MARYLAND DEPARTMENT OF AGING

SENIOR CARE PLAN
FY 2025 PLAN INSTRUCTIONS
(7/1/24-6/30/25)

Jurisdiction: **Caroline County**

Section I. Administration

Choose **one** option below for administering the Senior Care Program in the designated jurisdiction:

X The Area Agency on Aging, **Upper Shore Aging, Inc. (USA)** will serve as lead agency and administer the Senior Care Program in **Caroline County**.
The Area Agency on Aging will designate **Kate Stinton** as the contact person for the Senior Care Program in Fiscal Year 2025.

€ The Area Agency on Aging will delegate responsibility to administer the Senior Care Program in FY 2025 to a lead agency other than the Area Agency on Aging. The lead agency will be N/A.

This lead agency will be responsible for coordination of the Senior Care Program for the jurisdiction identified above with the Maryland Department of Aging. The lead agency contact person will be N/A.

Section II. Structure of the Senior Care Program

Provide an overview of Senior Care Program administration in the jurisdiction. Please include each of the following in your overview:

Screening, Assessment, Reevaluation, and Case Management:

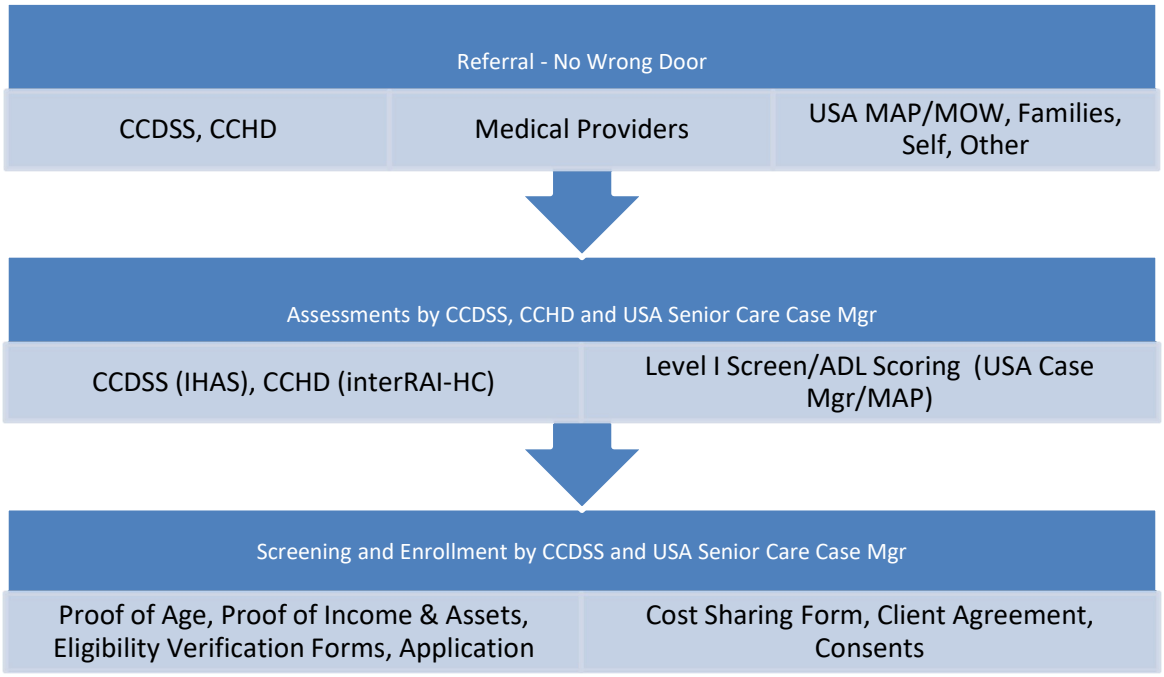
1. **Coordination:**

Referrals come directly to the Senior Care Program at Upper Shore Aging (USA) in Chestertown from any source including public and private agencies, medical providers, Maryland Access Point (MAP), Meals on Wheels (MOW), families, neighbors, and self-referrals.
See the flow chart below for details.

Senior Care program screening for eligibility, assessment of needs, and case management is conducted by the Caroline County Dept. of Social Services (CCDSS) Adult Services caseworkers and the USA Senior Care Program Case Manager. In FY25, one full-tine USA Case Manager is paid for by the grant funds. The case management and care coordination services provided are based on the individual participant's requests and needs. A client-centered care plan is developed from the information provided and is the framework for the provision of services. These Case Managers are responsible for determining individuals' eligibility for services, referral/securing these services, monitoring expenses, reevaluating needs, and completing annual redeterminations.

In-kind support is vital to the success of this program. CCDSS Adult Services staff provide Assessments, Intake, and Case Management services for almost 50% of the total caseload. Caroline County Health Dept. (CCHD) and partners such as Choptank Community Health provide assessment and referrals as needed, gather required information, and assist with CM tasks to connect individuals to available services.

These agency staff meet and consult as needed to review participants served by each agency to prevent duplication of services. CCDSS takes the lead with coordinating these meetings, holding multidisciplinary meetings and Senior Care meetings monthly. On a case-by-case basis, other agencies will initiate interagency communication and collaboration to determine the best and most efficient way to meet the needs of the individuals.



2. **Innovation:**

The design of the Caroline Senior Care Program relies heavily on the in-kind support from CCDSS. The assessment, intake and case management support they provide is essential to maximizing service provision and helps stretch grant funds to provide services to the growing numbers of vulnerable older adults referred to the program. This support provides the program with an estimated additional 0.80 FTE's. Additionally, having input from SW's from CCDSS, and RN's from CCHD enables us to provide an assessment and service plan that addresses socio-economic and medical needs.

In FY25, the plan is to increase the USA CM position to full-time to keep up with the increase in referrals to the program.

Community based organizations, churches, civic groups, and volunteers are included in these partnerships and provide additional resources to help support older adults in need.

3. **Assessment Process:**

The primary assessment tools used in Caroline County to assess and measure level of need and determine Senior Care Program eligibility includes the CCDSS IHAS assessment, the CCHD interRAI-HC, and the Dept. of Aging (DoA) Activities of Daily Living (ADL) Scoring tool and Level I Screen. The Level I Screen is completed by the USA Senior Care Case Manager and MAP staff.

These assessments and screenings are required before enrolling a client in the Senior Care program. These are completed in the individual's home with caregiver and family input as appropriate. If needed, additional medical information is obtained from the client's medical provider(s) and incorporated into the multidisciplinary assessment and care plan. Proof of identity, age, income, and assets are documented for the program eligibility requirements. A release of information is obtained as required to share information with our AAA and DoA and program partners as appropriate. Available programs such as Senior Call Check and Community for Life/Partners in Care are reviewed and offered to each participant.

Annual redetermination assessments are conducted by the CCDSS Case Managers and the USA Senior Care Case Manager who visit program participants at least every 4-6 months, and more frequently based on client needs.

4. **Individual Care Plans***:*

If the client is eligible for the Senior Care Program and agrees to participate, the Case Manager will initiate the comprehensive care planning process indicating a referral to the Senior Care Program. During enrollment, the client and Case Manager will complete a cost sharing agreement and ranking scale used to assist with prioritizing their needs. This is a collaborative process between the Case Manager and the client/family. The result is an agreed-upon Plan of Care (POC) where client, family, and Case Manager can work towards linkages to resources and obtaining specific services to meet indicated needs.

Input from other agencies, community partners, and medical providers may be included in the POC. Client and/or family participation is verified by obtaining their signatures on the Senior Care cost sharing form. The POC is reviewed at least every 4 months, updated as needed, and cases are periodically reviewed by the USA RN.

Senior Care Services

Please review items 5-9 below. Provide detailed responses to any items that reflect FY 2024 programmatic changes as compared to the approved FY 2023 Senior Care Plan. If there are no changes, then please indicate.

5. **Gap-filling Budget:**

Gaps in available services in the jurisdiction are identified. The Senior Care program guidelines are followed to provide approved services to clients to fill these gaps. USA Administrative and Case Management staff coordinate services with vendors to provide the identified supplies, equipment, or services that are not otherwise available. These services may include emergency response systems, medical day care, incontinence supplies, durable medical equipment, personal care and chore services by a contracted agency(s), bus passes, medication co-pays through contracted pharmacies, and small grants to family payments for clients and families to pay for chore or transportation services.

6. **Cost Sharing, Fee Schedules and Spending Caps:**

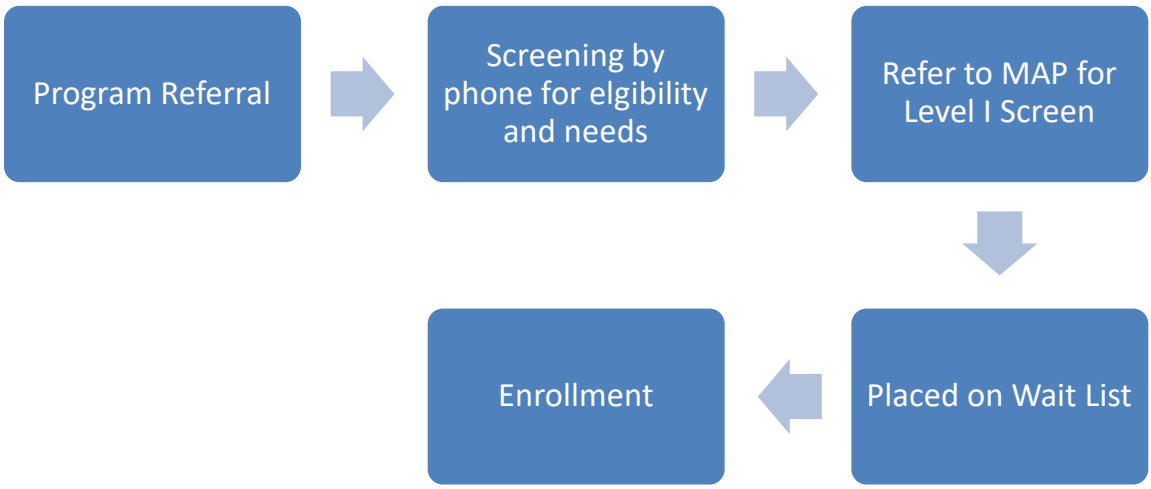
The number of participants and requests for services are steadily increasing. Other than medical supplies, the most requested services are for assistance with obtaining personal care and chore services. Although a Cost Sharing Form is completed for every client, we do not collect fees or revenues. The Form is intended for use as a tool for the individual, family, and Case Manager to plan budgeting and expenses, and to prioritize needs. The Caroline County program may utilize the Grants to Families option for chore and transportation services. In FY24, for personal care and chore services for those individuals not receiving CCDSS IHAS, we initiated a contract with a local residential service/home care agency to help provide personal care and chore services to those most in need. These services will continue into FY25. The planned spending cap per client in FY25 is $500 per month.

7. **InterRAI Level I:**

In FY 2024, the USA MAP offered the InterRAI Level I Screen to individuals referred to the Caroline Senior Care Program. This will continue in FY25. Community Options Waiver (COW) education is provided. If a Senior Care Program client becomes eligible for the COW, the Case Manager will assist them with the application process as needed.

8. **Waiting List:**

Caroline had a Waiting List of 6 individuals in FY24. With the increased funding in FY25, we hope to reduce or eliminate a Wait Llist. Below is the flow chart for Wait Listed individuals.
All clients are screened on referral, usually by telephone. Questions are asked about age, income/assets, level of functioning, and needs. Presumptive eligibility is established. If not eligible, the individual is referred to the MAP for resources or options counseling. If eligible, the individual is referred to the MAP for a Level I Screen and then placed on the Senior Care Waiting List. Once there is an opening in the program, the individual is contacted and scheduled for a home visit for program enrollment.



9. **Grants to Families**:
Caroline plans to utilize Grants to Families funds for chores and transportation services in FY25. Under this plan, the Case Manager meets with the client and their chosen service provider. The client and provider sign an agreement regarding the use and scope of the funds. They are given timesheets/tracking sheets that must be signed by them and submitted monthly to documents services before payment is made. We follow the Senior Care Program policy for Grants to Families and do not approve immediate family members to act as the client's paid provider. Most clients utilize friends, neighbors, or extended family members as providers. The maximum amount that a client can receive for this service is $49.50/month.

10. **Grievances:**

USA provides their agency grievance procedure to all enrolled in the Caroline Senior Care program. Please see the attached document for details.

Senior Care Health Promotion Services

11. **Senior Care Health Promotion**:

To promote wellness and prevent negative health effects of social isolation, we refer and encourage Senior Care clients to participate in available evidence-based wellness, health promotion, and chronic disease self-management programs.

During the assessment process, over and above the proscribed assessments, the Case Manager will identify the participant's needs and abilities, and provide referrals to the following:

- Evidence Based Programs: *The Case Manager encourages participants to increase physical activity and become more socially active through attendance at the Senior Center and participation in their programming that promotes exercise, nutrition, and wellness.*

- Medicare Extra Help Programs: *Every participant is assessed and screened to determine if a referral to the SHIP counselor is indicated to complete an application for the Medicare Extra Help Programs under the Medicare Improvements for Patients and Provider's Act (MIPPA). The Senior Care case manager will follow-up to ensure the participant is connected and enrollment completed.*

- Senior Nutrition Programs: *Every participant is assessed to determine if a referral for Meals on Wheels is indicated, if a physician's order for nutritional supplements is required, or if other food resources are needed. The Senior Care case managers follow-up to ensure the participant is connected and enrollment completed.*

- Transportation Services: *Every participant is assessed and screened by the Case Manager to determine transportation needs. The Senior Care case managers will follow up to ensure the participant is connected to the appropriate area transportation resources. Funds are budgeted for transportation in the FY25 Senior Care plan to enable seniors with no other means of transportation to travel to medical appointments or wellness programs offered through the AAA and Senior Center.*

- Senior Call Check**:** *On assessment, the Case Manager assesses the needs of the clients, and offers the Senior Call Check. The case manager will follow up and assist with enrollment if needed.*

- Senior Center, AAA, and DoA*:* *The Case Manager encourages participants to increase physical activity and become more socially active through attendance at the Senior Center and participation in their programming that promotes exercise, nutrition, and wellness.*

Challenges to the Senior Care Program

12. **Challenges:**

It is increasingly difficult for our agency and our program participants and families who do not receive CCDSS IHAS services to find care providers for personal care and chore services, which are among our most requested, needed, and expensive services. The residential service agencies that serve our county have also reported difficulties in hiring staff. The needs are increasing, and the availability of resources is not meeting the needs.

The cost of services and supplies has increased. Some medical supplies have increased up to 30%, especially the nutritional supplements like Ensure and Glucerna products, as well as incontinence supplies.

Lastly, future concerns include the growth in the senior population. The U.S Census Bureau estimates that the population of seniors 65 years and older will climb from 13% to 19% by 2030, which is nearly one in every five residents. This indicates a great ongoing need for expansion of services to support seniors.

We greatly appreciate the additional funding for FY25 and hope that this program continues to be financially supported as needs increase.

Upper Shore Aging
Serving Caroline, Kent & Talbot Counties

Grievance Procedure for Participants Denied the Services of an Upper Shore Aging Program

This grievance procedure applies to individual persons not employed by Upper Shore Aging, Inc. who seek the assistance of programs offered by the Agency, but who have been denied service. Any denial or discontinuance of services which are offered by the Agency are appealable. Only individuals who have been denied services as a result of ineligibility may not avail themselves of the formal procedure; rather, such individuals may contact the Agency's Executive Director directly if they believe they are eligible for a particular program or service and have been denied.

- When any participant or applicant for services is denied initial or continuing care, or if they are dissatisfied with the quality of the services rendered, they are to be given a copy of this Grievance Procedure.
- An applicant for services or a participant denied continued service must submit a complaint in writing within 10 days of the initial denial of service to the supervisor of the employee denying the service. This complaint must include the following information: the applicant or participant's name, address, and phone number; the aggrieved person's signature; a clear and concise synopsis of the issue to be considered including the date service was denied; the aggrieved person's position on the issue; any pertinent facts or evidence which supports the aggrieved party's position.
- The supervisor receiving the formal complaint must respond in writing to the complainant within 10 working days acknowledging receipt of the complaint. This person must undertake review of the complaint within 14 working days.
- The complainant must be notified in writing of the results of the review within 7 days of its completion. The review may support, modify, reverse, or let stand the original decision.
- The Agency employee reviewing the complaint must provide a meeting, if requested by the applicant or service participant, within 10 days of the complainant's receipt of the review letter. This meeting may be used to discuss or reconsider the decision or to review any new and pertinent information which was not originally considered as part of the initial decision. The complainant will be notified in writing regarding the date, time, and place of the meeting should one be requested.
- If the complainant is still not satisfied at the conclusion of the meeting, he or she is to be referred to the Executive Director of the Agency. The same rules noted previously apply to all steps in the appeals process.
- The Grievance Procedure ends with the involvement of the Executive Director: His or her decision is final, and the appeals process is concluded with a meeting between them and the complainant. The Executive Director will issue a final written decision to the complainant in writing within 7 days of the conclusion of the meeting.