance services, \$2.4 million mandated for the Long-Term Care and Dementia Care Navigation Program in accordance with Chapters 667 and 668 of 2023, \$2.1 million for the State Nutrition program to supplement OAA nutrition programs, and \$1.7 million for the Durable Medical Equipment program, along with \$6.1 million for smaller State-funded programs. The fiscal 2027 allowance includes \$9.5 million for other federal programs, including \$5.8 million for organizations serving as Maryland Access Point sites to account for federal matching funds for Medicaid administrative activities and an additional \$1.4 million for the Nutrition Services Incentive Program, which reimburses meal providers for the costs of congregate and home-delivered meals.

Exhibit 1
Overview of Agency Spending
Fiscal 2027 Allowance
(\$ in Millions)



DME: Durable Medical Equipment
I&A: Information and Assistance
MFP: Money Follows the Person
MDH: Maryland Department of Health
SOAR: Supporting Older Adults with Resources

Note: The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Source: Department of Budget and Management

Proposed Budget Change

As shown in **Exhibit 2**, the fiscal 2027 allowance decreases by \$9.7 million, or 10.6%, compared to the fiscal 2026 working appropriation after accounting for deficiency appropriations. The change is largely driven by a decrease of \$6.1 million due to the expiration of American Rescue Plan Act (ARPA) stimulus funding in fiscal 2026, with all grants expiring on September 30, 2025. The second largest change is a decrease of \$2.9 million reflecting MDOA transitioning the administration of the Veteran-Directed Care Program to the U.S. Department of Veterans Affairs (VA) due to fiscal and program management challenges. MDOA reported not having the capacity to manage and further expand the program, while VA subcontractor now administering the program is an experienced, national provider of Veteran-Directed Care with established infrastructure and financial management capabilities. The transfer occurred on September 30, 2024, but the fiscal 2026 budget includes another year of federal funding in error.

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

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2025 Actual	\$38,557	\$1,125	\$47,750	\$2,672	\$90,104
Fiscal 2026 Working	40,793	1,123	47,536	2,248	91,700
Fiscal 2027 Allowance	40,427	1,230	39,377	961	81,995
Fiscal 2026-2027 \$ Change	-\$366	\$108	-\$8,159	-\$1,287	-\$9,705
Fiscal 2026-2027 % Change	-0.90%	9.58%	-17.16%	-57.25%	-10.58%

Where It Goes:	Change
Personnel Expenses	
Employee and retiree health insurance	\$232
Salary increases and associated fringe benefits	166
Turnover rate decreases from 4.3% to 4.0%.....	17
Deferred compensation match due to change in statewide budgeting.....	13
Older Americans Act Program Federal Funding to Local AAAs	
Home-Delivered Meal Programs	525
Congregate Dining Meal Programs for group dining	369
State Long-Term Care Ombudsman programs, which advocate for residents of nursing homes and assisted living facilities.....	161
Health Promotion and Prevention Programs to improve health and well-being and reduce disease and injury	-2

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Where It Goes:	<u>Change</u>
Family Caregiver Support Program decrease to reflect updated estimates of federal grant awards based on recent awards received	-42
Community Services Programs decrease to reflect updated estimates of federal grant awards based on recent awards received	-298
Expiration of all ARPA stimulus funding on September 30, 2025	-6,133
Other Community Services Program Changes	
Consultant for analysis on Maryland Continuing Care Retirement Center projects.....	48
Federal grant evaluation and technical support due to loss of ARPA funding	-29
Federal funds for the Nutrition Services Incentive program, based on anticipated federal award.....	-265
Decrease in reimbursable funds for Money Follows the Person Maryland Access Point Hospital Care Transitions Program due to program expiring on September 30, 2025	-550
Decrease in reimbursable funds for Money Follows the Person Community for Life Demonstration due to program expiring on September 30, 2025	-750
Federal funds for Veteran-Directed Care Program erroneously budgeted in fiscal 2026 as program was returned under the direction of subcontractor within U.S. Department of Veterans Affairs.....	-2,890
Administrative Changes	
Rent.....	83
Software contracts, licenses, and maintenance.....	-22
Cost allocations.....	-66
Decrease in contractual personnel expenses due to the expiration of ARPA grants, which had funded additional contractual roles	-83
Other changes	-187
Total	-\$9,705

AAA: Area Agency on Aging

ARPA: American Rescue Plan Act

Note: Numbers may not sum to total due to rounding. The fiscal 2026 working appropriation accounts for deficiencies. The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Expiration of ARPA Grants

The fiscal 2027 allowance decreases by \$7.9 million in federal funding from the fiscal 2026 working appropriation, after accounting for proposed deficiency appropriations. Most of the decrease in federal funding (78%) is due to the expiration of ARPA grants in fiscal 2026. ARPA grants provided \$6.1 million in enhanced funding for the following federally funded OAA

programs: Supportive Services, Congregate Meals, Preventive Health, Family Caregivers, Home-Delivered Meals, and Public Workforce Development.

Funding for AAAs

Most of the MDOA budget is distributed to AAAs as grant funding for direct services. As shown in **Exhibit 3**, the fiscal 2027 allowance includes \$71.7 million for community services. The fiscal 2027 allowance reflects the consolidation of funding for Senior Care, the Senior Assisted Living Subsidy (SALS), and Congregate Housing Services Program (CHSP) into the SOAR Program, per Chapters 33 and 34, with no net change in funding from the fiscal 2026 working appropriation to the fiscal 2027 allowance. In addition to the transfer of the Veteran-Directed Care Program to VA, the fiscal 2027 allowance reflects the elimination of reimbursable funding from the Maryland Department of Health for the Maryland Community for Life Demonstration program, which expires in fiscal 2026.

Exhibit 3 Community Services Grant Program Fiscal 2027 Allowance (\$ in Thousands)

<u>Program</u>	<u>2026 Working</u>	<u>2027 Allowance</u>	<u>2026-2027 \$ Change</u>	<u>2026-2027 % Change</u>	<u>Fund Type</u>
SOAR Program Consolidation					
Supporting Older Adults with Resources SOAR	\$0	\$20,101	\$20,101		GF
Congregate Housing Services Program	1,931	0	-1,931		GF
Senior Assisted Living Group Home Subsidy	4,922	0	-4,922		GF
Senior Care	13,248	0	-13,248	0%	GF
Increases					
OAA Home Delivered Meals	5,643	6,168	525	9%	FF
OAA Congregate Meals	8,709	9,078	369	4%	FF
OAA Ombudsman	507	668	161	32%	FF
Decreases					
OAA Health Promotion and Prevention	458	455	-2	-1%	FF
OAA Caregivers Support	3,179	3,137	-42	-1%	FF
Nutrition Services Incentive Program	1,634	1,369	-265	-16%	FF
OAA Community Services	6,646	6,348	-298	-4%	FF
Money Follows the Person	1,325	775	-550	-42%	RF
Maryland Community for Life Demonstration – HCBS	750	0	-750	-100%	RF
Veteran-Directed Care Program	2,890	0	-2,890	-100%	FF

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<u>Program</u>	<u>2026 Working</u>	<u>2027 Allowance</u>	<u>2026-2027 \$ Change</u>	<u>2026-2027 % Change</u>	<u>Fund Type</u>
Level Funded					
Maintaining Active Citizens, Inc.	132	132	0	0%	GF
Vulnerable Elderly Programs					GF
Initiative	479	479	0	0%	
State Ombudsman	1,122	1,122	0	0%	GF
Information and Assistance	4,865	4,865	0	0%	GF
State Guardianship	641	641	0	0%	GF
State Nutrition	2,071	2,071	0	0%	GF
Hold Harmless – Supplemental State					GF
Funding	442	442	0	0%	
Naturally Occurring Retirement					GF
Communities	1,300	1300	0	0%	
Durable Medical Equipment Reuse					GF
Program	1,722	1,722	0	0%	
Aging-in-Place Programs	100	100	0	0%	GF
Long-Term Care and Dementia Care					GF
Navigation	2,400	2,400	0	0%	
Senior Estate Planning	225	225	0	0%	GF
Aging and Senior Social Connection					GF
Hub and Spoke Pilot Program	80	80	0	0%	
OAA Elder Abuse	78	78	0	0%	FF
State Health Insurance Program	582	582	0	0%	FF
Senior Medicare Patrol	328	328	0	0%	FF
MIPPA Programs	292	292	0	0%	FF
Federal Financial Participation for					FF
Medicaid Information and					
Assistance Activities	5,840	5,840	0	0%	
The Maryland Caregiver Navigation					SF
Grant	490	490	0	0%	
Enhancing Maryland's No Wrong					SF
Door Initiative	450	450	0	0%	
Total	\$75,480	\$71,739	-\$3,742	-5%	

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

SF: special funds

SOAR: Supporting Older Adults with Resources

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

Source: Governor's Fiscal 2027 Budget Books; Department of Legislative Services

Personnel Data

	FY 25	FY 26	FY 27	FY 26-27
	<u>Actual</u>	<u>Working</u>	<u>Allowance</u>	<u>Change</u>
Regular Positions	49.00	50.00	50.00	0.00
Contractual FTEs	14.00	3.00	3.00	0.00
Total Personnel	63.00	53.00	53.00	0.00

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	2.03	4.05%
Positions and Percentage Vacant as of 12/31/2025	10.00	18.52%

Vacancies Above Turnover	7.97
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- On October 22, 2025, the Board of Public Works (BPW) approved the abolition of 502.7 positions statewide, including 170.7 vacant positions and 332.0 positions associated with the Voluntary Separation Program. In MDOA, 2 vacant positions were abolished, including an administrator role and an executive associate position.
- As of December 31, 2025, MDOA had 10 vacant positions in administrative functions. Of the 10 vacancies, an auditor position has been vacant for 2 years, a human services role has been vacant for 20 months, and 2 administrator positions have been vacant for 6 to 8 months. An additional 6 administrator and human services positions have never been filled. Included in these 10 vacant positions are 4 federally funded positions to be abolished in fiscal 2026 through a proposed deficiency appropriation. After accounting for these abolished positions, MDOA would have 6 vacant positions (a vacancy rate of 12%), which is higher than the 2.03 necessary vacancies to meet the fiscal 2027 budgeted turnover rate of 4.05%. **Due to current vacancies being higher than the vacancies necessary to meet the budgeted turnover rate in the fiscal 2027 allowance, the Department of Legislative Services (DLS) recommends increasing the turnover expectancy to 8.0% (4 necessary vacancies), resulting in a reduction of \$255,580.**

Key Observations

1. Supporting Older Adults with Resources Program Implementation

MDOA operates three major community programs that support older adults to live independently: Senior Care, SALS, and CHSP. 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 the need for State-funded caregiver support, including services paid for by Medicaid. Chapters 33 and 34 consolidated these three programs under the Senior Care statute to facilitate MDOA in managing the programs as one singular program. The consolidated program is renamed as the SOAR program.

Program Consolidation Intends to Reduce Administrative Burden

The program consolidation intends to reduce administrative burdens and extend capacity. According to MDOA, each of the three programs were authorized separately by outdated statutes and regulations that required different eligibility criteria. MDOA reported that the program consolidation eliminates differing eligibility and reporting requirements, standardizes data collection and reporting, and increases flexibility for AAAs that deliver services. MDOA reported various challenges across the three programs, including reverted funds and overlap in services in Senior Care, declining participation from providers in SALS, and decreasing participation and high administrative burden in CHSP.

Exhibit 4 summarizes the services provided in each program, eligibility requirements, and participants served. Generally, 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. Senior Care has the highest participation, serving 3,340 people in fiscal 2025, compared to 515 participants in SALS and 142 participants in CHSP. Once programs are consolidated, the SOAR program will serve almost 4,000 participants.

Exhibit 4 SOAR Programs

<u>Program</u>	<u>Service</u>	<u>Eligibility</u>	<u>Participants</u>
Senior Care	Financial assistance and in-home support for individuals living independently, including food, laundry, personal care, transportation, home repair, health services, adult day care, and caregiver support	<ul style="list-style-type: none"> – 65 and older – earn less than 60% of the median state income – have under \$11,000 in assets 	3,340 (fiscal 2025)

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<u>Program</u>	<u>Service</u>	<u>Eligibility</u>	<u>Participants</u>
SALS	Subsidy of up to \$1,075 to support assisted living monthly fee	– 62 and older – live in assisted-living communities – meet local income eligibility guidelines	515 (fiscal 2025)
CHSP	In-home support in congregate housing placements (federally subsidized age-restricted apartments) including food, laundry, chore assistance, and personal care	– 62 and older – live in congregate housing – earn less than 60% of the median state income – have under \$23,375 in assets	142 (fiscal 2025)

CHSP: Congregate Housing Services Program

SALS: Senior Assisted Living Subsidy

SOAR: Supporting Older Adults with Resources

Source: Maryland Department of Aging; Department of Legislative Services

Transition Plan Underway

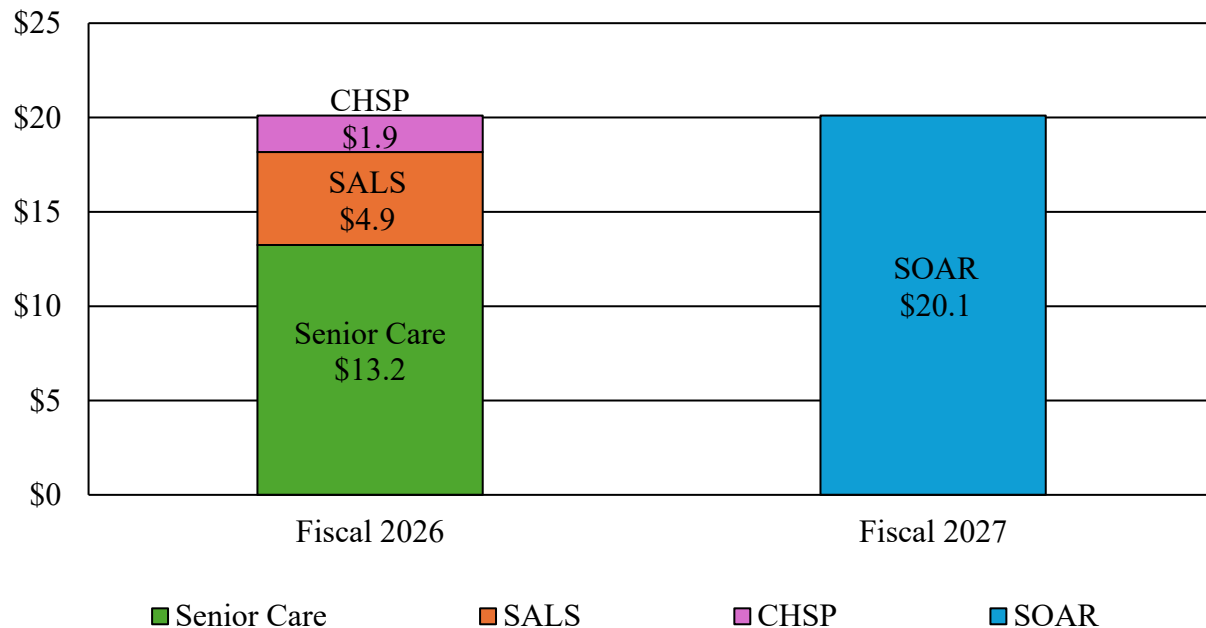
Chapters 33 and 34 required that, beginning June 2025, MDOA engage with key stakeholders to conduct program transition planning and co-design the new consolidated program, as well as develop transition plans for specified individuals. MDOA reported conducting various engagement activities in developing the SOAR transition plan, including convening a SOAR Redesign Workgroup, which consisted of members from the local AAAs, the Commission on Aging, CHSP providers, and SALS program managers. The workgroup convened from June through September 2025 and provided final recommendations on SOAR program design to MDOA in September 2025.

MDOA expects that the consolidation of services under SOAR will focus on serving individuals with minimal to moderate level of care needs instead of more costly, higher-level nursing home interventions provided by other programs such as Medicaid’s Home and Community-based Services programs. To transition individuals into services, all legacy participants will undergo an assessment to identify the services and support needed, as required by Chapters 33 and 34. MDOA reported that local AAAs will have the flexibility to determine how they plan to serve legacy participants in the SOAR program, as the funding will be consolidated. MDOA plans to phase-in the incorporation of eligibility and services for new participants, with the guidance of a consulting firm that MDOA contracted to provide recommendations regarding SOAR eligibility and services.

Funding Source and Allocation under SOAR

Exhibit 5 shows the funding provided for Senior Care, SALS, and CHSP in the fiscal 2026 working appropriation, that is consolidated into SOAR in the fiscal 2027 allowance. Senior Care accounts for most of the funding in the SOAR program and is also the most utilized program among the three community programs. Program funding varies from Senior Care receiving \$13.2 million, to CHSP receiving \$1.9 million in the fiscal 2026 working appropriation. The SOAR program would consolidate these funding sources for approximately \$20.1 million annually. The cost per participant in each program also varies from roughly \$9,843 per participant for SALS, \$4,415 per participant for Senior Care, and \$3,862 per participant for CHSP.

Exhibit 5
SOAR Program Funding Source
Fiscal 2026-2027



SALS: Senior Assisted Living Subsidy
 CHSP: Congregate Housing Services Program
 SOAR: Supporting Older Adults with Resources

Source: Maryland Department of Aging

MDOA reported that it has not yet concluded how allocations will be made in the SOAR program. MDOA reported that Senior Care and SALS funding will be combined, and that it anticipates designing the funding formula for SALS and Senior Care after the Senior Care program. Funding under CHSP is planned to remain separate for the first year of implementation,

while MDOA solicits providers to apply for funding. MDOA anticipates completing the SOAR transition plan in March 2026 and implementing the SOAR program by July 1, 2026. **DLS recommends adopting committee narrative requesting that MDOA submit a report with an updated transition plan that includes a description for how funds will be allocated in the SOAR program, in addition to program eligibility requirements, services offered, impacts on legacy participants, and expected administrative savings. DLS also recommends adopting committee narrative to request that MDOA establish new program goals and performance measures to submit with the annual Managing for Results submission for the SOAR program, including annual participant counts.**

2. Improvement in Spending Senior Care Funds

Although the Senior Care program faced challenges in spending all appropriated funds in fiscal 2024, MDOA showed improvement in utilizing funds in fiscal 2025. Since fiscal 2023, additional funding has been allocated to Senior Care to enable local AAAs to expand the program and reduce waitlists. 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 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.

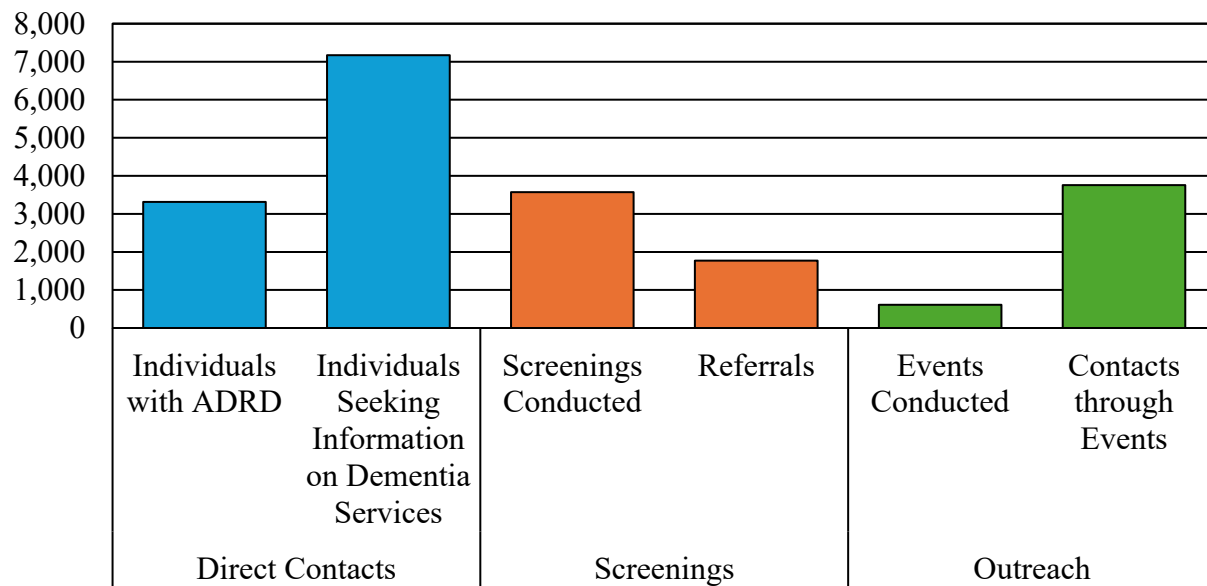
Senior Care received \$13.9 million in fiscal 2025, and spent most of the funding, with only 2% (approximately \$300,000) of funds reverted at fiscal year closeout, primarily due to underspending by two local AAAs. Some of the reported challenges in spending the funds include missed fiscal submission deadlines to MDOA, long-term staff vacancies, and administrative contractual constraints delaying implementation of planned funding activities. The fiscal 2026 appropriation includes \$13.2 million for the program, and funding for fiscal 2027 will be consolidated into the SOAR program. **MDOA should provide the number of individuals on the waitlist for Senior Care as of June 30, 2025, and discuss changes in the number of individuals on the waitlist from fiscal 2024 to 2025. Additionally, MDOA should comment on how the SOAR consolidation will impact the waitlist to receive Senior Care services.**

3. Long-Term Care and 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 Program 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. Chapters 667 and 668 require the Governor, beginning in fiscal 2025, to include \$2.4 million annually in the budget to support the programs. In fiscal 2025, BPW approved a 50% reduction of \$1.2 million at its July 17, 2024, meeting. The fiscal 2026 working appropriation and fiscal 2027 allowance each include \$2.4 million to meet the mandated appropriation for the program.

On October 1, 2025, MDOA submitted its annual report on the Long-Term Care and Dementia Care Navigation Program, which includes the first full year of data on the program. Chapters 667 and 668 required that MDOA provide the number of direct contacts that the program has with State residents and the results of the direct contact, including the percentage of individuals referred to service providers and the numbers of cognitive screenings conducted, outreach events conducted, and State residents contacted through outreach events. **Exhibit 6** summarizes the results of the first full year of data collection. Through the Long-Term Care and Dementia Care Navigation Program, 3,315 direct contacts were made with individuals with Alzheimer’s Disease or Related Dementias, and 7,171 direct contacts were made with individuals seeking information on dementia services. The outcomes of direct contacts are measured as completion of and referrals from the AD8 Cognitive Screening Tool. In fiscal 2025, 3,570 cognitive screenings were conducted utilizing the tool. Of these screenings, 49.6% resulted in individuals receiving referrals to service providers. In fiscal 2025, 611 outreach events were conducted including hosting or attending outreach events, and 3,755 individuals were contacted through outreach events. Baltimore County accounted for most outreach events, hosting or participating in almost 200 events (roughly 32% of all events).

Exhibit 6
Long-Term Care and Dementia Care Navigation Programs Contacts and Outreach
Fiscal 2025



ADRD: Alzheimer’s Disease and Related Dementias

Source: Maryland Department of Aging

4. Longevity Ready Maryland Plan Finalized

The Longevity Ready Maryland (LRM) initiative was established by executive order on January 3, 2024, and 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 aims to 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.

The final plan for LRM was shared in a report published in July 2025. MDOA collaborated with various stakeholders, including community members, experts in health and aging, State agencies, local governments, and community-based organizations to establish four goals and eight priority areas for the LRM plan. LRM's four objectives are summarized as follows:

- ***Build a Longevity Ecosystem:*** Develop inclusive communities that support all ages and abilities and build collective capacity through (1) strengthening partnerships with community, public, or private organizations; (2) enhancing prevention and response policies for elder abuse, neglect, and exploitation; (3) increasing resources to historically underserved and under-resourced communities; and (4) maximizing the benefits of older volunteers.
- ***Promote Economic Opportunity:*** Support a multigenerational workforce with opportunities for all ages and abilities by (1) strengthening support to family caregivers; (2) improving the quality of direct care careers; and (3) promoting the use of age-inclusive policies and practices among employers.
- ***Prepare Marylanders to Afford Longevity:*** Improve economic security for the 100-year lifespan by supporting affordable housing, financial literacy, and access to services, including (1) improving access to affordable housing options that support aging in place, (2) helping with long-term financial planning, and (3) streamlining access to public benefits and services.
- ***Optimize Health, Wellness, and Mobility:*** Invest in programs that promote more healthy, purposeful, and active lifestyles by (1) improving access to holistic health care, (2) increasing access to healthy food and physical activity; (3) investing more in services and transportation infrastructure that promote safety, accessibility, and mobility; and (4) enhancing a culture of social connection.

For each of the objectives within the goals, the LRM plan provides a timeline for short-term (1 to 3 years), mid-term (4 to 6 years), and long-term (7 to 10 years) outcomes. LRM goals will be implemented in separate phases, with the first phase focused on stakeholder

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engagement. The second phase relates to policy and service analysis and involves monitoring target populations, promoting relevant data collection, and developing cross-agency metrics to track coordination among stakeholders. The third phase is policy and service development and involves executing LRM strategies to guide partnership development and program adaptations, developing ways that LRM can be used at the State and local level, and providing tools to help stakeholders implement program initiatives. The final phase in the LRM plan is evaluation and tracking to monitor the efficacy of programs, define measurable outcomes, track progress, provide oversight, and share ongoing progress.

HB 278/SB 113 of 2026 are departmental bills that would codify the LRM plan and require the Secretary of Aging to lead implementation of the LRM initiative. In addition, the bills make changes to the Commission on Aging, including altering the membership and duties and requiring personnel from MDOA to staff the commission. The bills also require the Secretary of Aging to submit an updated comprehensive LRM Plan by January 1, 2029, and every four years thereafter, among other reporting requirements.

Operating Budget Recommended Actions

		<u>Amount Change</u>
1.	Reduce funds to increase the turnover expectancy to 8.0%. The Maryland Department of Aging has 6 vacant positions as of December 31, 2025, after accounting for a proposed deficiency appropriation abolishing 4 vacant positions. These vacancies are higher than the 2.03 necessary vacancies to meet the budgeted turnover rate of 4.05% in the fiscal 2027 allowance.	 -\$36,207 GF -\$219,373 FF
2.	<p>Supporting Older Adults with Resources Program Implementation Plan: In accordance with Chapters 33 and 34 of 2025, the Maryland Department of Aging (MDOA) is undergoing a process of consolidating three major community services programs into the Supporting Older Adults with Resources (SOAR) program. The legacy programs combine \$20.1 million of general funds and provide services to almost 4,000 participants to support them to live independently. The committees request that MDOA provide a report on its final transition plan for implementing the SOAR program, including:</p> <ul style="list-style-type: none">• the status of consolidating administration of the legacy programs;• the SOAR implementation timeline, noting the timing of completed tasks and target dates for any remaining consolidation tasks;• details on how funding will be allocated to local Area Agencies on Aging;• discussion and estimates of administrative cost savings from the consolidation;• participant eligibility requirements to receive services;• services available to participants in SOAR, including the discontinuation of any services provided in legacy programs; and	

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- impacts of the consolidation on legacy participants, including plans to transition legacy participants into new services and a description of how services differ for legacy participants in SOAR.

Information Request	Author	Due Date
Report on the implementation of the SOAR program	MDOA	June 1, 2026

3. **Managing for Results (MFR) Measures for Supporting Older Adults with Resources (SOAR) Program:** Chapters 33 and 34 of 2025 consolidate Senior Care, Senior Assisted Living Subsidy, and Congregate Housing Services Program into the SOAR program beginning in fiscal 2027. The Maryland Department of Aging’s (MDOA) annual MFR submission includes indicators reflecting goals to (1) enable older adults to remain in their homes with a high quality of life for as long as possible; (2) to prevent abuse, neglect, and exploitation of older adults; (3) to empower older adults to stay active and healthy; and (4) to provide mobility to Marylanders of all ages while protecting the environment. As the SOAR program will be MDOA’s largest State-funded community services program, measures should be added to assess the program’s performance. The committees request that MDOA create new performance measures for the SOAR program, including annual participant counts, to be included in the MFR submission with the fiscal 2028 budget.

Information Request	Author	Due Date
MFR measures for the SOAR program	MDOA	With submission of the fiscal 2028 budget

Total Net Change to Fiscal 2027 Allowance -\$255,580

Updates

- ***Funding Termination Date Extended for Two Capital Projects:*** The fiscal 2027 capital budget bill as introduced extends the termination date of three prior year general obligation bond authorizations for the Senior Centers Capital Grant Program. The program provided funds to support senior citizen activities centers. Prior authorizations include a grant of \$1.7 million awarded to the Baltimore City Health Department in 2016 for the Harford Road Senior Center, a grant of \$818,000 authorized in 2019 for an extension of this project, and a grant of \$1.6 million awarded to Prince George’s County in 2018 for the Hampton Park Senior Activity Center. The grantees for these projects receive support from and coordinate with their respective local AAAs. The fiscal 2027 capital budget bill extends the termination of these grants to June 1, 2028.

Appendix 1
Audit Findings

Audit Period for Last Audit	July 8, 2020 – March 31, 2024
Issue Date	April 2025
Number of Findings	3
Number of Repeat Findings	2
% of Repeat Findings	67%

Finding 1: **Maryland Department of Aging (MDOA) did not perform all required program reviews of the local Area Agencies on Aging financial activity and related programs or adequately document the reviews performed.**

Finding 2: **MDOA’s requests for reimbursement of federal fund expenditures were routinely submitted late or not submitted. As a result, MDOA is no longer able to recover \$200,000 in funds and lost investment income totaling at least \$63,000.**

Finding 3: MDOA did not document the selection of grantees or obtain support for payments for the Community for Life and the Naturally Occurring Retirement Community grant programs, certain of which appeared questionable.

*Bold denotes item repeated in full or part from preceding audit report.

Appendix 2
Object/Fund Difference Report
Department of Aging

	FY 25	FY 26	FY 27	FY 26 - 27	
<u>Object/Fund</u>	<u>Actual</u>	<u>Working Approp.</u>	<u>Allowance</u>	<u>\$ Change</u>	<u>% Change</u>
Positions					
01 Regular	49.00	50.00	50.00	0.00	0.0%
02 Contractual	14.00	3.00	3.00	0.00	0.0%
Total Positions	63.00	53.00	53.00	0.00	0.0%
Objects					
01 Salaries, Wages and Fringe Benefits	\$5,642,893	\$6,871,640	\$7,299,117	\$427,477	6.2%
02 Technical and Special Fees	641,455	229,553	146,221	-83,332	-36.3%
03 Communications	21,242	21,230	21,230	0	0.0%
04 Travel	144,912	78,267	78,267	0	0.0%
07 Motor Vehicle Operation and Maintenance	6,149	6,532	6,562	30	0.5%
08 Contractual Services	4,297,503	2,369,148	2,211,949	-157,199	-6.6%
09 Supplies and Materials	22,124	5,119	5,100	-19	-0.4%
10 Equipment – Replacement	197,745	39,000	39,000	0	0.0%
12 Grants, Subsidies, and Contributions	79,081,339	81,725,778	71,751,042	-9,974,736	-12.2%
13 Fixed Charges	48,742	353,572	436,615	83,043	23.5%
Total Objects	\$90,104,104	\$91,699,839	\$81,995,103	-\$9,704,736	-10.6%
Funds					
01 General Funds	\$38,556,969	\$40,792,569	\$40,426,602	-\$365,967	-0.9%
03 Special Funds	1,124,619	1,122,816	1,230,432	107,616	9.6%
05 Federal Funds	47,750,344	47,536,470	39,377,059	-8,159,411	-17.2%
09 Reimbursable Funds	2,672,172	2,247,984	961,010	-1,286,974	-57.3%
Total Funds	\$90,104,104	\$91,699,839	\$81,995,103	-\$9,704,736	-10.6%

Note: The fiscal 2026 appropriation includes proposed deficiency appropriations. The fiscal 2027 allowance does not include statewide salary adjustments budgeted within the Department of Budget and Management.