



Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

**Department of Aging
FY 2022 Operating Budget**

**House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
March 5, 2021**

**Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
March 5, 2021**

Thank you for this opportunity to respond to the Department of Legislative Services (DLS) analysis of the Maryland Department of Aging's (Department's) FY 2022 budget request. The Department extends its appreciation to DLS analyst, Grace Pedersen, for her analysis. The Department's response to the discussion items and the recommendations in the analysis are included below.

Discussion Items

1. Senior Center Operating

The ongoing COVID-19 pandemic resulted in the reversion of senior center operating funds. As a result of the closure of senior centers in March of 2020, some local AAAs were unable to expend the remaining senior center operating funding allocated to them. A carryover of funds is anticipated as a possibility and is permissible under this program in order to allow the AAAs to best serve their clients. The funds were fully committed to AAAs and will be necessary when senior centers resume operation.

2. MDOA should discuss the impact of the deleted FTEs on administration and oversight of grants and Continuing Care Retirement Communities.

These positions were deleted in an effort to be fiscally efficient. We do not anticipate any impact on operations. Should we encounter difficulties, we will work with DBM to explore our options.

With regard to the DME Director, the incorrect FTE was reduced, and the Department still intends to utilize a 1.0 FTE for that position. The Department will coordinate with DBM to make

this work within its budget. The CCRC Director was moved from a contract into a regular position in October 2019, therefore this decrease does not affect the oversight of that program.

3. 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.

Please note that the Department did not have 28.21% of desks sitting empty. In fact, we have had and currently have highly skilled contract employees filling those desks and supporting our mission. In several instances, the Department had outstanding applicants who did not intend to make the State a career and preferred a contract position. This has given the appearance of empty desks, which is not the case. As of March 1, 2021, the Department had 8 vacancies, with 5 of those in active recruitment and anticipated to be filled within 60 days. We are pleased to be able to fully utilize the regular positions in a structure that allows us to implement all of our needs.

Regarding the concern of retention of institutional knowledge, the Department currently has 20 staff members with 4+ years of total experience with the Department and/or its local area agencies on aging. Out of those employees, 8 staff members have 10+ years of experience. There is a very solid knowledge of the programs currently serving the Department. The statements regarding vacancy over a 5-year period does not take into account the lengthy process for hiring in state government, as there are certainly gaps between a staff member leaving and a position being filled. It also does not recognize that some of those regular position vacancies were filled by employees preferring contract positions, as noted above.

The Department will continue to work diligently to attract and retain excellent staff. In order to attract staff, the Department has expanded its methods of promoting open positions to include job recruitment sites, such as Indeed, which has increased the visibility of open positions. The Department continues to promote open positions on our social media platforms, website, and within our aging networks.

In an effort to retain existing staff, professional development opportunities are made available to staff as appropriate. The Department first attempts to promote from within. We have been successful in doing this; however, this practice leaves a vacant lower level position that then needs to be filled. There are limited promotion opportunities within the Department given that we have a single position for most of our jobs, which makes retention very difficult for staff who are looking for advancement.

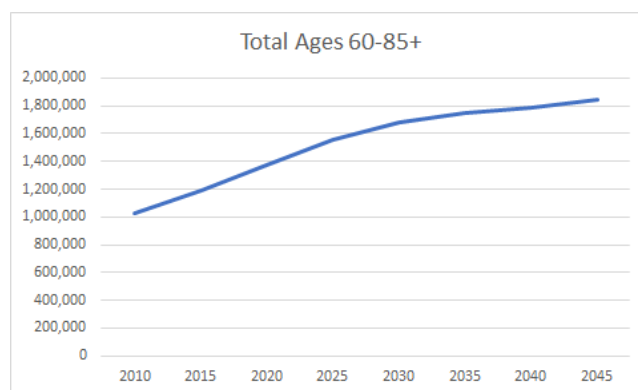
Recommendations

Before responding to the recommendations regarding MDOA's FY 2022 operating budget request, the Department would like to provide clarification regarding two of its innovative programs, the Community for Life and Durable Medical Equipment Reuse programs.

Exhibit 1 depicts the growth in Maryland's 60+ population from 2010 to 2020 and predicts population growth through 2045. Maryland's older adult population is rapidly increasing, both in the number of older adults and their share of the total population. Under these circumstances for aging programs means that the Department **must** be innovative in order to continue to provide the same level of

services to our senior population.

Exhibit 1
Maryland 60+ Population 2010-2045



The Senior Call Check, DME and, in particular, the CFL programs are designed to prevent the need for other state programs carried out by the AAAs and to control waitlist numbers as the population of older adults continues to rise. In the past, seniors have had to deplete the majority of their assets to become eligible for MDOA services, which results in desperate need for these services. But for these limited MDOA services, seniors would end up in a higher level of care facility.

Our intervention process needs to move up in the aging timeline in order to **prevent** the need for higher levels of care which in turn prevent depletion of assets, otherwise known as “spenddown”. Support for these innovative programs is essential now because, in the long-term, they will create support for existing programs. If we do not take the entire picture into consideration when dealing with this tremendous increase in population, we will be committing ourselves to a future of higher expenses, longer waitlists, and unserved needs in the community.

The suggestion that funding allocated for these innovative services should be used to support existing aging services is falling back to the old mindset of allowing seniors to spend down and become dependent on the state for all of their needs. We cannot allow ourselves to fall back into this antiquated methodology or Maryland’s seniors pay the price in the very near future.

It is for these reasons that full FY2022 funding is absolutely necessary for the success of the DME and CFL programs.

DLS describes “low-utilization” of the Department’s innovative programs. Rather, these are new programs which are in the earliest stage of development and are in fact continuously growing in spite of a year of pandemic.

- 1. 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 about the program. DLS also recommends adding language restricting funds pending data about MDOA's program waitlists and CFL and DME activity.**

The Department will gladly submit such a report, as we have in the past. However, the Department opposes restricting funding pending these reports. Restricting funds will only hurt the Department's programs and our ability to assist seniors.

Please know the Department's Durable Medical Equipment Reuse program has been actively working with the Departments of Disabilities, Health, Human Services, and Veterans Affairs since the commencement of program planning five years ago. Secretaries of all of the above referenced departments served on a committee convened by MDOA to plan and design the program. The Maryland Department of Disabilities even accompanied MDOA's team to visit an Atlanta program which was used to inform our modeling of the DME program. We have also reported and presented to the cabinet and agency heads about the program. Since recognizing the great beneficial environmental impacts of this program, we have begun to work with the Maryland Department of the Environment as well.

In addition to coordinating with state agencies on this program, the Department has also engaged the Area Agencies on Aging. Due to the pandemic, we have not yet done a site visit for all of the AAAs. However, as the program is headquartered in Prince George's County, we have provided a tour to the Prince George's County AAA.

In addition to our headquarters and warehouse in Prince George's County, the department has finalized donation collection centers to serve Baltimore City and Caroline, Dorchester, Harford, Kent, Talbot, Queen Anne's, and Washington counties.

Moreover, the Department is working with the Department of Human Services to plan aid during a natural disaster or other emergency through the DME program.

- 2. Level fund the general fund appropriation for the Community for Life program with fiscal 2021.**

The Department strongly opposes reducing funding for the Community for Life program below the \$600,000 requested in FY 2022. \$600,000 is the absolute minimum funding needed to continue to progress the program.

State funding for the Community for Life program comprises the smallest part of the actual operating costs. State funding is not ongoing past the initial seed funding. Ongoing costs are intended to be entirely born by revenue from membership fees, non-profit funding, and in some cases, local governments enhance funding.

The Department has made great strides towards the creation of CFL programs in Montgomery and Prince George's counties. There is currently, no nonprofit provider ready to sign an

agreement to establish a Prince George's County CFL though we continue to work towards that goal. We are now in the final stages of approval and commencement of a Montgomery County CFL program which will fully utilize the FY 2021 funds. Reducing FY 2022 funding for CFL will not allow us to continue the program which is necessary to the success of all.

Seniors in all of Maryland's jurisdictions should have access to the Community for Life program. Furthermore, the success of the 10 existing CFLs are dependent upon the continued state-wide expansion of the program.

Please note that service navigation work provided by the Community for Life program is not at all duplicative of the work of the AAAs and senior centers. In fact, CFL service navigation supports the work of AAAs and senior centers by referring individuals to these programs who would not have otherwise been familiar with them. Service navigation under CFL is constant and extremely personalized. CFL service navigators not only provide members with information and referrals customized to their needs, but they also provide routine outreach to members on a monthly basis, or more frequently as requested or needed by the member. Service navigators undergo intensive training specifically designed by the Center for the Study of Aging at McDaniel College for the Community for Life program. This training imparts CFL service navigators with the skills necessary to recognize isolation and depression.

CFL service navigation is far more customized to the needs of the individual than AAAs and senior centers can possibly provide. AAAs and senior centers do not have the bandwidth nor resources to proactively check-in all with seniors in their jurisdictions, get to know them on an individual level, and recommend tailored support for their needs.

Rather than encountering "outsized difficulties" in implementing CFL in the coming years, we know that the program has survived an unprecedented pandemic and are excited about the future. In fact, the pandemic has raised great concerns among seniors regarding living in dense congregate settings and has caused unprecedented demand for services that allow seniors to age in place.

Appendix 1 provides testimony from CFL members.

3. Level fund the general fund appropriation for the Durable Medical Equipment Reuse Program with fiscal 2021.

The Department strongly opposes the recommendation to level fund the Durable Medical Equipment Reuse program at the revised fiscal 2021 spending level. FY 2021 spending represents only a partial year of program operation; the Department cannot operate the program for a **full year** of operating at the same cost as a year where the pandemic cause closure of the entire distribution program. Given the Department's contract with Maryland Environmental Services and MDOA expenses for the DME Reuse Program, the Department will need the total \$1.2 million requested to operate the DME program in FY 2022.

The value of the equipment collected to date, \$1,119,860, is reflective of less than a year of soliciting equipment donations during the ongoing public health emergency. We anticipate receiving far more than the \$1.2 million, that it cost us to operate the program, in donations once the program becomes fully functional. The environmental value above and beyond that is also truly significant.

The Department disagrees with the DLS assessment that there may be a more strategic way for the State to provide durable medical equipment to residents, such as a grant program. This observation does not account for the fact that the value of the equipment collected to date is only reflective of a partial year of soliciting equipment. Additionally, it does not account for the environmental benefits of this program, which would be entirely lost in a grant program.

The Department of Aging has proven itself over the past six years to be extremely prudent in its spending and these innovations are necessary to the extension of that prudence in that they are designed to diminish future demands on state funds.

Appendix 2 depicts the operations of the DME program to date.

Appendix 1



John Smith - 94 years old – Community for Life Member

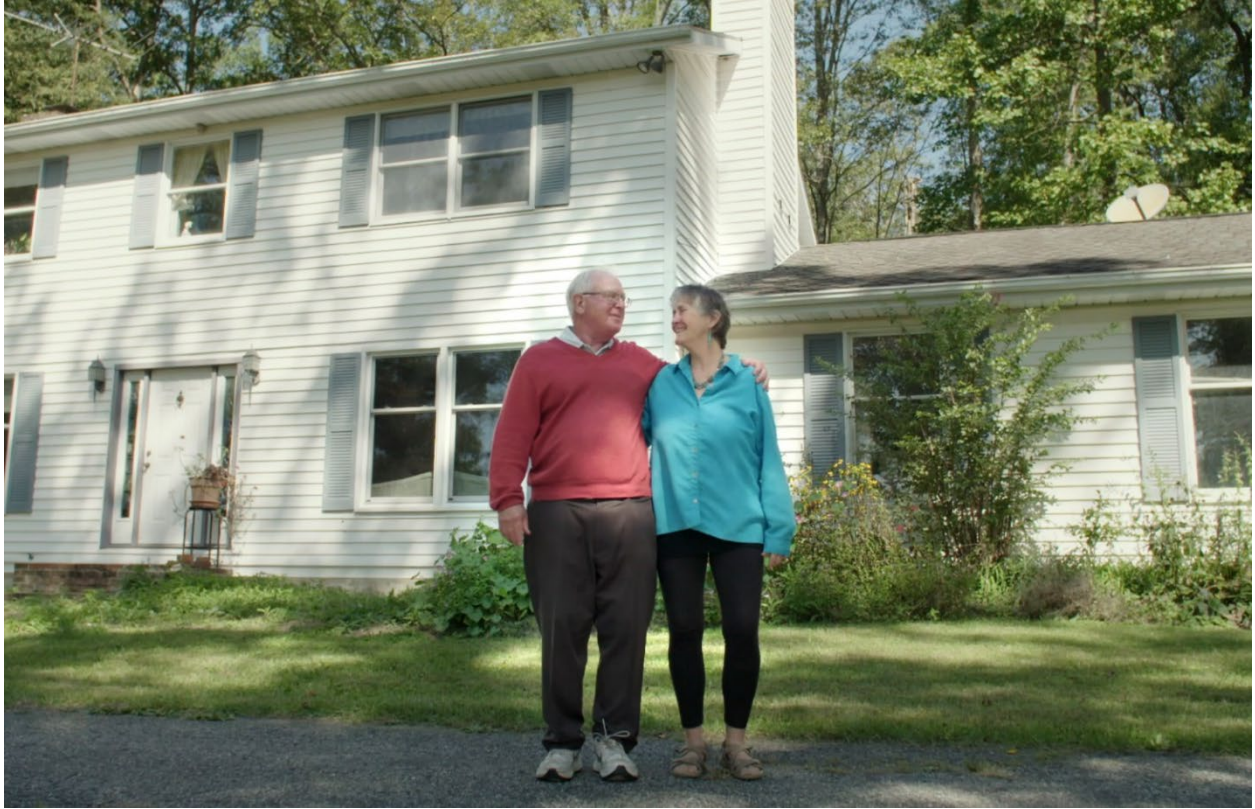
“It gives me freedom. They will take me to the doctors. They will take me to the grocery store. They will take me anywhere I need to go. They are very good to me.”



Beverly Antunes – Community for Life Member

“I have the same driver several times and that’s been really, really nice because they know me and know exactly where I am going and what’s I’m doing. I know I will get to where I need to go on time and there’s someone who is a friend there.”

“CFL is an excellent value for the money. It’s just a wonderful resource to help you to stay in a place that you are comfortable and have known all your life for where you have pictures of your family.”



Dr. Mort Orman and Dr. Christina Chambeau – Community for Life Members

“We’ve been very happy with Community for Life. We think it’s a great value and would recommend it and have recommended to people and will continue to do so.”

“Community for Life has allowed us to protect the investment in our home.”



Victoria Wilgus – Community for Life Member

“The cost of assisted living is a lot, lot higher and I’m getting just as much care if not better that is more individualized why not get that care for as long as I can and stay where I love to live.”



Valerie and George Bigelow – Community for Life Members

“The service navigator not only saved us time in finding people to do work in our house, she saved us the anxiety of is the person who is going to put the banister in going to charge us a fair amount and how are we going to know that. She’s done all that for us, so it takes the headache out for us.”

Appendix 2



Hub Scrub



Manual Wheelchairs



Manual Wheelchairs



Motorized Wheelchairs



Walkers

State of Maryland
**Durable Medical
 Equipment**
 Re-Use Center
 240-230-8000

Rollators

State of Maryland
**Durable Medical
 Equipment**
 Re-Use Center
 240-230-8000





Inventory