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DEPARTMENT OF AGING

Department of Aging - D26A07 FY 2019 Budget

Testimony of Rona E. Kramer, Secretary Maryland Department of Aging

**House Appropriations Committee, Health and Social Services Subcommittee
February 15, 2018**

**Senate Budget & Taxation Committee, Health and Human Services Subcommittee
February 23, 2018**

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 2019 budget request. The Department extends its appreciation to the DLS analyst, Jared Sussman, who reviewed the budget and programs. The Department's response to the discussion item and the recommendations noted in the analysis are included below.

A very negative impression is conveyed by the United Health Foundation report. Firstly, all issues, other than two of those delineated, are outside the scope and control of the Maryland Department of Aging. Secondly, the data used for the two negative MD \circ A rankings was from 2014. **None of this Administration's work is considered in those rankings! During this Administration, additional funding has been spent on nutrition programs, a new Home Delivered Meals prioritization tool has been developed and used since 2016 and our successes have been further confirmed by the federal government which recently awarded Maryland one of only three highly competitive Innovations in Nutrition Programs grant.**

The report ranks Maryland 32nd, in the nation, for Community Supports in dollars spent per older adult age 60+ in poverty. The fallacy with this ranking is that the specific Federal Report upon which the ranking is based precludes any of Maryland's income tested programs from inclusion. **How ironic that a ranking for assistance to those in poverty does not recognize Maryland's emphasis on programs for those in poverty. A sampling of Maryland program funds that have been excluded from that ranking are as follows (2018 funding levels are recorded):**

• Senior Care	\$7,818,672
• Senior Assisted Living Group Home Subsidy	\$3,416,106
• Congregate Housing Services Program	\$1,608,187
• Veteran-Directed Home and Community Based Services	\$1,800,000
• TOTAL	\$14,642,965

Please note that there may be other programs that other states have included in their totals that are not reflected in Maryland's.

Discussion Item

The Department should confirm whether this program [Community for Life] is the same one referenced in the 2017 JCR response and, if so, explain why these details were not included in the response to the 2017 JCR. Additionally, the Department should provide details requested in the 2017 JCR for the other mentioned pilot program.

Response

The Department of Aging is not currently piloting a new program but is actively working to develop innovations. Our goal is to have one or more of those concepts become pilots. The Secretary's statement last year that the Department is working towards piloting new programs continues to be accurate.

The community for life concept is the non-medical supportive services initiative referenced in the JCR. The Department continues to develop this program but we are not yet at the pilot stage. While the target population (those age 65 and older) is known, the other features (program locations, partnerships, and structure) are not known at this time. Hence, no information was available for our response.

We continue to work toward creating Durable Medical Equipment Reuse program. It is a massive undertaking requiring warehousing, transportation, and a statewide network. We are evaluating and pricing all of the components necessary to accomplish this concept. To date, it remains a concept.

Recommended Actions

1.) DLS recommends restricting \$100,000 from the Department's general administration budget pending submission of a report that provides the status of any waitlist data reviews.

The Department does not concur with this recommendation. For many years, the Department provided waitlist data without recognition that the data did not provide meaningful information about those who were not being served. The term "waitlist" for Department of Aging programs has no valid definition. In analyzing our waitlists over the past year, it became obvious that every Area Agency on Aging's waitlist is determined independently and differently. This is because the funding for Aging programs comes from many overlapping sources: federal funds, general funds, and local funds. To further complicate the waitlist concept, each jurisdiction overlaps its programs for its residents differently. That flexibility and autonomy for the local jurisdictions is what allows the programs to be successfully tailored to the needs of each community's residents. This distinguishes any waitlist we might provide from other single program waitlists with defined eligibility and funding criteria.

One jurisdiction might support a client with local Senior Care supplement dollars rather than putting the individual on a Senior Assisted Living Group Home Subsidy (SALGHS) waitlist. Another may put that same individual on the Senior Care waitlist rather than the SALGHS waitlist if they believe that the funding will likely be available under Senior Care in the near future.

We believe that, given these circumstances, any waitlist information, which we are happy to provide, will have no valid meaning whatsoever. As has been confirmed by Mr. Bill Benson, former U.S. Assistant Secretary for Aging and a leading national expert in the field of programs in Aging, as follows

The strength of the Older Americans Act's funding and services is to provide states and especially local communities and their corresponding area agencies on aging (AAAs) with considerable flexibility in how they actually implement services. The OAA provides broad parameters given the many needs of older Americans but limited prescription as to the actual delivery of services. **This flexibility is intended to enable AAAs to respond to their specific local needs in ways that enable them deliver their services most effectively. This has been especially important over the past couple of decades as OAA money has remained mostly flat and demand for services continues to grow given the demographics of an aging society.** This of course has led to considerable variability not only across states but within states. This is certainly the case with wait lists for services. **Local AAAs and their communities respond in different ways to dealing with the common problem of more demand than their capacity to meet that demand, such as for home-delivered meals or respite care services, to mention two services. One AAA, for***

example, may choose to not have a waiting list because they do anticipate additional funding and they don't expect their current service recipients to leave the program. If there won't be an opening for a new client in the near future the AAA may conclude it provides a form of false hope for an older adult to sit on a wait list. On the other hand, however, a AAA may know that its current clients include individuals whose level of frailty or impairment is such that they may not be with the program much longer thus, as sad as it is, they will have new "slots" for service opening up. In that case, a waiting list may make sense to the AAA. That is why it is so important that our communities have the flexibility to respond to their specific circumstances in ways they know work best for them. And that is why it is so difficult to have uniform data or information about our programs waiting lists.

Please note that though Mr. Benson focuses specifically on the Older Americans Act funding, all of MDoA's program funding follows the flexibility concept of the Older Americans Act.

Any attempt that we make to tie the hand of the local Area Agencies on Aging in order to create statistically meaningful waitlist data will prevent them from serving their constituents most effectively.

The waitlist data for programs that we have provided in the past is attached hereto for 2017. We do so with the caveat that the value of this information is questionable at best.

In response to the analyst's allegation that the Department has positions it is "holding open to meet the Governor's cost containment target" nothing could be further from the truth. The Department has and is working tirelessly to fill all vacant positions, everyone of which is crucial to our continued success

2. and 3.) The Department of Legislative Services (DLS) recommends reducing the funding [for the Nursing Home Diversion program] by \$750,000 to account for startup delays and planning and adding language that restricts the remaining funds intended for the Nursing Home Diversion program pending the submission of a report that explains how the funds will be used and allocated.

Response

The Department does not concur with these recommendations. The entirety of the Nursing Home Diversion program funds will be allocated to the Senior Care, Senior Assisted Living Group Home Subsidy, and Congregate Housing Services Programs using the existing percentages and established formulas. There will be no startup delays as the funds will be granted by July 1, 2018.

Any diminution of program funds will directly hurt our most vulnerable seniors.

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Budget Testimony Addendum

FY 2017 Waiting List for Maryland Department of Aging Programs

Senior Care: 2,464

Senior Assisted Living Group Home Subsidy: 424