# Maryland Commission on Aging
# 301 West Preston Street, Baltimore Maryland 21201
# Olmsted Conference Room, 11th floor
# June 28, 2019
# Minutes

**Members Present:**
Rose Maria Li, Chair
Marianne Hyang Nam Brackney
John Haaga
Joy Hatchette
Jay Magaziner
George Rebok
Carmel Roques
David Roth
Del. Kathy Szeliga
Mary Ellen Thomsen

**Members Absent:**
Hon. Jordan Harding
Del. Ben Kramer
Dot Principe

**Staff:**
Rona E. Kramer, Secretary of the Maryland Department of Aging
Arnold Eppel, Director of Innovations, MDoA
Rosanne B. Hanratty, Staff to Commission

**Guests:**
Rob Hart, Executive Director, Worcester County Commission on Aging
Amir Kalantary

**Greetings:**
Dr. Li greeted those in attendance.

**Approval of Minutes:**
The minutes of the May 29, 2019 meeting were approved without change.

**Secretary's Remarks:**
Secretary Kramer reported on her attendance at the Maryland Municipal League Conference and said that the cabinet-level roundtable for the Department of Aging had been well-attended and that municipal leaders indicated an interest in having closer ties with local Area Agencies on Aging (AAAs).

She introduced Arnold Eppel, the Department's Director of Innovations, noting that he had previously been AAA Director in both Baltimore City and County and has been charged with implementing several of the Department's initiatives, including Senior Call Check and the statewide Durable Medical Equipment program.

**Presentation on Maryland Community for Life℠ Program—Secretary Rona E. Kramer, Discussant—Rob Hart:**

Secretary Kramer briefed the Commission on the Community for Life (CfL) Program that is designed to assist seniors to safely and healthfully remain in their homes as long as possible and enhance their ability to lead an active life by providing core and optional supports and services to address issues associated with normal aging. It provides membership fee-based services from non-profit local resources and vetted providers. Core services provided through CfL programs include: a set number of hours of home maintenance and transportation monthly, though local programs may offer additional services and more hours of service above the minimum required. In addition, some programs offer core services on a fee basis once the minimum number of hours are used. Local CfL programs are designed to be self-sustaining long-term, though initial state seed money grants are available at program outset.

In addition, all CfL programs provide service navigation from trained service navigator staff. Service navigators check in by phone with members at least monthly but may be consulted at any time. Service navigators are experts in local services, activities, and other resources and are able to connect members with services. Through their relationships with members, navigators will help prevent member social isolation and increase engagement.

The program is also designed to prevent adverse events such as falls, fraud, or abuse. . It has no income or health screening criteria and is open to those aged 65+ who live in a catchment area of a not-for-profit CfL provider. CfL is largely intended to help middle-income seniors to remain independent without spending down by entering higher levels of care.

Members are encouraged to utilize their monthly allotments to address smaller issues and prevent larger problems that will be costly to mitigate. For larger maintenance and repair issues, CfLs provide lists of pre-vetted contractors from which the participant may choose, obtain an estimate, and have the estimate reviewed by CfL staff before proceeding with the work. This process is designed to ensure quality of work obtained by participants and to prevent contractor fraud, of which older adults are often victims.

The structure of services and service navigation offered has enabled CfL communities to begin to build infrastructures to address older adults' needs, for example, upon discharge from the hospital. The service navigator may act as a point of contact and resource for discharge planning staff, as well as connecting the member being discharged with AAA or other local services.

A variety of models for CfL communities exist, varying by type of catchment area and provider. For example, Broadmead in Northern Baltimore County is operated by a Continuing Care Retirement Community, while Allegany County's CfL is operated by the Allegany Human Resources Development Commission and its catchment area is county-wide. At the present time there are six CfL programs statewide. Fees vary, ranging from $5400 annually to between $30 and $100 monthly. Fees reflect the cost of services locally and the range of services offered. Initial rollout issues have included some difficulty in marketing since the CfL concept is unfamiliar to potential members, some of whom might be concerned that a fee-supported program such as CfL might be fraudulent.

Dr. Magaziner asked whether there were other barriers to uptake that had potentially been identified and Ms. Roques indicated that the recruitment challenges experienced by Keswick Community Health, a provider in northern Baltimore City, may partially be influenced by the severe income disparities in the city—with many residents at the extremes on the income continuum, so that the percentage of older adults in a middle income bracket—to which CfLs are being marketed—is relatively small.

Rob Hart, who directs the CfL program in Worcester County, in cooperation with the local multi-county AAA—Maintaining Active Citizens (MAC)—described his CfL program and rollout experience. He said that initial membership expectations had not been met: Membership in the Worcester program, which became operational in June 2018, has ranged as high as 50, though as of the date of Mr. Hart's presentation it was 33. A pattern observed in Worcester County has been that individuals may enroll, drop out and re-enroll in the CfL over time, rather than maintain ongoing membership. Mr. Hart has leveraged grant sources, in addition to initial seed money from MDoA, to provide services, for example using a Maryland Transit Administration grant to cover the cost of transportation services provided by the Worcester CfL.

Because Worcester County COA also has a local Maryland Access Point location, members of the Worcester CfL may be easily connected with MAP information and referral services and AAA services. As well, existing relationships with Atlantic General Hospital, the acute care hospital in Berlin MD and with local public health, social and emergency services have been leveraged to enhance the operations of the Worcester CfL.

Its location in a rural, more sparsely populated area of the state has presented some challenges for the Worcester program—such as the local shortages of handyman services to provide such services to CfL participants. Similar to other local CfLs, the Worcester CfL has experienced some marketing challenges. He noted that some older adults were part-time residents of Worcester County and that the County CfL offered both six-month and annual memberships.

Mr. Hart observed that children of older adults were often more receptive to enrolling their parents than the parents were because the children were more cognizant of their parents' potential need for services. Secretary Kramer described the experience of under-subscription for a prior grant-funded medication management program in Montgomery County as

illustrative of the lack of recognition by some older adults that they might benefit from certain services and/or their need for the services in the near-term rather than at some distant future point.

Ms. Hatchette said that some older homeowners lose their home owners insurance coverage when insurers determine the homes no longer meet underwriting criteria because of poor maintenance and that handyman services offered under programs such as CfL might fill a gap for such homeowners.

Secretary Kramer stated that program providers have agreed that their data and resources are not proprietary and that data and marketing tools, such as brochures, must be shared. She also said that MDoA is interested in assessing whether membership in CfLs results in positive outcomes such as reduced hospital and emergency department usage.

**Preliminary Components of an Evaluation of the Community for Life Program—George Rebok**
In response to the request by Secretary Kramer that the Commission on Aging review the CfL program, Dr. Rebok presented an evaluation framework for discussion. He described the framework as consisting of the preliminary components of an evaluation plan, for example, process evaluations at a community and individual level, outcome evaluation at an individual level, and economic evaluation at a community level. For example, at an individual level, evaluators might gather evidence about whether program membership resulted in reduced risk of falls and emergency department usage and, potentially, caregiver burden.

During discussion, Commissioners identified various designs that might be utilized in evaluation. In addition, it was noted that the full evaluation would not be inexpensive and is beyond the scope and charge of the Commission. Nevertheless, Commissioners have the expertise and access to resources to develop a review design, undertake reviews and advise MDoA on future evaluation needs. Commissioners expressed enthusiasm for moving forward with the review, and noted an important first step: understanding the goals of the person or entity desiring the evaluation. Secretary Kramer expressed her support for the Commission's approach.

Dr. Li noted that the Commission's prior review of the Senior Care program had utilized students to perform some of the review components as part of their degree practicum requirements. Challenges in marketing CfLs were also discussed. Dr. Li noted that these should be addressed in the nearest term and that university programs might be a source of resources in this area.

**Public Relations and Information Strategies for the Commission on Aging—Jordan Harding:**
This discussion was deferred as Mayor Harding was unable to attend.

**Adjournment:**
The meeting was adjourned at 12:15 pm.