

OVERVIEW OF SERVICES FOR OLDER ADULTS



DEPARTMENT OF LEGISLATIVE SERVICES 2022

Overview of Services for Older Adults

**Department of Legislative Services
Office of Policy Analysis
Annapolis, Maryland**

May 2022

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DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF POLICY ANALYSIS
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
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May 23, 2022

The Honorable Bill Ferguson, President of the Senate
The Honorable Adrienne A. Jones, Speaker of the House of Delegates
Members of the Maryland General Assembly

Ladies and Gentlemen:

The attached report, titled *Overview of Services for Older Adults*, catalogues the benefits available to older adults across Maryland. State tax benefits and other programs that assist older adults are described, including participation and expenditure data where available. The scope of this report is generally limited to programs that are specifically designed to serve older adults. However, older adults may qualify for and utilize other programs, such as those designed for individuals with disabilities, which are excluded from this discussion.

The report also describes the demographic composition of the State's aging population, updates on timely issues facing the aging population, and an overview of agencies' coordination in addressing older adults' commonly unmet needs.

The goal in presenting this data is to provide a comprehensive source of information on the major programs that benefit older adults. We hope you find this report both informative and useful.

This report was prepared by Grace M. Pedersen, under the general direction of Jennifer B. Chasse. Philip S. Anthony, George H. Butler, Emily R. Haskel, Simon G. Powell, Samuel M. Quist, Anne P. Wagner, and Tonya D. Zimmerman also contributed to the report. Madeline H. Ross provided administrative support. Your questions and comments are welcomed.

Sincerely,

Handwritten signature of Victoria L. Gruber in blue ink.

Victoria L. Gruber
Executive Director

Handwritten signature of Ryan Bishop in blue ink.

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VLG:RB/GMP/mhr

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Overview of Services for Older Adults

Introduction

Overview of Services for Older Adults catalogues and describes the benefits and supports available to older adults who reside in Maryland. There is no universal age threshold at which an individual is considered an “older adult.” Depending on the program, individuals may be eligible to participate in a service at age 55, 60, 62, 65, or 67. As demonstrated by this variation, the needs of older adults vary substantially between individuals based on their unique health, household, or economic situations. This report also summarizes the commonly unmet needs that older adults may experience and analyzes the coordination of existing State approaches to address these needs.

Section I of the report provides an analysis of the demographic composition of the State’s aging population, the impact of the COVID-19 pandemic on older adults, and approaches to paying for long-term care costs.

Section II of the report analyzes the State’s approach to addressing the needs of the aging population and the extent of interagency coordination through these efforts.

Section III of the report provides a snapshot of the various public benefits and major State-administered programs for older adults, State-funded tax credits, other supportive State programs, and the major federally administered programs utilized by older adults.

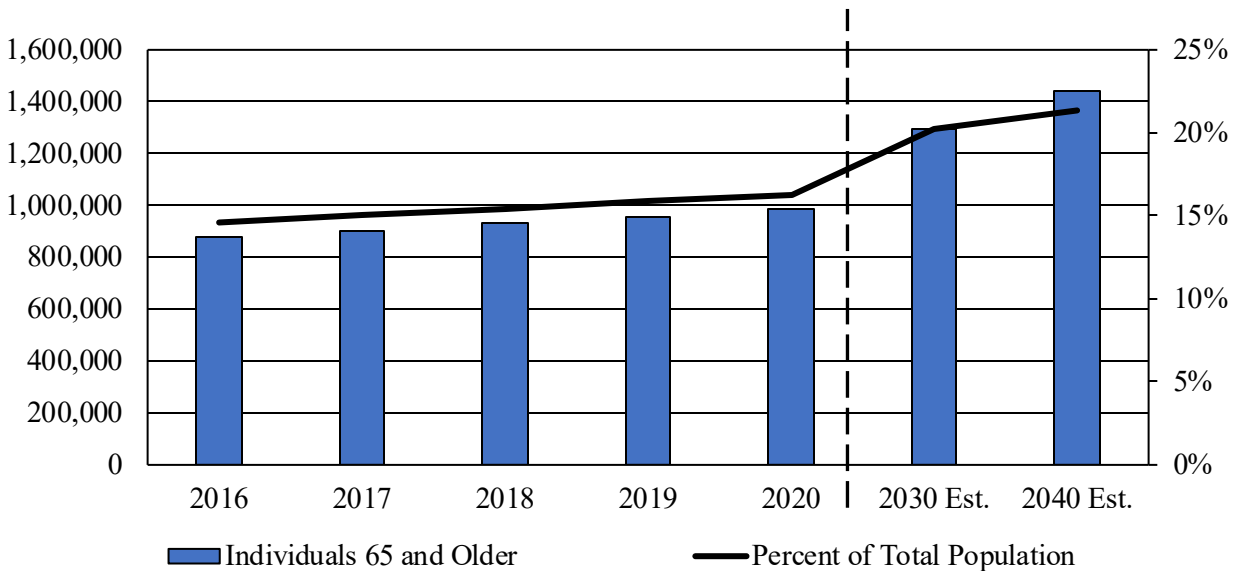
Section I.
Demographic Observations and
Topical Developments

Demographics

Demographics of Older Adults in Maryland

According to the U.S. Census Bureau, as of July 1, 2020, there were 987,352 Maryland residents age 65 or older, comprising 16.3% of the State population. As shown in **Exhibit 1.1**, between 2016 and 2020, the population of Marylanders age 65 or older increased by an average of 3.0% annually, growing by a total of 12.7%. This population is expected to increase to just under 1.3 million by 2030 (20.2% of the population) and 1.4 million by 2040 (21.4% of the population).

Exhibit 1.1
Maryland Population Aged 65 and Older
2016-2020 Actual, 2030 and 2040 Est.

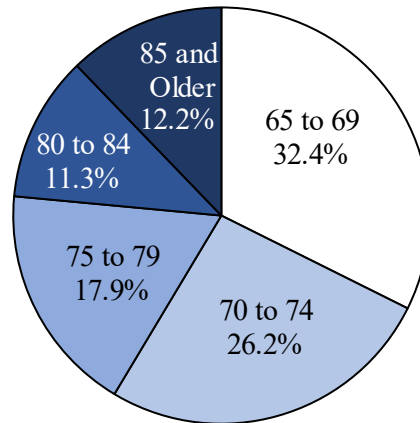


Source: U.S. Census Bureau; Maryland Department of Planning

Older Adults by Age

As shown in **Exhibit 1.2**, more than half (58.6%) of those age 65 or older in Maryland are 65 to 74, while 29.2% are 75 to 84. More than 120,000 Marylanders (12.2%) are 85 or older. Per the Maryland Department of Aging, individuals age 85 or older are the fastest growing segment of the State's population. Statewide, this cohort is projected to more than double by 2040.

Exhibit 1.2
Maryland Population Aged 65 and Older by Age
 Estimate as of July 1, 2020

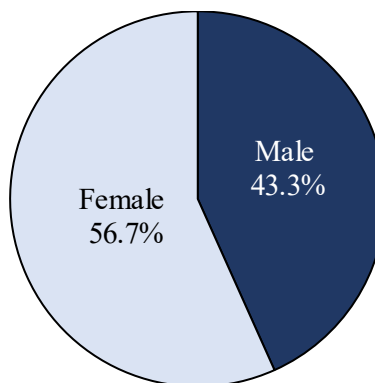


Source: Population Estimates Program, U.S. Census Bureau, June 2021

Older Adults by Gender

As shown in **Exhibit 1.3**, the majority of Marylanders age 65 or older (56.7%) are female. The proportion of females increases to 65.2% among the oldest Marylanders (age 85 or older).

Exhibit 1.3
Maryland Population Aged 65 and Older by Gender
 Estimate as of July 1, 2020

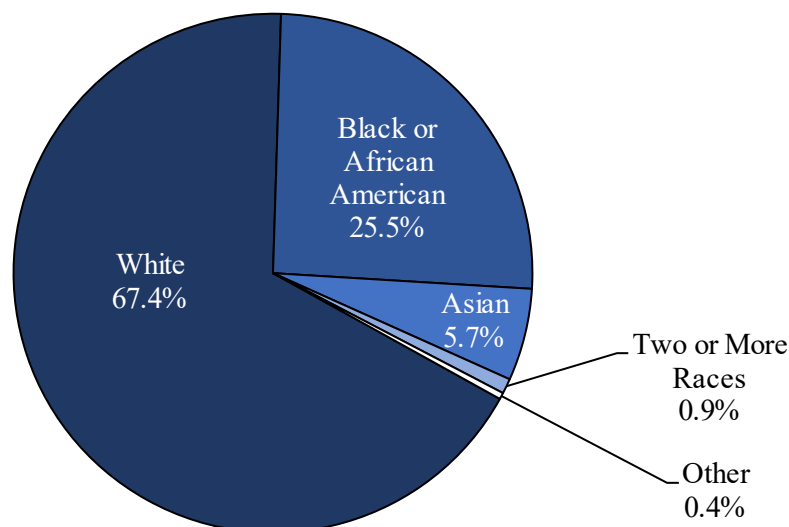


Source: Population Estimates Program, U.S. Census Bureau, June 2021

Older Adults by Race/Ethnicity

Exhibit 1.4 presents a breakdown of older adults in Maryland by race/ethnicity. Slightly more than two-thirds of those age 65 or older are White, approximately one-quarter are Black or African American, and 5.7% are Asian. An additional 0.9% are two or more races, and 0.4% are other races (Native Hawaiian, Pacific Islander, American Indian, or Alaska Native). Most older adults in Maryland (96.3%) identify as non-Hispanic, while 3.7% identify as Hispanic. The breakdown by race/ethnicity changes slightly among the oldest Marylanders (age 85 or older) to 73.3% White, 20.6% Black or African American, and 5.0% Asian, with similar percentages for two or more races or other races.

Exhibit 1.4
Maryland Population Aged 65 and Older by Race/Ethnicity
 Estimate as of July 1, 2020

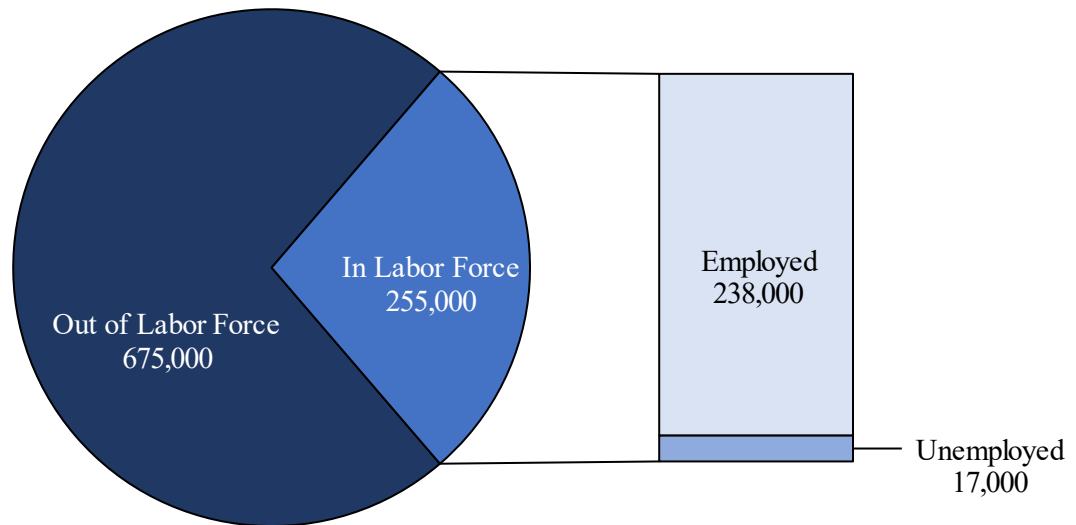


Source: Population Estimates Program, U.S. Census Bureau, June 2021

Older Adults by Employment Status

According to the U.S. Bureau of Labor Statistics, 255,000 Marylanders age 65 or older in the civilian, non-institutionalized population were in the labor force in 2020. Thus, more than one-quarter of those age 65 and older (27.4%) were either working or unemployed. As shown in **Exhibit 1.5**, 238,000 of those individuals were employed, and 17,000 were unemployed. The unemployment rate for Marylanders age 65 or older in the labor force was estimated at 6.6%, in line with the estimated rate for the total labor force.

Exhibit 1.5
Maryland Population Aged 65 and Older by
Labor Force Participation and Employment Status
Calendar 2020



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, Employment Status of the Civilian Noninstitutional Population, 2020 Annual Averages

Median Household Income for Older Adults

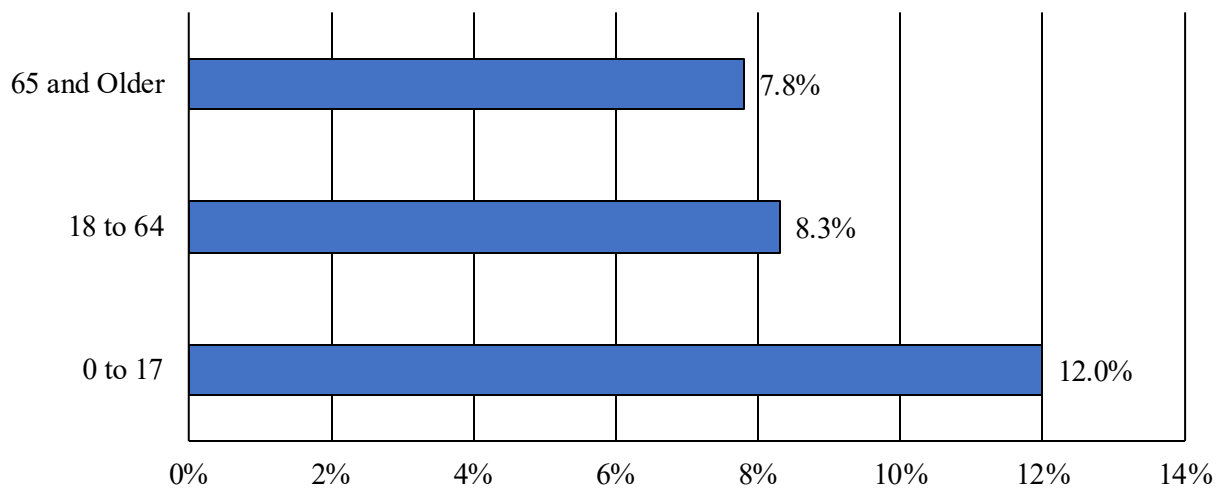
Based on data from the U.S. Census Bureau's American Community Survey 2019 one-year estimates, the median household income for those 65 or older in 2019 was \$63,552, compared to \$86,738 for households of all ages. This estimated median household income for Maryland householders 65 or older was comparable with the District of Columbia but higher than all other neighboring jurisdictions: 9.5% higher than Delaware; 13.3% higher than Virginia; 39.7% higher than Pennsylvania; and 59.4% higher than West Virginia.

Poverty Status of Older Marylanders

Poverty status is determined using total family income in the past 12 months compared with the poverty threshold for the family size. As shown in **Exhibit 1.6**, an estimated 7.8% of Marylanders age 65 or older lived below the federal poverty guidelines in 2019. The proportion of those 65 or older living in poverty is slightly lower than adults ages 18 to 64 and significantly lower than children age 17 or younger. Compared with neighboring states, the proportion of those 65 or older living in poverty in Maryland is slightly higher than those in Delaware and Virginia,

lower than those in Pennsylvania and West Virginia, and nearly half that of those in the District of Columbia.

Exhibit 1.6
Poverty by Age in Maryland
Calendar 2019



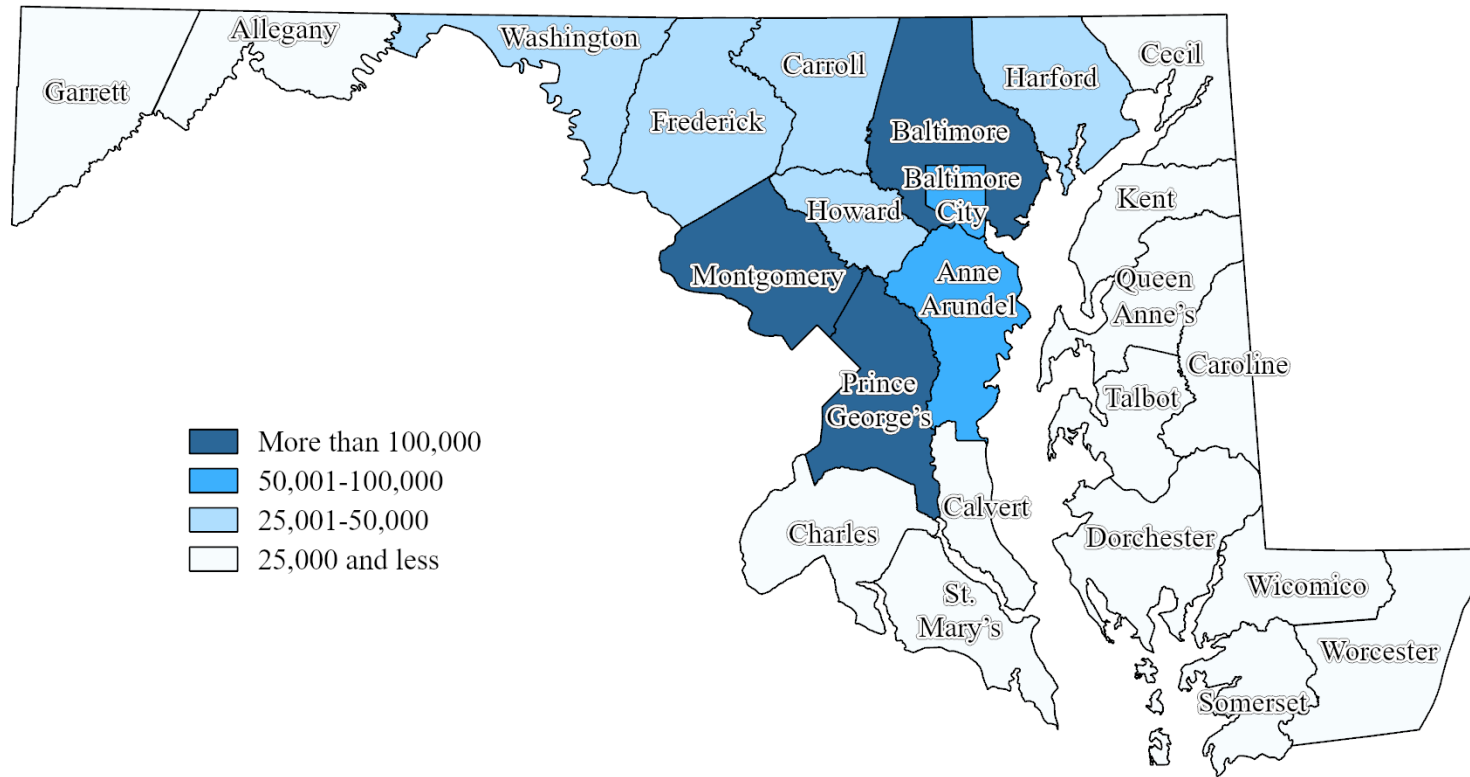
Source: 2019 American Community Survey, 1-year Estimates Data Program, U.S. Census Bureau

Distribution of Older Adults by Jurisdiction

Nearly two-thirds (63.8%) of Marylanders age 65 or older reside in one of five jurisdictions (Anne Arundel, Baltimore, Montgomery, and Prince George’s counties or Baltimore City). Three jurisdictions had more than 100,000 residents age 65 or older: Montgomery (173,612); Baltimore (148,700); and Prince George’s (129,868) counties. These same jurisdictions also have the highest number of residents age 85 or older. **Exhibit 1.7** displays the number of older adults age 65 or older by jurisdiction.

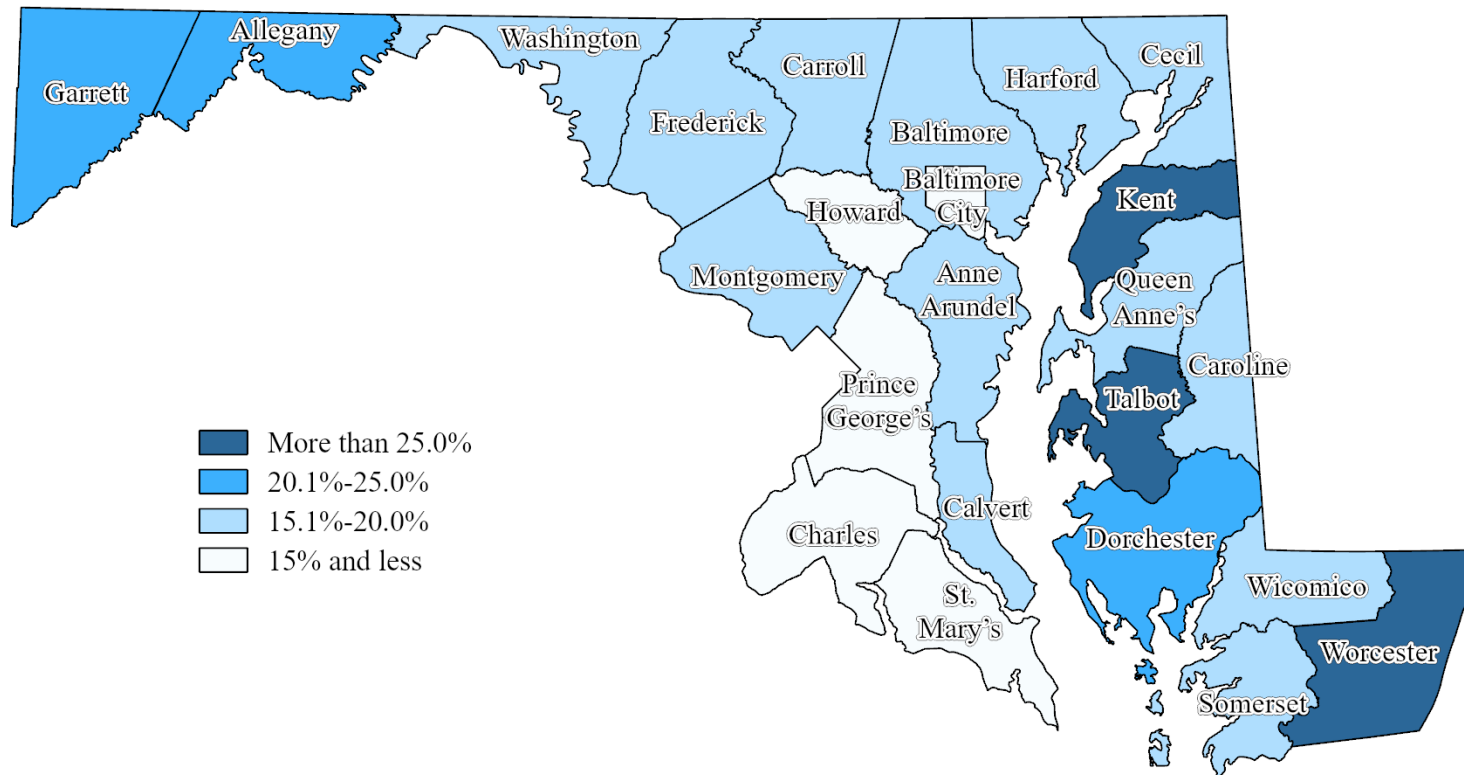
In contrast, six smaller jurisdictions reflect the highest proportions of residents age 65 or older, including Talbot (30.5%), Worcester (28.5%), Kent (27.4%), Garrett (23.5%), Dorchester (22.6%), and Allegany (21.0%) counties. These same jurisdictions also have the highest proportion of residents age 85 or older. **Exhibit 1.8** displays the proportion of total residents age 65 or older by jurisdiction.

Exhibit 1.7
Older Adults by Jurisdiction
Calendar 2019



Source: U.S. Census Bureau; Maryland Department of Planning

Exhibit 1.8
Proportion of Total Residents Age 65 or Older by Jurisdiction
Calendar 2019



Source: U.S. Census Bureau; Maryland Department of Planning

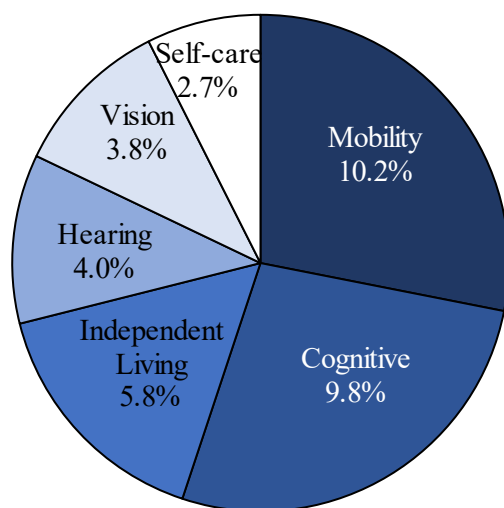
Demographics of Adults with Disabilities

Although the scope of this report is limited to services available to older adults, individuals with disabilities may also utilize some of the programs discussed in this report. Per the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, as of 2019, 22.4% of Maryland adults age 18 or older indicated that they had a disability.

Adults with Disabilities by Type of Disability

As shown in **Exhibit 1.9**, of those adults that indicated they had a disability, the most common disability was mobility (serious difficulty walking or climbing stairs), followed by cognitive (serious difficulty concentrating, remembering, or making decisions), independent living (difficulty doing errands alone due to a physical, mental, or emotional condition), hearing (deaf or serious difficulty hearing), vision (blind or serious difficulty seeing even when wearing glasses), and self-care (difficulty dressing or bathing).

Exhibit 1.9
Maryland Adults with Disabilities by Type of Disability
Calendar 2019



Note: Adults in Maryland aged 18 and older

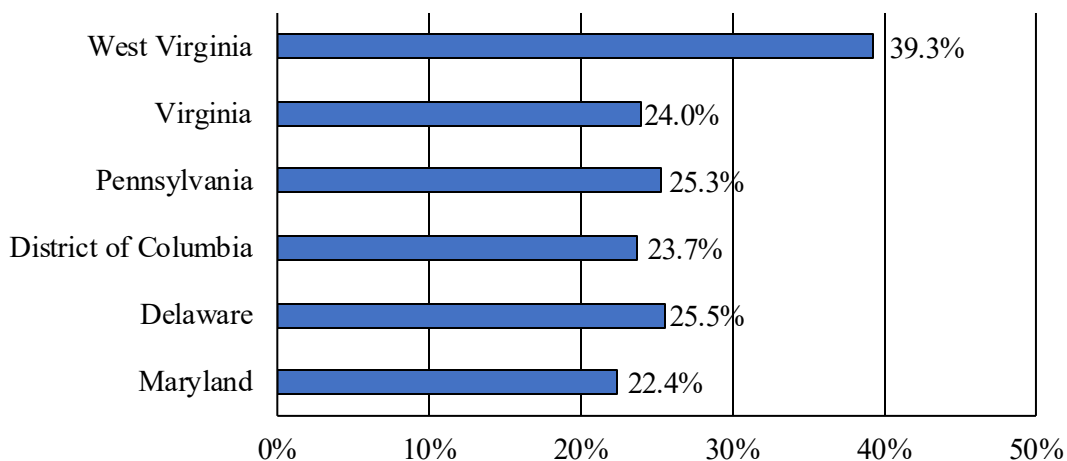
Source: 2019 Behavioral Risk Factor Surveillance System, U.S. Centers for Disease Control and Prevention

Prevalence of Disabilities Compared with Other States

Maryland's rate of adults that report having a disability (22.4%) is lower than that reported by adults in neighboring jurisdictions. As shown in **Exhibit 1.10**, the percent of adults with a

disability in those jurisdictions ranges from 23.7% in the District of Columbia to 39.3% in West Virginia.

Exhibit 1.10
Percent of Adults with Disabilities in Selected Jurisdictions
Calendar 2019



Note: Adults in Maryland aged 18 and older

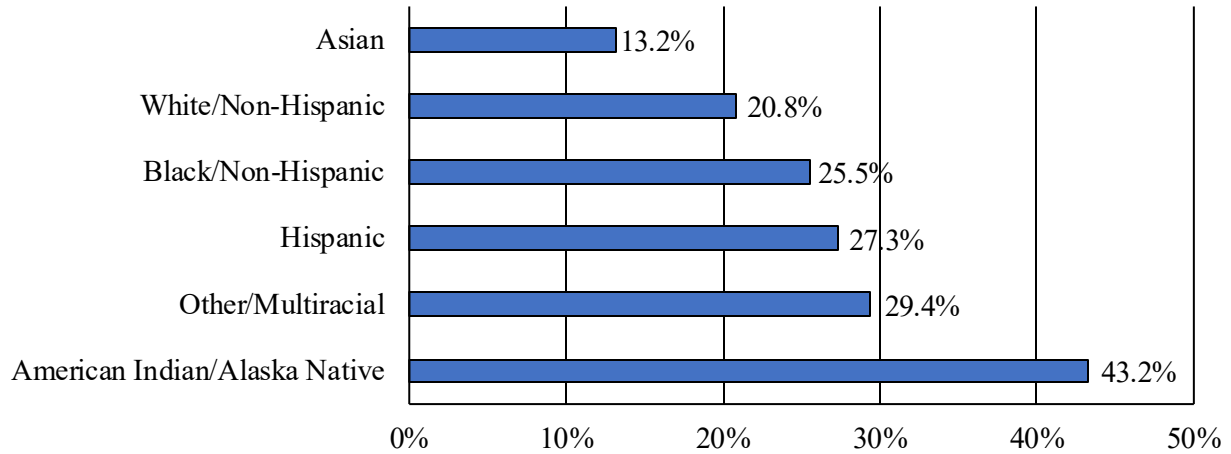
Source: 2019 Behavioral Risk Factor Surveillance System, U.S. Centers for Disease Control and Prevention

The proportion of adults with specific disabilities is also generally higher in neighboring jurisdictions. The rate of adults with disabilities with a mobility disorder ranged from 11.8% in Pennsylvania to 20.7% in West Virginia. Cognitive disabilities ranged from 10.2% in Virginia to 19.6% in West Virginia. Independent living disabilities ranged from 5.2% in Delaware (slightly lower than Maryland’s 5.8%) to 12.6% in West Virginia. Hearing disabilities ranged from 3.7% in the District of Columbia to 11.0% West Virginia. Vision disabilities ranged from 3.6% in Virginia to 7.6% in West Virginia. Self-care disabilities ranged from 3.1% in the District of Columbia to 6.9% in West Virginia.

Adults with Disabilities by Gender, Race/Ethnicity, and Age

Slightly more females indicated they had a disability (23.4%) compared with males (21.3%). As shown in **Exhibit 1.11**, the age-adjusted prevalence of disability was significantly higher among non-White adults compared with White adults, except for Asian adults. The prevalence of disability also increased with age, with the highest prevalence among those age 65 or older, as shown in **Exhibit 1.12**. For adults age 18 to 44, only 18.3% indicated a disability. This rate increased to 21.5% for adults 45 to 64 and to 36.5% for adults age 65 or older.

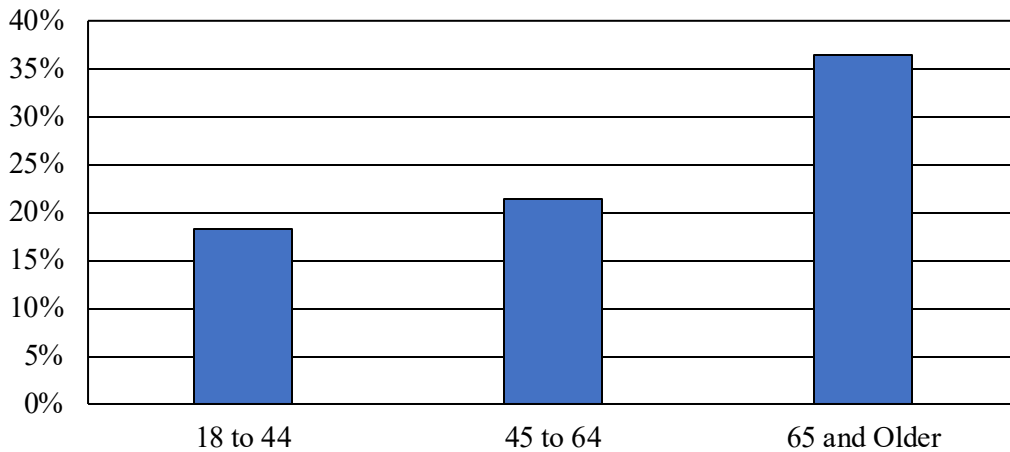
**Exhibit 1.11
Percent of Adults with Disabilities by Race/Ethnicity
Calendar 2019**



Note: Adults in Maryland aged 18 and older

Source: 2019 Behavioral Risk Factor Surveillance System, U.S. Centers for Disease Control and Prevention

**Exhibit 1.12
Percent of Adults with Disabilities by Age
Calendar 2019**



Note: Adults in Maryland aged 18 and older

Source: 2019 Behavioral Risk Factor Surveillance System, U.S. Centers for Disease Control and Prevention

COVID-19 Impacts

Older Adults' Pandemic Experience

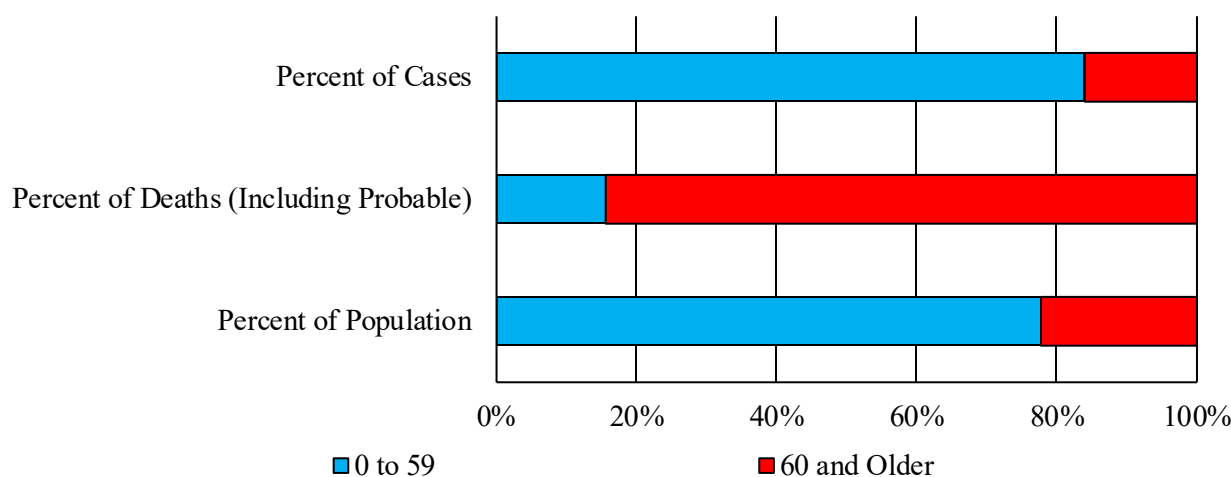
The COVID-19 Pandemic

COVID-19 is a disease caused by a novel coronavirus that has resulted in a global pandemic with 493.4 million cases and 6.2 million deaths worldwide and 80.1 million cases and 980,000 deaths nationally as of April 6, 2022. From early in the pandemic, it became evident that older adults were at greater risk, including higher risk of serious infection, disease, hospitalization, and death. Certain underlying medical conditions, many of which are more common in older adults, further increase the risks associated with COVID-19.

Cases and Deaths among Older Adults in Maryland

As of April 6, 2022, 162,607 cases of COVID-19 have been diagnosed among Maryland residents age 60 and older (16% of total cases). Although this population accounts for 22.3% of the State's total population, there have been 12,128 COVID-19 deaths (including probable deaths) among those age 60 and older, reflecting 84.4% of total COVID-19 deaths. **Exhibit 1.13** compares the percentage of total COVID-19 cases, the percentage of deaths, and the percentage of the total Maryland population for those age 59 and younger and those age 60 and older. While the share of COVID-19 cases for those age 60 and older is less than that age group's share of the State's population, the share of deaths among this population is four times greater.

Exhibit 1.13
Comparison of COVID-19 Cases and Deaths by Age
and Percent of Total Population
As of April 6, 2022



Source: Maryland Department of Health; Maryland Department of Planning

Impacts of the COVID-19 Pandemic on Older Adults

In addition to the disproportionate impact of COVID-19 on morbidity and mortality among those age 60 and older, the pandemic resulted in increased social isolation, physical and behavioral health issues, food insecurity, and other issues for older adults, such as disruptions to daily routines, difficulties accessing services (or adapting to new technologies such as telemedicine), sleep disturbances, and reductions in physical activities.

A November 2021 Pew Research Center report indicates that in calendar 2020 and 2021, older adults left the workforce at increased rates compared to both calendar 2019 and the Great Recession, with the rate of retirement increasing the most among the 65 to 74 age group.

The pandemic also made older adults more vulnerable to potential abuse or self-neglect. Reluctant to leave their home for doctor's appointments, groceries, prescription medications, or other needs during the pandemic, many neglected their own physical well-being. Unable to see their friends and families, many have become depressed or anxious.

Vaccinations and Booster Shots to Date

In December 2020, the first COVID-19 vaccines became available. Maryland allocated initial vaccine supply toward critical health care workers, residents and staff of long-term care

(LTC) facilities, and first responders. In January 2021, eligibility for vaccination was expanded to all Marylanders age 65 and older. As of October 2021, the U.S. Food and Drug Administration authorized, and the Centers for Disease Control and Prevention (CDC) endorsed, use of a booster dose for all three COVID-19 vaccines. CDC recommends everyone age 12 and older receive a COVID-19 vaccine booster after completing their primary COVID-19 vaccination series. Some individuals can receive two boosters.

As of April 5, 2022, 93.9% of Maryland residents age 65 and older were fully vaccinated compared with 89.2% nationally. Of those fully vaccinated residents, age 65 and older, 75% had received a booster dose.

Other State Policies to Prevent Transmission in Older Adults

Some other notable State efforts to prevent the spread of COVID-19 among the aging population included:

- restricted access to LTC, nursing, and veterans' facilities;
- mandatory twice-weekly testing for all staff at Maryland nursing homes and weekly testing of residents;
- temporary closure of in-person senior centers and the availability of virtual senior center activities;
- expanded provision of home-delivered meals; and
- temporary creation of the Caregiver Services Corps within the Maryland Department of Aging that was available for individuals that could not continue their previous caregiving arrangements (such as informal family caregivers) due to the heightened risk of transmission.

Long-term Care Discussion

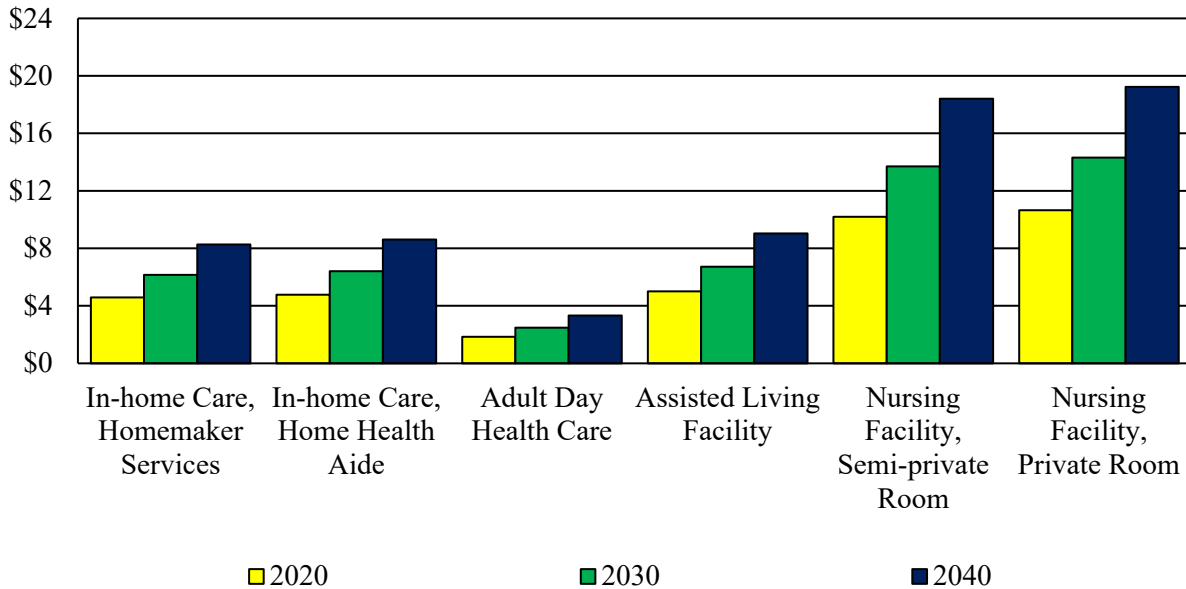
Long-term Care Costs

The U.S. Department of Health and Human Services Administration for Community Living (ACL) estimates that approximately three in five individuals will need assistance with one or more activities of daily living at some point in their lives. These activities may include eating, dressing, toileting, bathing, and other self-care activities. In addition, some individuals may require assistance with instrumental activities of daily living, such as shopping, taking medications, or managing personal finances.

Long-term care (LTC) services include a variety of both medical and nonmedical services for individuals with a chronic illness or disability. An individual may require LTC services for a period of several months to multiple years. Home- and community-based options may include informal caregiving provided by a family member or friend, a paid professional (*e.g.*, nurse or home health aide) that provides caregiving in the home, or adult day care services. More intense care needs may be met in an assisted living or nursing facility.

As shown in **Exhibit 1.14**, the costs anticipated in 2040 for different types of care in the State are expected to increase approximately 80.6% over 2020 rates, as calculated by Genworth Financial Inc., the largest LTC insurer in Maryland. Given the anticipated growth in the State's aging population and the substantial costs associated with different care options, paying for LTC will likely continue to be a concern for the State.

Exhibit 1.14
Estimated Median Monthly Cost of Long-term Care Options
Calendar 2020, 2030, and 2040
(\$ in Thousands)



Note: Genworth Financial Inc. is the largest long-term care insurer in the State.

Source: Genworth Financial Inc.; U.S. Department of Health and Human Services, Administration for Community Living

Paying for Long-term Care

If able, individuals may choose to pay for LTC through a variety of methods, including investments such as annuities, selling assets, obtaining a reverse mortgage, purchasing a long-term care insurance (LTCI) policy, using a hybrid life/LTCI policy, utilizing accelerated death benefits from a life insurance policy, or obtaining a life settlement or a viatical settlement.

Although many recipients of LTC services are also enrolled in Medicare, Medicare typically only covers services in limited circumstances and for short periods, as shown in **Exhibit 1.15**. Only some Medicare supplemental policies help pay for home recovery on a short-term basis. ACL indicates that private insurance coverage frequently mirrors the limited coverage offered by Medicare. Some State programs may help individuals pay for home- or community-based services (HCBS), such as home caregivers or assisted living; however, most of these programs are income-tested to some degree and do not cover the full cost of care, as discussed in Section III of this report.

Exhibit 1.15
Program Coverage by Type of Care

<u>Type of Care</u>	<u>Program</u>	<u>Income Tested</u>	<u>Coverage</u>
In-home Care	Medicare	No	Short-term coverage for skilled services only
	Medicaid	Yes	Coverage
	Senior Care	Yes	Partial coverage (amount of subsidy varies by jurisdiction).
	National Family Caregiver Support Program	No	Partial coverage (grant amount varies by jurisdiction)
	Respite Care Program	Income determines fee amount	Coverage (some coverage, but not 24/7/365 care)
	In-home Aides Services	Income determines fee amount	Partial coverage (maximum 20 hours per week)
	Attendant Care Program	Yes	Partial coverage (varies by income)
Community and Assisted Living	Medicare	No	Short-term coverage
	Medicaid	Yes	Coverage
	Senior Assisted Living Subsidy	Yes	Partial coverage (up to \$1,000/month)
	Congregate Housing Services Program	Yes	Partial coverage (varies by income)
	Public Assistance to Adults	Yes	Personal needs allowance only
Nursing Facility	Medicare	No	Short term coverage (maximum 100 days)
	Medicaid	Yes	Coverage

Source: Maryland Department of Aging; Maryland Department of Health; Maryland Department of Disabilities; Department of Human Services; U.S. Centers for Medicare and Medicaid

Medicaid Eligibility and Coverage

Medicaid is the largest public program that pays for LTC services. In 2019, Medicaid spending nationwide accounted for 42.9% of all expenditures on Long Term Services and Supports (LTSS). In federal fiscal 2018, 31% of the State's Medicaid expenditures paid for LTSS at a cost of \$3.566 billion, of which \$1.395 billion was for institutional placements and \$2.170 billion for HCBS. Eligibility for Medicaid benefits is income-tested. For example, if an individual's income and assets exceed Medicaid's financial eligibility threshold, the individual would need to pay for their LTC supports with their own income and assets. Should the individual sufficiently deplete or "spend down" those assets so as to make the individual eligible for Medicaid, that individual may then enroll and pay for LTC services through Medicaid.

Medicaid covers LTSS for (1) younger individuals with disabilities who are dually eligible for Medicare and Medicaid through the Social Security Disability Insurance program and (2) elderly individuals who are on Medicare and have low incomes below Medicaid's financial eligibility threshold or who meet disability-related functional criteria and spend down their assets and income to meet financial eligibility criteria. For example, an individual in a nursing home who has income that would not normally qualify them for Medicaid but whose cost of care outstrips that income may qualify for assistance. Asset and income criteria can vary significantly from state to state.

Rebalancing Medicaid-funded Long-term Care Away from Institutions Toward Home- and Community-based Services

Research suggests that a substantial portion of individuals that spend down to Medicaid eligibility do so by utilizing LTSS. In addition, those with the lowest incomes and assets have been found to be the most likely to become Medicaid-eligible through spenddown.

HCBS are typically less expensive than institutional care. HCBS are also frequently preferred by patients over institutional settings. Maryland Medicaid has devoted considerable effort to rebalancing LTC services away from institutional settings (such as nursing facilities) and toward community-based settings.

Currently, the federal Community First Choice program allows states to provide community-based attendant services and supports to Medicaid recipients at an elevated reimbursement rate. Several other waivers support community-based LTSS, as discussed further in Section III of this report.

The Money Follows the Person (MFP) program also works to help Medicaid beneficiaries that live in institutional settings transition to HCBS. Although MFP participants are already enrolled in Medicaid, MFP transitions create Medicaid savings that otherwise would have been spent on more costly institutional care. In calendar 2019, MFP transitioned a total of 187 individuals to HCBS, most of which were individuals with physical disabilities (107 individuals) and older adults (69 individuals). By the end of 2019, the program had transitioned 3,466 individuals to HCBS throughout the program's existence, including 1,619 older

adults, 1,413 individuals with physical disabilities, 333 individuals with intellectual or developmental disabilities, and 101 other individuals.

Long-term Care Insurance

Purchasing LTCI can help individuals protect themselves from the risk of incurring LTC costs that are unaffordable or would otherwise deplete their assets. Yet only a small minority of the population are LTCI policyholders. Some individuals find that LTCI is inaccessible and unaffordable. LTCI may be inaccessible to some individuals because it is medically underwritten. Some individuals who, due to chronic or disabling conditions, may be more likely to anticipate and want to plan for needing and affording LTC at some point in their lives, may not be able to access LTCI products because they are unable to meet underwriting requirements. For those that can access LTCI, premiums can be expensive and continue to rise, making it unaffordable for the lower-income populations that are the most likely to spend down and become Medicaid-eligible.

Uptake

The Maryland Insurance Administration (MIA) indicates that the general purchaser of LTCI is around 50 to 60 years of age. Consequently, in general, most LTCI policyholders are of retirement age or older. For some LTCI policies sold in the 1980s and 1990s, the policyholders who purchased these products and still have them in force today may, on average, be age 80 and older. According to the National Association of Insurance Commissioners (NAIC) 2021 report, just 138,937 Maryland individuals were covered by LTCI at the end 2020, although there were more than one million State residents age 60 and older.

A 2020 study published in *The Journal of the Economics of Ageing* examined available theoretical and empirical literature and concluded that private LTCI uptake is affected by the availability of informal care options, individuals adversely selecting to purchase LTCI if they are more likely to need it, lack of trust in insurers, lack of financial literacy, lack of awareness of the likelihood of needing LTC, and the existence of social safety net programs. The study proposes several noncompulsory policy options that the authors suggest could directly respond to these factors and potentially encourage uptake:

- supporting financial literacy;
- increasing awareness of risks associated with aging and the potential for needing LTC services;
- making insurance policies easier to understand by reducing the number of insurance policy options available;

- creating a guarantee of payout of fair claims or a guaranteed payout if the insured risk does not materialize; and
- increasing public awareness of how social programs work, the benefit amounts participants receive, and expected individual contributions.

Although also recommended in the study, any proposals that would increase or guarantee payouts have the potential to meaningfully reduce insurers' reserves, necessitate an increase in premiums to ensure reserves are sufficient to accommodate future claims and payouts, or impact insurers' future solvency.

The study's proposal to increase public awareness of social programs is notable because the availability of social safety net programs, specifically Medicaid, is seen as a significant barrier to the uptake of LTCI. Some economists argue that Medicaid imposes a significant implicit tax on private LTCI policies that is so large as to make insurance unattractive to most households. The implicit tax is the share of benefits provided by a private policy that, on average, duplicates benefits that Medicaid would have covered if that person spent down their resources to qualify for Medicaid. Based on the income and assets of a significant amount of the elderly population, most quickly become eligible for Medicaid, making the purchase of LTCI redundant.

Rate Increases

The NAIC 2021 report identifies that two companies, Genworth Life Insurance Company and John Hancock Life Insurance Company USA, comprised more than a third of the market share in 2020. Both companies were approved for rate increases on at least one type of policy in four of the prior five years. In 2020, 10 companies accounted for 80% of the total market share. These 10 companies collected \$369.6 million in premiums and incurred claims totaling \$313.2 million in 2020. Four of the top 10 companies in the State, including John Hancock Life Insurance Company USA, incurred claims greater than premiums earned that year.

MIA explains that LTCI policies were initially introduced across the country approximately four decades ago. When initially offering LTCI, a first of its kind insurance product, insurance companies had no prior data from which to draw assumptions and make predictions about how the insurance market would behave in the future. Insurance companies were unable to price insurance products appropriately, due to inaccurate assumptions and predictions, including:

- fewer policyholders allowed their policies to lapse than anticipated;
- policyholders are living longer and, therefore, using LTC services more than anticipated; and
- LTC insurers' investment return rates are significantly lower than originally assumed.

In recent years, LTC insurers have increased premiums to ensure sufficient funds to pay future claims. Current regulations allow LTC insurers to increase premiums up to 15% over a 12-month period. In each of the past five years, MIA authorized many companies that requested rate increases to raise LTCI rates by double digits for at least one type of policy in the current year, and some insurers requested rate increases more than once during this five-year period. Although current rate increases work to ensure insurers' future ability to pay claims, MIA advises that rate increases will likely not be a one-time price correction or even a short-term phenomenon. Several insurers in the State have requested rate increases substantially higher than the 15% allowable ceiling, with some insurers requesting triple-digit rate increases. MIA anticipates that significant rate increases could continue for years, if not decades into the future.

Should a consumer wish to avoid or reduce a rate increase, the consumer can lower the maximum benefit; reduce the daily, weekly, or monthly benefit amount; lower the inflation protection rate; or change the inflation protection rate from compound to simple inflation. The *2017 Joint Chairmen's Report* requested that MIA explore the feasibility of a two- or five-year moratorium on rate increases. MIA indicated that although such a moratorium might provide temporary rate relief, it could affect insurers' ability to remain adequately funded to pay future claims.

In the 2019 national fall meeting of NAIC's Center for Insurance Policy and Research, insurance commissioners from several states discussed LTCI pricing as a major uncertainty in the LTCI market. To address this uncertainty, make LTCI more attractive or accessible to consumers, and work to delay onset of LTC needs, the following policy options were discussed:

- making pricing more predictable and less confusing (via incremental rate increases or annual rereating);
- including preventive services in LTCI coverage or allowing policyholders to access benefits "pre-trigger," or in the home prior to nursing facility placement;
- embracing hybrid life or annuity policies in which policyholders are not forced to use or lose all of their benefits;
- engaging employers by encouraging availability of LTCI as a benefit, either as an addition to existing retirement plans or benefits, or as a new benefit similar to employer-funded student loan repayment benefits;
- allowing consumers to offset taxes by using pension funds to pay LTCI premiums; and
- requiring financial advisors and brokers to complete continuing education requirements about LTCI.

Long-term Care Partnership Programs

To support individuals that purchase LTCI policies, the Long-Term Care Partnership Program is a federally supported, state-operated initiative that allows individuals to protect a portion of their assets that they would typically have spent down prior to qualifying for Medicaid coverage. The partnership programs seek to ameliorate one of the factors responsible for the Medicaid implicit tax, namely by increasing the amount of assets that an individual may hold while still being eligible for Medicaid.

Under a typical LTCI policy, if a policy does not cover the full cost of care, individuals must still spend down their assets before they are able to become Medicaid-eligible. The National Conference of State Legislatures (NCSL) indicates that with a partnership insurance policy, the cost of LTC will be borne by the insurance benefit for some period of time, after which the policy purchaser may qualify for Medicaid coverage without having to spend down the insured's own assets. As a result, the partnership policyholder might never apply for Medicaid or could at least delay that application while insurance funds are used. However, the program is not considered sufficient to overcome the Medicaid implicit tax.

In Maryland, a LTC partnership policy allows an additional amount of assets (equal to the amount of insurance benefits an individual has received from a partnership policy) to be disregarded in the determination of Medicaid eligibility. There are limits on home equity, a policyholder's income must satisfy Medicaid eligibility criteria, and the policyholder may still be required to contribute some income toward the costs of care.

Maryland's partnership program is established in regulation (COMAR 31.14.03). Meanwhile, NCSL identified Oklahoma and Idaho as the only states to establish LTC partnership programs in statute. Both states broadened qualifications for coverage under Medicaid. In addition, Idaho's program provides counseling when planning for LTC needs.

Long-term Care Insurance Premium Tax Credit

As described in Section III of this report, Maryland offers a one-time credit against the State income tax in an amount equal to 100% of the eligible LTCI premiums but not exceeding \$500. Given its structure as an income tax credit, individuals may benefit the most from the credit by claiming the credit closer to when the policy was purchased, typically at an earlier age with a higher income and thus higher tax rate. The credit may not be claimed:

- by multiple taxpayers with respect to the same insured individual;
- if the credit has already been claimed for the same insured individual in a prior taxable year; or
- if the insured individual was insured by a LTCI policy prior to July 1, 2000.

In each of the prior 10 years, legislation has been proposed to allow the credit to be claimed in multiple years, change the amount of the credit, or both, but these bills were unsuccessful.

Attempts to Create Public Long-term Care Insurance

While private LTCI is a means to protect personal assets from spenddown, LTCI also has the potential to be a helpful tool in avoiding preventable Medicaid expenditures. Given the substantial challenges experienced in the private market, both the federal government and Washington State have considered policies that would create public LTCI. Thus far, a federal LTCI program has not been successful. Washington State is actively implementing its program.

Federal Community Living Assistance Services and Supports Act

In March 2010, Title VIII of the Patient Protection and Affordable Care Act created the Community Living Assistance Services and Supports (CLASS) Act, which would have established a voluntary insurance program for American workers to help pay for LTC services and supports that they may need in the future. The Act required CLASS benefits to be funded entirely through enrollee premiums independent of taxpayer subsidy and the program to be financially solvent for 75 years. As discussed below, these requirements were ultimately determined infeasible, and the CLASS Act was later repealed on January 1, 2013.

In a 2011 memorandum, the CLASS Administrator and Assistant Secretary for Aging of the U.S. Department of Health and Human Services' Administration on Aging highlighted several of the CLASS Act's weaknesses and determined the Act was infeasible to implement:

- ***Unpopular Benefit Package:*** The program was designed to provide an average daily benefit of approximately \$50 over a beneficiaries' lifetime, diverging from the more popular private insurance model at the time to provide higher benefits over a few years.
- ***Adverse Selection of Participants:*** To keep premiums low, sufficient healthy enrollees paying premiums would need to be enrolled in the program to offset the cost of claims and ensure the sustainability of the program. However, as potential purchasers that otherwise would meet underwriting requirements may have been able to find policies in the private market with benefits more desirable than the CLASS program could offer, the pool of healthy purchasers could diminish. In addition, if individuals unable to meet underwriting requirements, and more likely to make claims, utilized the program at high rates, the program could risk having insufficient healthy participants to defray the costs of claims and keep premiums low.
- ***Legal Concerns Over Attempts to Ensure Financial Solvency:*** Options to make the benefit package more marketable and minimize the risk of adverse selection were proposed, including raising the minimum earnings requirement and limiting participation to individuals with better-than-average health risks. However, the Assistant Secretary

noted that these alterations raised legal concerns that could threaten the viability of the program.

Federal Well-Being Insurance for Seniors to be at Home Act

Almost nine years after the CLASS Act's repeal, the Well-Being Insurance for Seniors to be at Home (WISH) Act similarly proposes to create a federal LTCI benefit program. Introduced in the U.S. House of Representatives in June 2021, the WISH Act would make LTCI benefits available to qualifying individuals under the Social Security Act.

An individual would qualify for WISH benefits if the individual is of retirement age, filed an application for LTCI benefits, is insured for LTCI benefits (has carried six quarters of coverage since the first quarter of 2022) at the time the application is filed, and has a continual serious functional disability. The daily benefit amount would be equal to the cost of six hours of paid personal assistance adjusted for the number of quarters (out of 40 quarters) in which an individual held LTCI since the first quarter of 2022. The WISH Act would be funded by a 0.3% employer excise tax, a 0.3% income tax, and a 0.6% tax on self-employment income.

Washington State Public Long-term Care Insurance Program

In culmination of the state's multi-year investigation of LTC policy options, Washington created the country's first state-level public LTCI program. In 2014, Washington State's Joint Legislative Executive Committee on Aging and Disability explored LTC policy options. The Washington State legislature subsequently passed bills requiring the state's Department of Social and Health Services to contract with an actuarial firm to conduct independent feasibility studies of LTC policy options. As a result of these efforts, Chapter 363 of 2019 was enacted, creating Washington State Public Long Term Care Insurance (WA CARES).

When implemented, employers will deduct a 0.58% premium from employee wages in order to fund the WA CARES program. The program offers a lifetime maximum \$36,500 benefit to vested individuals. To meet vesting criteria, individuals must (1) work and contribute to the WA CARES program for at least 10 years, without a break for 5 or more years, or contribute in 3 of the last 6 years at the time of application for benefits and (2) have worked at least 500 hours during each of the qualifying working/contributing years. To be eligible for benefits, vested individuals must require assistance with at least three activities of daily living. The benefit is flexible and may be used for a variety of purposes, including personal assistance and home modifications.

Participation in the program is mandatory for all individuals who work in Washington. However, individuals who purchased a qualifying private LTCI policy before November 1, 2021, may apply for an exemption from the WA CARES program and premium assessment. It has been reported that some individuals looked to attain a LTCI policy before the deadline in order to avoid the premium assessment. Allowing exemptions has raised concerns about the program's vulnerability to the challenges associated with adverse selection. In addition, insurers in the state stopped selling policies because the insurers expected many new enrollees would later cancel their

policies after receiving an exemption. Moreover, concerns have been raised regarding the limited populations eligible for the benefit. For example, the current program does not permit nonresidents who work in Washington to receive the benefit nor individuals that vested in the program but live out of state at the time they need care.

Although originally planned to be implemented at the beginning of calendar 2022, in January 2022, Washington's Governor signed a bill delaying implementation of WA CARES premium assessments until July 1, 2023 and modifying eligibility criteria for individuals born before 1968. Other alterations to the WA CARES program have been considered. In 2020, voters rejected a constitutional amendment that would have authorized the WA CARES Trust Fund to invest in private stocks. The inability to invest in private stocks has been seen by some to jeopardize the long-term fiscal solvency of the program. In addition, proposed Citizen's Initiative 1436 would, if approved by the legislature or later by voters, allow employees to opt out of the WA CARES coverage at any time for any reason. Making the WA CARES program voluntary raises concerns that individuals would adversely select to participate in the program only if they are more likely to be eligible to make a claim. Washington's experience administering WA CARES and implementing any potential policy changes will likely serve as a useful reference to other states interested in creating a public LTCI program.

Section II.
Service Organization and Coordination

Organization of Services among Agencies

Services Available to Older Adults

Multiple State agencies administer programs that address the needs of older adults. As described throughout this section, the major categories of services available include health care, nutrition, housing and utilities, independent living supports and community resources, and protection from abuse. This section provides an overview of these services, discusses financial eligibility for means-tested programs, shows the State means-tested benefits available to an older adult relative to income level, notes those programs available to older adults of all income levels, and provides a brief analysis of the accessibility of certain services with waiting lists.

Health Care

The Maryland Department of Aging (MDOA), the Maryland Department of Disabilities (MDOD), the Department of Human Services (DHS), and the Maryland Department of Health (MDH) each administer programs to help older adults access and afford health services. Each State-administered health program discussed in this section is shown in **Exhibit 2.1** under the corresponding administrative agency.

Exhibit 2.1 Health Care Programs by Agency

<u>Maryland Department of Aging</u>	<u>Maryland Department of Disabilities</u>	<u>Department of Human Services</u>	<u>Maryland Department of Health</u>
<ul style="list-style-type: none"> • Senior Care • Senior Assisted Living Subsidy • National Family Caregiver Support Program • Congregate Housing Program • Health Promotion and Disease Prevention Services • Veteran Directed Care Program 	<ul style="list-style-type: none"> • Attendant Care Program 	<ul style="list-style-type: none"> • Respite Care Program • In-Home Aides Services • Certified Adult Residential Environment Program (Project Home) • Public Assistance to Adults • Temporary Disability Assistance Program 	<ul style="list-style-type: none"> • Medicaid • Medicaid Waivers • Money Follows the Person • Senior Prescription Drug Assistance Program • Program of All-Inclusive Care for the Elderly

Source: Maryland Department of Aging; Maryland Department of Disabilities; Department of Human Services; Maryland Department of Health

Nutrition

MDOA, DHS, and the Maryland State Department of Education (MSDE) each administer programs to improve individuals' food security. MDOA oversees the State's implementation of several federal nutrition services. DHS administers the Supplemental Nutrition Assistance Program but also State-funded benefits like the State Supplemental Benefit for Seniors program and the new Heat and Eat program. MSDE administers one program that serves both children and adults in day care facilities. Each nutrition service discussed in this section is shown in **Exhibit 2.2** under the corresponding administrative agency.

Exhibit 2.2 Nutrition Programs by Agency

<u>Maryland Department of Aging</u>	<u>Department of Human Services</u>	<u>Maryland State Department of Education</u>
<ul style="list-style-type: none"> • OAA Nutrition Programs • Commodity Supplemental Food Program • Seniors Farmers Market Nutrition Program 	<ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program • Heat and Eat 	<ul style="list-style-type: none"> • Child and Adult Care Food Program

OAA: federal Older Americans Act

Source: Maryland Department of Aging; Department of Human Services; Maryland State Department of Education

Housing and Utilities

DHS administers programs that help individuals afford utility costs. The Department of Housing and Community Development (DHCD) administers programs to help individuals access affordable housing, make accessibility modifications to housing, improve energy efficiency, and reduce fuel costs in their home. Each housing or utility program discussed in this section is shown in **Exhibit 2.3** under the corresponding administrative agency.

Exhibit 2.3 Housing and Utility Programs by Agency

<u>Department of Human Services</u>	<u>Department of Housing and Community Development</u>
<ul style="list-style-type: none"> • Electric Universal Service Program • Maryland Energy Assistance Program • Critical Medical Needs Program 	<ul style="list-style-type: none"> • Housing Choice Voucher Program • Public Housing • Accessible Homes for Seniors Program • HomeAbility • Weatherization Assistance Program • EmPOWER Maryland Low Income Energy Efficiency Program • Section 202 Supportive Housing for the Elderly Program • Section 811 Supportive Housing for Persons with Disabilities

Source: Department of Human Services; Department of Housing and Community Development

Independent Living Supports and Community Resources

MDOA administers a variety of community resources to support aging-in-place, which allows older adults to remain in their home as they get older. MDOD administers two programs that enable individuals to access assistive technology. The Maryland Department of Transportation oversees several programs that improve access to transportation for older adults and individuals with disabilities. The Maryland Department of Labor administers programs that assist older adults in finding employment. Each community resource discussed in this section is shown in **Exhibit 2.4** under the corresponding administrative agency.

Exhibit 2.4
Independent Living Supports and Community Resources by Agency

<u>Maryland Department of Aging</u>	<u>Maryland Department of Disabilities</u>	<u>Maryland Department of Transportation</u>	<u>Maryland Department of Labor</u>
<ul style="list-style-type: none"> • Community Services • Maryland Access Points • Senior Call Check Program • Community for Life • Naturally Occurring Retirement Communities • Aging-in-Place Programs • Senior Centers • Durable Medical Equipment Reuse Program 	<ul style="list-style-type: none"> • Maryland Assistive Technology Reuse Center • Maryland Accessible Telecommunications Program 	<ul style="list-style-type: none"> • People with Disabilities and Seniors Fare Program • Paratransit • Call-a-Ride • Senior Rides • Enhanced Mobility of Seniors and Individuals with Disabilities • Statewide Special Transportation Assistance Program 	<ul style="list-style-type: none"> • Senior Community Services Employment Program • American Jobs Centers • Maryland Workforce Exchange

Source: Maryland Department of Aging; Maryland Department of Disabilities; Maryland Department of Transportation; Maryland Department of Labor

Protection from Abuse

MDOA and DHS both administer programs to prevent or address abuse and neglect of older adults. DHS also engages public and private partners with Project Stop Adult Financial Exploitation. In addition, DHS provides legal representation to older adults through the Maryland Legal Services Program. Each abuse prevention effort discussed in this section is shown in **Exhibit 2.5** under the corresponding administrative agency. Not reflected in Exhibit 2.5, the Office of the Attorney General is also expected to support a Senior and Vulnerable Adult Asset Recovery Unit starting in fiscal 2023, per Chapter 3 of 2021.

Exhibit 2.5 Programs to Prevent and Address Abuse, by Agency

Maryland Department of Aging

- Public Guardianship Program
- Long-Term Care Ombudsman Program

Department of Human Services

- Adult Protective Services
- Maryland Legal Services Program
- Project Stop Adult Financial Exploitation

Source: Maryland Department of Aging; Department of Human Services

Connecting Older Adults with Services

Overseen by MDOA, Maryland Access Point (MAP) works to connect individuals to all available health and support services. MAP assesses whether individuals experience a variety of unmet needs, including:

- inadequate support or assistance with activities of daily living;
- inability to pay for health care costs, such as medical appointments or medications;
- preventable or unmanaged chronic health conditions;
- social isolation or mental health concerns;
- food insecurity;
- housing instability;
- difficulty paying for utilities;
- unmet assistive technology or equipment needs;
- inability to access transportation; and
- abuse or neglect.

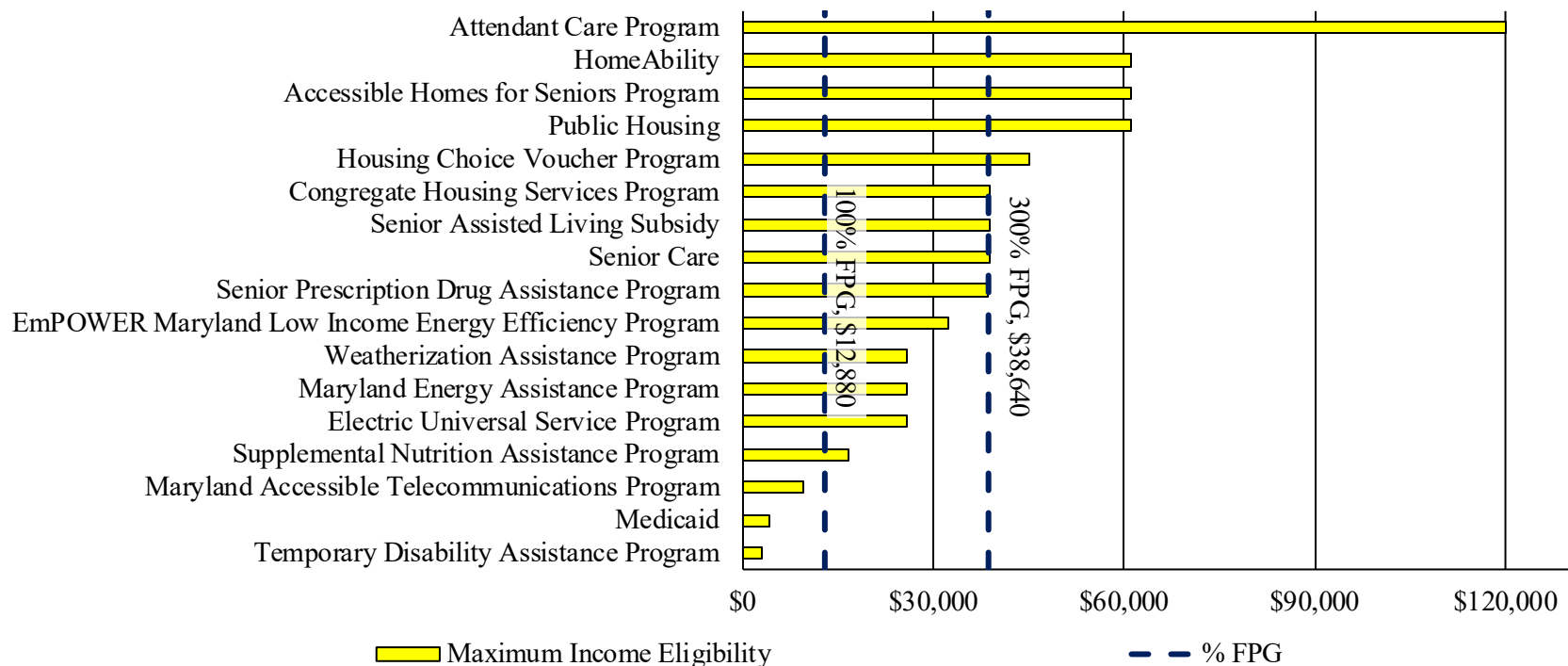
Availability of Benefits Relative to Financial Eligibility Criteria

Many State-administered benefits described in this section are designed to support lower-income older adults. For these programs, applicants must meet certain financial eligibility criteria. Some programs evaluate income with respect to the federal poverty guidelines (FPG) (\$12,880 for a one-person household in calendar 2021); others determine eligibility relative to the applicants' geographic location, using either the State Median Income (SMI) (the federal Low Income Home Energy Assistance Program indicates this is \$64,900 for a one-person household in federal fiscal 2022) or the Area Median Income (AMI). For DHCD's programs that evaluate eligibility relative to AMI, beginning August 1, 2021, the AMI for a one-person household in the Washington, DC Primary Metropolitan Statistical Area (PMSA) is \$90,300, this includes Calvert, Charles, Frederick, Montgomery, and Prince George's counties; the AMI for households in the rest of the State is \$73,600.

Means-tested Programs

Due to the variation in programs' financial eligibility thresholds, some programs are available to a wider population than others. **Exhibit 2.6** shows the variation in maximum income eligibility thresholds between programs. For illustrative purposes, Exhibit 2.6 does not reflect asset limits and assumes the highest income eligibility thresholds for each program, reflecting maximum income thresholds for an individual age 67 or older (raising the maximum allowable income to 200% FPG for the Electric Universal Service Program and the Maryland Energy Assistance Program), and assumes an individual resides in the Washington, DC PMSA (slightly raising the AMI-based maximum income threshold for the Housing Choice Voucher Program, Public Housing, Accessible Homes for Seniors, and HomeAbility). Financial eligibility criteria for these benefits are further detailed in Section III of this report.

Exhibit 2.6 Means-tested State Benefits Available Relative to Income Level for a One-person Household



FPG: Federal Poverty Guidelines

Note: This exhibit reflects maximum income eligibility thresholds for an individual age 67 and older that lives in the Washington, DC Primary Metropolitan Statistical Area (Calvert, Charles, Frederick, Montgomery, and Prince George’s counties). Age thresholds vary by program. The Area Median income is slightly lower in other parts of the State, lowering the maximum income thresholds for the Housing Choice Voucher Program, Public Housing, Accessible Homes for Seniors, and HomeAbility in those jurisdictions. Medicaid eligibility is based on the simple Aged, Blind, Disabled categorization; other Medicaid eligibility categories have different income limits.

Source: Maryland Department of Aging; Maryland Department of Disabilities; Department of Human Services; Department of Housing and Community Development; Department of Legislative Services

Programs Available to All Income Levels

Although many available benefits have financial eligibility criteria, some programs are not means-tested and are available to all individuals that otherwise qualify, specifically:

- the National Family Caregiver Support Program;
- Durable Medical Equipment Reuse Program;
- Maryland Assistive Technology Reuse Center;
- People with Disabilities and Seniors Fare Program;
- Paratransit; and
- Call-a-Ride.

In addition, some other programs are available to all individuals that qualify for services, but financial assistance toward program fees is available to individuals with certain incomes. These programs include:

- **Respite Care:** a subsidy is available to individuals with income at or below 150% SMI;
- **In-Home Aides Services:** subsidy directly varies with income; and
- **Certified Adult Residential Environment (Project Home):** after \$102 in income disregards, remaining income supports the cost of care.

Accessibility of Benefits to Eligible Individuals

Although an individual may qualify for a program by meeting programmatic (such as medical needs) and financial criteria, an individual may be placed on a waiting list before being able to access the benefit. **Exhibit 2.7** displays estimates of these programs' "oversubscription" (where demand exceeds available supply of services), using the latest waitlist totals as a proportion of fiscal 2021 program participation. Some programs do not maintain waitlists. The Housing Choice Voucher Program has a waitlist, but it is difficult to accurately estimate oversubscription because waitlists are closed in some jurisdictions.

Exhibit 2.7
Oversubscription in Programs That Maintain Waitlists

<u>Program</u>	<u>Fiscal 2021 Participation</u>	<u>Waitlist</u>	<u>Waitlist as of</u>	<u>Estimated Oversubscription</u>
Attendant Care Program	165	130	11/16/2021	79%
Senior Assisted Living Subsidy	610	354	7/1/2021	58%
In-Home Aides Services Program	1,858	1,034	11/19/2021	56%
Senior Care	4,350	1,469	7/1/2021	34%
Congregate Housing Services Program	721	51	7/1/2021	7%

Note: Estimated oversubscription is derived from the waitlist total as a proportion of fiscal 2021 participation. It is intended to show how demand for services exceeds supply. The Senior Assisted Living Program is currently provided in 15 Maryland jurisdictions. The Housing Choice Voucher Program (Section 8 Housing) also maintains a waitlist but is excluded from this exhibit.

Source: Maryland Department of Aging; Maryland Department of Disabilities; Department of Human Services; Department of Legislative Services

Interagency Coordination of Services

Planning for the Needs of the Aging Population

As described earlier in this section, the needs of the aging population are as diverse as the population itself. While the State actively works to provide older adults with health care options, economic stability supports, accessible community engagement opportunities, and a variety of other unique services, a holistic evaluation of the State's existing and future service infrastructure is essential to ensuring these needs are addressed. The State periodically submits State Plans as required by the federal Older Americans Act (OAA). Some states have also pursued formal, longer-term interagency planning through Master Plans on Aging.

Older Americans Act State Plans

As required by the OAA, MDOA must develop and administer a multi-year State Plan on Aging that identifies the State's priorities in serving older adults using federal OAA funding from the Administration for Community Living (ACL). State Plans are designed to:

- document the tangible outcomes expected from state long-term care reform efforts;
- translate activities, data, and outcomes into proven best practices, which can be used to leverage additional funding;
- provide a blueprint for coordination and advocacy activities the state will undertake to meet the needs of older adults, including integrating health and social services delivery systems; and
- build capacity for long-term care efforts in the state.

Maryland's Federal Fiscal 2017 to 2021 Older Americans Act State Plan: Although OAA State Plans are typically effective for four federal fiscal years, ACL granted MDOA a one-year extension in 2020, allowing the State Plan written for federal fiscal 2017 to 2020 to remain effective through federal fiscal 2021. The key focus areas of this State Plan were elder justice, health and wellness, aging-in-place, partnerships and expansion of service population/sustainability, emergency preparedness, and effective and responsive management.

Maryland's Federal Fiscal 2022 to 2025 Older Americans Act State Plan: Newly released in calendar 2021, the updated State Plan written for federal fiscal 2022 to 2025 identifies several challenges currently experienced in serving the State's aging population:

- lack of awareness among vulnerable older adults about elder abuse, neglect, and financial exploitation;
- lack of awareness about MDOA and the agency's programs;
- lack of awareness of the importance of balanced nutrition, exercise, socialization, and management of chronic disease;
- the increasing need for home- and community-based care options; and
- the ongoing need to improve coordination of State and local partners to ensure both maximized access to existing programs and resources and the effective development of new resources.

As part of the plan, MDOA identified five goals, complete with objectives, descriptive strategies, and measurable outcomes, to guide the department's activities over the next four federal fiscal years. The goals are identical to those set forth in the previous OAA State Plan.

- ***Goal 1:*** Ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation.

- **Goal 2:** Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community.
- **Goal 3:** Create opportunities for older adults and their families to lead active and healthy lives.
- **Goal 4:** Finance and coordinate high quality services that support individuals with long-term needs in a home or community setting.
- **Goal 5:** Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

Master Plans on Aging: Distinct from federally required OAA State Plans, a Master Plan on Aging functions as a longer-term planning document, comprehensively evaluating the needs of a state's aging population and envisioning future service provision. While Maryland's OAA State Plan generally focuses on MDOA's activities over the next 4 federal fiscal years, a Master Plan on Aging would also engage other State agencies in a coordinated effort to serve older adults over a period of 10 years or more. The SCAN Foundation, a public charity focused on supporting aging, indicates that a Master Plan on Aging:

- is generally led by a governor with other executive and legislative leaders;
- uses data to inform priorities;
- includes comprehensive approaches to address issues that impact aging populations and engages relevant state agencies in the planning process;
- involves active stakeholder engagement (such as consumers, providers, and advocates) in plan creation and implementation; and
- includes objectives with clear reporting timelines to measure progress, with annual updates to reflect needs and emerging issues.

The National Conference of State Legislatures identified four states that have a Master Plan on Aging:

- **California:** A 2019 executive order required the state to formulate a Master Plan on Aging, convene three workgroups comprised of stakeholders to study the needs of the state's older population, and develop data dashboards to track progress. California's Master Plan on Aging was published in 2021 and set forth goals related to housing, health care, caregiving, isolation mitigation, and affording aging.

- **Colorado:** In 2015, legislation established a multidisciplinary stakeholder group to create a comprehensive plan. The first plan was released in 2016 with annual updates thereafter through 2020. The plan specifically addresses workforce, affordable housing, transportation, health and human services, retirement savings, and other economic stability issues.
- **Massachusetts:** Established by executive order in 2017, the Governor's Council to Address Aging was established to develop a plan to improve public and private efforts to support healthy aging in communities. The plan was published in 2018 and targeted housing, transportation, caregiving, employment, and innovation and technology needs. Some of the council's recommendations could be implemented without legislation or funding, while other identified opportunities would require more formal support.
- **Texas:** Established by executive order in 2005, the Texas Aging Well Advisory Committee was created to advise the Texas Department of Aging and Disability Services on strategic plan mandates. The state's strategic plan is updated periodically and focuses on policy areas such as caregiving, community support, employment, health and long-term care, housing, transportation, and spirituality.

2021 Reports on Coordination Efforts

The 2021 *Joint Chairmen's Report* requested that MDOA, in consultation with MDH and DHCD, submit reports describing challenges to meeting the aging population's cognitive health needs and affordable housing needs and opportunities for interagency coordination to address those needs.

Cognitive and Behavioral Health

In October 2021, MDOA and MDH jointly submitted a report on the development of a cognitive health plan for the State's aging population. Per the report, older adults in Maryland may have behavioral health concerns, a brain injury, an intellectual or developmental disability, developmental challenges associated with aging, and substance use disorders. Older adults could also experience adverse life events, overdose, prolonged and repeated hospitalizations, and attempted or completed suicide. The agencies identified several challenges facing the aging population, including:

- anticipated statewide population growth of 30% from calendar 2020 to 2040;
- workforce shortages, lack of geriatric expertise, and lack of sufficient resources within cognitive and behavioral health services;

- continued disparities in access to health resources and support across racial and ethnic groups and for those who are economically disadvantaged;
- finding appropriate placements for older adults involved with adult protective services or that have public guardians, or for those that have complicated forensic and legal histories;
- funding needed to support the cost of older adults' long-term or behavioral health care; and
- the need for coordinated data collection and resource planning and management.

The report identified some existing services and interagency coordination to support older adults' cognitive and behavioral health needs. The report also included recommendations to establish an interagency coordinating process on cognitive and behavioral health needs, encourage existing advisory groups to consider and evaluate the cognitive and behavioral health needs of older adults, and review the forthcoming State Plan on Alzheimer's Disease and Related Disorders as formulated by the Virginia I. Jones Council on Alzheimer's Disease and Related Disorders. The previous State Plan on Alzheimer's Disease and Related Disorders was created by the council in calendar 2012. As of December 2021, the council is currently accepting public comment on the new draft State Plan on Alzheimer's Disease and Related Disorders.

Affordable Housing

The budget committees requested that MDOA, in consultation with DHCD, evaluate the adequacy of affordable senior housing in the State. The report identified the shortfall of affordable rental housing and the prevalence of cost-burdened households as notable challenges for older adults. The agencies also assembled a list of housing programs available to assist access to affordable housing, including those that support homeownership, renting, and financing. Of the noted programs, the following are described in Section III of this report: the Senior Assisted Living Subsidy Program; the Congregate Housing Services Program; the Housing Choice Voucher Program; Public Housing; Accessible Homes for Seniors; the EMPOWER Maryland Low Income Energy Efficiency Program; the Weatherization Assistance Program; and Community for Life.

State Agencies' "Sister Services"

Some State agencies administer similar or "sister services" independent of each other, including:

- **Personal Care Services:** MDOA, MDOD, and DHS each administer programs to meet personal care needs;
- **Respite Care:** MDOA and DHS administer programs that provide respite care;

- ***Congregate Housing:*** MDOA and DHS administer programs to support individuals living in congregate housing or adult foster care settings;
- ***Financial Assistance to Individuals Living in Residential Facilities:*** MDOA and DHS administer programs to provide subsidies or other financial assistance to individuals living in residence facilities; and
- ***Provision of Technology and Equipment:*** MDOA and MDOD administer programs that provide durable medical equipment (DME) and assistive technology, respectively, to individuals.

Although these programs appear to serve similar populations with similar services, each program is not necessarily duplicative of another due to administrative differences such as having unique target service populations or varying types of services available. This discussion highlights programs with similar service goals and identifies differences between the programs.

Personal Care Services

Many individuals benefit from the assistance of informal caregivers (such as family members and friends), or more formal in-home caregivers (such as nurses or aides). Three State agencies support caregiving needs for individuals that cannot otherwise access personal care. Services provided through the programs are similar, and the goal of each are to, when possible, prevent avoidable nursing facility placements. However, the target populations for each program differ. MDOA's program is designed specifically for older adults, while MDOD's and DHS' programs can serve younger individuals with functional disabilities. As shown in **Exhibit 2.8**, the size and capacity of each program is also different. In addition, each program is substantially oversubscribed, as recent waitlists exceed 50% of the total number of program participants in fiscal 2021.

Exhibit 2.8 Caregiving Programs

Program	Senior Care	Attendant Care Program	In-Home Aides Services
Agency	Maryland Department of Aging	Maryland Department of Disabilities	Department of Human Services
Fiscal 2022 Budget	\$8.6 million in general funds	\$1.4 million in general funds	\$3.4 million in general funds
Services	Personal care, chores, medical supplies, transportation	Attendant care in the home, school, workplace, or community	Personal care, chores, assistance with activities of daily living (ADL)
Target Population	Individuals 65 and older at risk of nursing facility placement	Individuals 18 to 64 who are employed, actively seeking employment, enrolled in an educational institution, or residing in a nursing facility but able to be deinstitutionalized with attendant care	Individuals 18 and older who need assistance with personal care, chores, and ADL to remain in their home and are unable to access services from another resource
Financial Eligibility	60% of State Median Income, less than \$11,000 in assets	Less than \$119,999 per year	No defined maximum income. Subsidized care decreases proportionate to income
Fiscal 2021 Utilization	4,350 individuals	165 individuals	1,858 individuals
Waitlist	1,469 individuals as of July 1, 2021	130 individuals as of November 24, 2021	1,034 individuals as of November 19, 2021

Source: Department of Human Services; Maryland Department of Aging; Maryland Department of Disabilities; *Code of Maryland Regulations*

Respite Care

In addition to State programs available to connect individuals with caregivers, both MDOA and DHS administer programs that can assist informal caregivers with accessing respite care, as shown in **Exhibit 2.9**. MDOA's program is federally funded and is designed for caregivers of older individuals or older individuals that care for children or adults with disabilities. MDOA also administers the Senior Care program, which can be used by individuals to purchase respite care services in addition to a variety of other services. DHS' program is funded with general and

federal funds, and the program is available to a wider population, does not have specific financial eligibility criteria but offers a subsidy to lower income households, and is only available to those that do not access respite care resources from other sources.

Exhibit 2.9 Respite Care Programs

Program	National Family Caregiver Support Program	Respite Care Program
Agency	Maryland Department of Aging	Department of Human Services
Fiscal 2022 Budget	\$4.8 million in federal funds	\$946,601 in general funds and \$3,063 in federal funds
Services	Information, supportive services, counseling/education/training, respite care, and supplemental services	Short-term, periodic, and temporary care for individuals with developmental or functional disabilities in or out of their homes by qualified care workers to relieve the family or informal caregiver
Target Population	Caregivers serving older adults (age 60 or older) or grandparents and other relatives (not parents, age 55 or older) caregiving for children or adults (age 18-59) with disabilities	Caregivers for individuals with functional or developmental disabilities
Financial Eligibility	None	No defined maximum income amount; households with income of up to 150% SMI are eligible for a subsidy for the cost of care
Utilization	15,473 individuals served in fiscal 2020	358 cases on June 30, 2021

Source: Maryland Department of Aging; Department of Human Services

Congregate Housing

Both MDOA and DHS manage programs to support congregate housing options. As shown in **Exhibit 2.10**, MDOA offers a subsidy to low-income individuals that require assistance with activities of daily living and congregate housing services. Similarly, DHS serves adults with disabilities through the Certified Adult Residential Environment Program (Project Home), but participants do not need to qualify under specific financial eligibility criteria. Project Home also offers individualized case management.

Exhibit 2.10
Congregate Housing Programs

Program	Congregate Housing Services Program	Certified Adult Residential Environment Program (Project Home)
Agency	Maryland Department of Aging	Department of Human Services
Fiscal 2022 Budget Services	\$1.8 million in general funds State subsidies to eligible residents of low- and moderate-income senior housing and assistance with activities of daily living	\$171,300 general funds Adult foster family model of care and case management for persons with mental illness or other disabilities
Target Population	Individuals age 62 and older	Individuals age 18 or older
Financial Eligibility	Maximum of 60% of State Median Income and assets of up to \$27,375	Individuals may have up to \$102 deducted from the calculation of income; the remainder of income supplements the cost of care
Utilization	525 individuals in fiscal 2020	405 individuals as of November 19, 2021
Waitlist	51 individuals as of July 1, 2021	None

Source: Maryland Department of Aging; Department of Human Services

Financial Assistance to Individuals Living in Residential Facilities

Individuals that reside in assisted living facilities may participate in the Senior Assisted Living Subsidy (SALS), administered by MDOA, or the Public Assistance to Adults (PAA) program, administered by DHS. PAA also serves participants of Project Home. As shown in **Exhibit 2.11**, while SALS serves older adults, PAA can serve a wider range of participants. SALS offers a subsidy up to \$1,000 for the cost of assisted living services. PAA can be used to cover both the cost of care and a personal needs allowance.

Exhibit 2.11
Residential Facility Subsidies

Program	Senior Assisted Living Subsidy	Public Assistance to Adults
Agency	Maryland Department of Aging	Department of Human Services
Fiscal 2022 Budget	\$4.4 million in general funds	\$8.8 million in general funds and \$429,947 in special funds
Services	Provides a subsidy to support the cost of services provided in assisted living	Pays for the cost of care and a personal needs allowance
Target Population	Individuals age 62 and older, residing in (or approved to reside in) an assisted living facility	Individuals that live in assisted living facilities or participate in Project Home
Financial Eligibility	Maximum income of 60% of State Median Income and less than \$19,000 in resources	A cost of care greater than income and certain other income disregards
Fiscal 2021 Utilization	610 individuals in fiscal 2021	An average of 3,106 individuals per month
Waitlist	354 individuals as of July 1, 2021	None

Source: Maryland Department of Aging; Department of Human Services

Assistive Technology and Durable Medical Equipment

MDOA administers the DME Reuse Program, which accepts DME donations, sanitizes and repairs the equipment, and redistributes the equipment free of charge to the public. The program accepts equipment such as wheelchairs, walkers, shower and other bathroom aids, or hospital beds. MDOD administers the Maryland Assistive Technology Reuse Center, a similar service for assistive technology. The center accepts assistive technology such as adapted computer keyboards and mice, communication devices, and low vision devices. Neither program has financial eligibility criteria and will serve any individual whose needs could be met with the DME or assistive technology in inventory. MDOA and MDOD do not maintain waitlists for the programs.

Although the programs were first implemented during the COVID-19 pandemic, both agencies have formed interagency relationships to support the programs. MDOA and MDOD refer participants reciprocally to each program and coordinate donations. In addition, MDOA and

MDOD also partner with other State agencies. MDOA has worked with the Maryland Department of the Environment, the Maryland Veterans Administration (MDVA), and MDH to facilitate donations to the DME Reuse Program. To encourage use of the program and facilitate individuals' access to DME, MDOA also partners with MDH and MDVA. MDOA also established a supply of DME for DHS' emergency operations. MDOD has worked with MSDE's Division of Rehabilitative Services to establish donations of assistive technology that are no longer needed by an individual to the Maryland Assistive Technology Reuse Center.

Section III.
Program Descriptions

State-administered Benefits and Other Major Programs Serving Older Adults

Each program in this section provides a quantifiable benefit to each participant. Programs described in this section serve older adults but may also serve other populations including individuals with disabilities and children. Each program description includes:

- a brief summary of the services available;
- identification of the State agency responsible for administering the program;
- the funding source;
- the fiscal 2022 legislative appropriation (which excludes budget amendments and deficiencies that may have been subsequently added to the fiscal 2022 budget and may be substantial in some programs);
- eligibility criteria, primarily focused on those criteria that are specifically applicable to older adult participants;
- the most recent actual data of participant utilization;
- the approximate dollar value of each benefit per participant;
- a description of any applicable participant cost-share requirements;
- the program's accessibility, including whether each program functions as an entitlement or whether there are waitlists;
- whether the program varies throughout the State concerning factors such as the value of the benefit or program requirements.

Medical Assistance (Medicaid)

- Program Description:** Comprehensive health insurance program for the indigent and medically indigent individuals. Covered services in Maryland include inpatient and outpatient hospital, pharmacy, physician care, nursing facility, behavioral health, medical day care, and various home- and community-based services.
- State Agency:** Maryland Department of Health.
- Funding Source:** Generally, 50% federal and 50% State. However, states now receive a 90% federal match for the population that became newly eligible under the federal Patient Protection and Affordable Care Act (ACA) effective January 1, 2014.
- Fiscal 2022 Budget:** The fiscal 2022 legislative appropriation totaled \$12,244.9 million (\$3,789.0 million in general funds, \$717.1 million in special funds, \$7,669.6 million in federal funds, and \$69.3 million in reimbursable funds). This total includes behavioral health expenditures for Medicaid participants.
- The fiscal 2022 budget includes \$1,081.8 million (\$540.9 million in general funds and \$540.9 million in federal funds) for somatic care for the elderly (individuals age 65 and older), \$10,271,226 (\$5.1 million in general funds and \$5.1 million in federal funds) for provider reimbursements for specialty behavioral health services to Medicaid beneficiaries, \$364 million (\$189 million in general funds and \$175 million in federal funds) in assistance for Medicare premiums, and \$409 million (\$180 million in general funds and \$229 million in federal funds) for home- and community-based services to elderly and disabled adults.
- Eligibility:** Certain eligibility groups automatically qualify for Medicaid such as recipients of Temporary Cash Assistance and federal Supplemental Security Income benefits, among others. In some cases, elderly individuals may also be eligible for assistance under Medicaid as well as Medicare. Otherwise, residents of Maryland who are U.S. citizens, meet qualifying immigration statuses, and have lived in the United States for at least five years, or who otherwise qualify, must meet one of the following conditions: younger than age 65; disabled; blind; younger than age 21; caring for a related child in the home; pregnant; or parents of an unmarried child younger than age 21, as

well as certain income limitations (having a household income less than 138% of the federal poverty guidelines).

Income limits for individuals over age 65 vary depending on their eligibility category. For example, there is a \$350 monthly income limit for individuals who are aged, blind, or disabled and assets cannot exceed \$2,500 in this category. However, Medicare recipients, depending on their eligibility category, have higher income and resource limits. In addition, if an individual's income is higher than the threshold but the individual has high medical expenses, the individual could still qualify.

Participants:	In fiscal 2021, the average monthly enrollment was 1.4 million (1,017,671 traditional participants and 367,288 ACA participants). In fiscal 2022, enrollment is estimated to increase to 1.6 million, with 157,000 individuals receiving assistance with Medicare premiums and an average of 12,000 elderly and disabled adults receiving home- and community-based assistance each month (19,000 unique individuals).
Value of Benefit:	The average cost per enrollee, including Medicaid behavioral health and excluding administrative costs, was \$7,965 in fiscal 2021 for enrollees in the base Medicaid program (<i>i.e.</i> , excluding the ACA expansion population) and \$9,127 for the ACA expansion population. Costs vary significantly based on the health care needs of beneficiaries with elderly and disabled recipients incurring higher than average costs and children incurring lower than average costs.
Cost Sharing:	Copayments are required of adults for prescriptions and certain transportation services.
Accessibility:	Entitlement program.
Regional Variations:	Benefits and eligibility criteria are standard across the State.

Source: U.S. Centers for Medicare and Medicaid Services; Maryland Department of Health; Department of Legislative Services

Senior Prescription Drug Assistance Program

Program Description:	A subsidy program to assist moderate-income Maryland residents who are eligible for Medicare and are enrolled in a prescription drug (Medicare Part D) plan.
State Agency:	Maryland Department of Health.
Funding Source:	The CareFirst premium tax exemption payments.
Fiscal 2022 Budget:	\$11,866,473 in special funds.
Eligibility:	Eligible individuals are Medicare recipients with an income up to 300% of federal poverty guidelines who have resided in the State for at least six months.
Participants:	As of October 2021, active enrollment was 27,191.
Value of Benefit:	Up to \$50.00 per month for a member's Medicare Part D premium in calendar 2021, if the individual is enrolled in an approved Medicare Part D plan or a Medicare Advantage plan.
Cost Sharing:	Enrollees must pay the remainder of their monthly Medicare Part D or Medicare Advantage plan premium, plus any required deductibles and cost sharing for those plans.
Accessibility:	The Senior Prescription Drug Assistance Program has provisions for a waitlist; however, there has not yet been a need to initiate an enrollment waitlist.
Regional Variations:	None.

Source: Maryland Department of Health

Senior Care

Program Description:	Provides a comprehensive needs assessment, a case manager to secure and coordinate services, and a pool of gap-filling funds to purchase services, which may include personal care, chore service, medications, medical supplies, adult day care, respite care, home-delivered meals, transportation, and emergency response systems.
State Agency:	Maryland Department of Aging.
Funding Source:	State general funds.
Fiscal 2022 Budget:	\$8.6 million in general funds.
Eligibility:	Individuals age 65 and older who are at risk of nursing home placement and meet financial eligibility criteria. In fiscal 2021, eligible individuals may have income up to 60% of the State Median Income or \$37,454 in annual income with less than \$11,000 in assets for a one-person household (\$48,978 in annual income and \$14,000 in assets for a two-person household).
Participants:	In fiscal 2020, 4,350 individuals received services.
Value of Benefit:	Subsidy varies by Area Agency on Aging.
Cost Sharing:	None.
Accessibility:	As of July 1, 2021, 1,469 individuals were waitlisted for the program.
Regional Variations:	Subsidy varies by Area Agency on Aging.

Source: Maryland Department of Aging

National Family Caregiver Support Program

Program Description:	Provides core services for family caregivers, including information, assistance with accessing supportive services, counseling, education, training, respite care, and supplemental services.
State Agency:	Maryland Department of Aging.
Funding Source:	Federal funds.
Fiscal 2022 Budget:	\$3.0 million in federal funds.
Eligibility:	Adult family members or other informal caregivers age 18 or older providing care to individuals age 60 and older; adult family members or other informal caregivers age 18 or older providing care to individuals of any age with Alzheimer's disease and related disorders; grandparents and other relatives (not parents) age 55 years and older providing care to children younger than 18; and grandparents and other relatives (not parents) age 55 years and older providing care to adults age 18 to 59 with disabilities.
Participants:	In fiscal 2020, 15,473 individuals were served.
Value of Benefit:	The maximum annual grant amount for respite services varies by jurisdiction.
Cost Sharing:	None.
Accessibility:	A waitlist is not maintained for this program.
Regional Variations:	Grant amounts vary by jurisdiction.

Source: Maryland Department of Aging

Respite Care Program

Program Description: Short-term, periodic, and temporary care for individuals with developmental or functional disabilities in or out of their homes by qualified care workers to relieve the family or informal caregiver. Respite care is provided at planned intervals, in a time of crisis, or on an as-needed basis.

State Agency: Department of Human Services.

Funding Source: General and federal funds.

Fiscal 2022 Budget: \$949,664 (\$946,601 in general funds and \$3,063 in federal funds).

Eligibility: A family residing with an individual with a developmental or functional disability; an individual with a developmental or functional disability who does not reside with a family; or an individual with a developmental or functional disability living in a foster home. Except for an individual with a developmental or functional disability living in a foster home, families or informal caregivers who receive no respite from other public or private agencies or programs must have priority.

Although there are no specific income limits to participate in the program, financial assistance toward program fees may be available to a family or an individual whose total income is less than 150% of the State Median Income (SMI), adjusted to family size.

Participants: On June 30, 2021, there were 358 open respite care cases.

Value of Benefit: Subject to the State budget, within a fiscal year, an individual may receive (1) on an hourly basis, up to 24 hours of respite care provided in periods of less than 10 hours in any 24-hour period and (2) on a daily basis, up to 14 days of respite care provided in periods of 10 or more hours in any 24-hour period. The income of the consumer determines the amount of subsidy a consumer may receive and is adjusted relative to a sliding fee scale.

Cost Sharing: Depending on the household's income, a partial subsidy may be available toward the fee for care. If annual income equals or exceeds 150% SMI, the family or individual pays the full fee for care.

Accessibility: There is no waitlist for the program.

Regional Variations: The rate for paid respite caregivers is linked with the minimum wage. As Montgomery County has a minimum wage independent of the State minimum wage, caregivers in this county receive a higher wage.

Source: Department of Human Services

Attendant Care Program

Program Description:	Provides financial reimbursement to assist individuals with severe chronic or permanent physical disabilities who require attendant care services to direct their own care and select their own service providers. Reimbursement may be available for attendant care services provided in the home, school, workplace, or other community locations.
State Agency:	Maryland Department of Disabilities (MDOD).
Funding Source:	State general funds.
Fiscal 2022 Budget:	\$1.4 million in general funds.
Eligibility:	Residents age 18 to 64 at the time of initial enrollment with a total gross income (taxable and non-taxable) of less than \$119,999 per year. MDOD must ensure that at least half of recipients are gainfully employed, actively seeking employment, or enrolled in an institution of postsecondary or higher education. Remaining recipients must reside in a long-term care facility and be able to return to the community as a result of assistance from the program or be certified by a health care provider as being at risk of placement in a long-term care facility if attendant care services are not received. Proportional requirements may be waived if there is a waitlist of eligible individuals who can return to the community or are at risk of placement in a long-term care facility without attendant care services.
Participants:	In fiscal 2021, 165 individuals received attendant care. MDOD anticipates 180 participants in fiscal 2022.
Value of Benefit:	Average reimbursement is \$283.66 per pay period, with 26 pay periods per year.
Cost Sharing:	Participants that are gainfully employed, actively seeking employment, or enrolled in an institution of postsecondary or higher education pay a minimum of 2% of the cost of attendant care services. Participants that reside in or are at risk of placement in a long-term care facility pay a minimum of 5% of the cost of attendant care services. Copayments may be waived due to financial hardship.
Accessibility:	As of November 16, 2021, there were 130 people on the unserved registry.
Regional Variations:	None.

Source: Maryland Department of Disabilities.

In-Home Aides Services Program

Program Description: Provides case management and in-home aide services for assistance with personal care, chores, and other specific services to assist individuals of all ages in the community with activities of daily living.

State Agency: Department of Human Services (DHS).

Funding Source: State general funds.

Fiscal 2022 Budget: \$3.4 million in general funds.

Eligibility: Individuals age 18 and older who have functional disabilities and need assistance with personal care, chores, and/or activities of daily living to remain in their own homes. Vulnerable adults with no willing or capable caregiver, those at risk of institutional placement, and those at risk of abuse or neglect are given preference. An individual is eligible if receiving certain DHS case management services.

An individual must be unable to obtain the necessary services from another resource and requires the service as a part of a treatment plan to prevent or reduce the length of institutional placement; prevent or reduce the length of out-of-home placement of children; prevent or remedy abuse, neglect, self-neglect, or exploitation; or promote self-sufficiency.

Participants: In fiscal 2021, 1,858 individuals utilized the program.

Value of Benefit: The maximum benefit amount in fiscal 2022 is \$40,964. Services may be provided for a maximum of 20 hours per week, except if necessary to prevent imminent nursing home placement, abuse, neglect, or self-neglect. Services are not provided if the total public cost for six months exceeds 67% of the average statewide cost of nursing home care for six months.

Cost Sharing: Participants contribute toward the hourly cost of the aide service based on a sliding scale. For example, a single individual with an income of \$35,451 per year will pay 5% of the care worker fee; an individual with an income of \$70,901 per year will pay 50%; and an individual with an income of \$99,261 will pay 90%.

Accessibility: As of November 19, 2021, there were 1,034 individuals on the waitlist.

Regional Variations: Reimbursement scale varies by jurisdiction.

Source: Department of Human Services

Senior Assisted Living Subsidy

Program Description:	Provides low- and moderate-income older adults with access to assisted living facilities licensed by the Maryland Department of Health. The subsidy supports the cost of services provided in assisted living, including meals, personal care, and 24-hour supervision for elderly residents who are frail and unable to live independently.
State Agency:	Maryland Department of Aging.
Funding Source:	State general funds.
Fiscal 2022 Budget:	\$4.4 million in general funds.
Eligibility:	Individuals age 62 and older with physical or mental impairments, who need assistance with one or more essential activities of daily living. Individuals must reside in a facility or be approved for entrance into a facility that has entered into a service agreement with a local Area Agency on Aging (AAA). Individuals may qualify if their net monthly income is less than the approved monthly fee for services, the individual's income does not exceed 60% of the State Median Income, and the individual does not have resources greater than \$19,000 (\$25,000 for a couple).
Participants:	In fiscal 2021, 610 individuals utilized the program.
Value of Benefit:	The maximum monthly subsidy amount is determined annually by participating AAAs, ranging from \$650 to \$1,000 per month. Beginning July 1, 2021, the maximum amount of the subsidy will increase based on changes in the Consumer Price Index.
Cost Sharing:	The subsidy covers the difference between the net monthly income of the resident (after a \$130 monthly personal allowance deduction) and the approved monthly assisted living fee. Participants must pay the remainder of the fee, which varies based on services provided and may range between \$800 to \$4,000 per month.
Accessibility:	As of July 1, 2021, 354 individuals were waitlisted.
Regional Variations:	There are 15 subsidy programs statewide administered by individual AAAs.

Source: Maryland Department of Aging

Certified Adult Residential Environment Program (Project Home)

Program Description:	The Certified Adult Residential Environment Program, also known as Project Home, is a supportive housing program that offers an adult foster family model of care for persons with mental illness or other disabilities. Where appropriate, clients are encouraged to develop independent living skills. Case management services are also offered, linking residents with appropriate community activities and supports.
State Agency:	Department of Human Services (DHS).
Funding Source:	State general funds.
Fiscal 2022 Budget:	\$171,300 general funds
Eligibility:	An individual must (1) be age 18 or older; (2) have a disability; (3) have no relative who will provide a community placement; (4) not require the provider to take responsibility for services beyond the capacity of the program; (5) agree to pay the cost of placement from personal resources or through public assistance; (6) be unrelated to the provider; and (7) not pose a risk or danger to themselves or others.
Participants:	In fiscal 2021, 405 individuals utilized the program.
Value of Benefit:	The monthly reimbursement rate for room, board, supervision, and assistance in fiscal 2022 varies based on the needs of the individual from \$776 to \$1,376.
Cost Sharing:	Participants have a \$20 disregard from their monthly income and are allotted an \$82 per month personal needs allowance. The remainder of their income goes toward their cost of care. Some individuals pay privately for Project Home services.
Accessibility:	DHS does not maintain a waitlist for this program.
Regional Variations:	State reimbursement rates are the same statewide; however, the actual cost of care for providers may vary by jurisdiction. The number of placements vary by county depending on the number of available providers within the county.

Source: Department of Human Services

Public Assistance to Adults

Program Description:	Pays for the cost of care and a personal needs allowance for needy individuals who live in assisted living facilities licensed by the Maryland Department of Health (MDH) and in Certified Adult Residential Environmental Program (CARE) homes. The program pays a personal needs allowance only for needy people in MDH rehabilitative residences.
State Agency:	Department of Human Services.
Funding Source:	State general and special funds.
Fiscal 2022 Budget:	\$9.3 million (\$8.8 million in general funds and \$429,947 in special funds).
Eligibility:	Applicants must apply for benefits from the Social Security Administration as a condition of eligibility. An individual is considered needy if the cost of care is greater than the individual's countable income and assets do not exceed the allowable limit. Applicants must also meet technical and financial eligibility criteria. Net countable income is determined by applying specified disregards to countable income.
Participants:	In fiscal 2021, an average of 3,106 individuals participated in the program each month.
Value of Benefit:	The program provides a participant up to \$858 per month or \$28.22 per day. A participant in a CARE home receives up to \$740 to \$1,340 per month, based on their level of care.
Cost Sharing:	None.
Accessibility:	Entitlement.
Regional Variations:	None.

Source: Department of Human Services

Congregate Housing Services Program

Program Description:	Provides support services and State subsidies to eligible residents of low- and moderate-income senior housing who, due to advanced age or chronic health conditions, need daily help with activities such as meal preparation, housekeeping, and personal services.
State Agency:	Maryland Department of Aging (MDOA).
Funding Source:	State general funds.
Fiscal 2022 Budget:	\$1.8 million in general funds.
Eligibility:	<p>To receive services, an individual must (1) be age 62 or older; (2) be physically or mentally impaired; (3) need assistance with one or more essential activities of daily living; (4) need one or more of the congregate housing services available; and (5) be able to function in the facility if provided with the services.</p> <p>To qualify for a subsidy, an individual's income may not exceed 60% of the State Median Income and assets may not exceed \$27,375 for an individual or \$35,587 for a couple.</p>
Participants:	In fiscal 2021, 721 individuals utilized the program.
Value of Benefit:	State subsidies are available for eligible residents of participating sites who require financial assistance. The monthly subsidy is the difference between the participant's projected monthly income (less specified allowances) and the monthly fee for congregate housing services approved by MDOA. The average monthly subsidy rates range from \$200 to \$573.52 per month.
Cost Sharing:	Individual participants contribute to the cost based on a sliding scale.
Accessibility:	As of July 1, 2021, 51 individuals were waitlisted by six providers.
Regional Variations:	There are 10 congregate housing providers and 21 congregate housing sites located in Allegany, Anne Arundel, Baltimore, Harford, and Montgomery counties and Baltimore City. The cost of the program varies by site.

Source: Maryland Department of Aging

Temporary Disability Assistance Program

Program Description:	Assists individuals unable to work due to a short-term disability (lasting at least 3 but not longer than 12 months) who are not receiving other disability benefits or individuals with a long-term disability while they are awaiting approval of federal disability support.
State Agency:	Department of Human Services.
Funding Source:	State general and special funds. Special funds come from federal Interim Assistance Reimbursement to reimburse for benefits during the Supplemental Security Income (SSI)/Social Security Disability Insurance application process if the individual is approved.
Fiscal 2022 Budget:	\$47.4 million (\$32.4 million in general funds, \$5.5 million in special funds, and \$9.5 million in federal funds available from the American Rescue Plan only in fiscal 2021 and 2022).
Eligibility:	<p>Eligible applicants must (1) be a U.S. citizen or qualified alien; (2) be a resident of the State and the jurisdiction served by the local department of social services; (3) be unemployed; (4) not be receiving any other means-tested cash assistance; (4) be determined by a licensed medical practitioner to have an impairment expected to last at least three months; (5) not have dependent children; (6) have a monthly income that does not exceed \$256; and (7) have assets that do not exceed \$1,500.</p> <p>Applicants who are disabled for 12 months or more must file an application for SSI. Recipients may receive benefits for only 12 months out of a 36-month period unless they are pursuing SSI.</p>
Participants:	In October 2021, there were 11,252 participants.
Value of Benefit:	The monthly benefit amount equals a proportion of the monthly allowable Temporary Cash Assistance (TCA) benefit for a one-person household. The proportion increases each fiscal year until fiscal 2027, when the amount of the benefit must equal 100% of the TCA benefit. In fiscal 2021, the benefit was 74% of the TCA benefit; in fiscal 2022, the benefit is 78% the TCA benefit. The value of the benefit will increase as a percentage of the maximum TCA benefit for a one-person household through fiscal 2027, when it reaches 100% of that level.
Cost Sharing:	None.
Accessibility:	Entitlement.
Regional Variations:	None.
Source:	Department of Human Services

Supplemental Nutrition Assistance Program

Program Description: The Supplemental Nutrition Assistance Program (SNAP) assists low-income households to purchase food. A State supplemental benefit is provided to households with an individual older than age 62 for the difference between the monthly benefit and \$30. Chapter 324 of 2022 increases this State supplemental benefit to \$40 per month.

State Agency: Department of Human Services.

Funding Source: Traditional SNAP benefits are 100% federally funded. The supplemental benefit for seniors is 100% State funded. Administrative costs are 50% federal and 50% State.

Fiscal 2022 Budget: \$1,216.3 million in federal funds for traditional SNAP benefits. \$4.6 million in general funds for the State supplemental benefit for seniors. However, this likely overstates spending due to certain federal waivers that have temporarily suspended the program, as no recipient receives less than \$30 per month in benefits through at least December 2021.

Eligibility: Households receiving (or authorized to receive) Temporary Cash Assistance, Supplemental Security Income, Temporary Disability Assistance Program, Public Assistance to Adults, or Temporary Assistance for Needy Families-funded services or benefits (including certain brochures) are categorically eligible for SNAP.

Noncategorically eligible households are subject to eligibility requirements, including resource and income limits. If a member of a household is 60 or older or is disabled, allowable countable resources are \$3,500. Certain resources are excluded.

Most noncategorically eligible households must meet both a gross income test (130% of federal poverty guidelines (FPG)) and a net income test (100% FPG). If the noncategorically eligible household includes an elderly person or a person who is disabled, only the net income test must be met.

Deductions from gross income include 20% of earned income, a standard deduction (in federal fiscal 2021, this deduction is \$167 for a three-person household), a dependent care deduction, certain medical expenses for elderly or disabled household members, housing costs in excess of 50% of adjusted net income, and legally owed child support expenses.

- Participants:** In fiscal 2022, the estimated monthly average number of participants is 816,579, with 27,363 older adults receiving the State supplemental benefit for seniors.
- Value of Benefit:** The fiscal 2021 average monthly grant was \$361.26 for traditional SNAP benefits. The fiscal 2021 average grant amount is higher than in other years due to emergency allotments that were provided for all of that year so that all households received the maximum benefit for their household size. In federal fiscal 2022, the maximum benefit for an individual is \$250, while the maximum benefit for a two-person household is \$459 per month. Typically, benefit levels vary based on household expenses, including housing and type of utility. An excess medical expense deduction is available only to individuals age 60 and older or individuals with disabilities that qualify under certain criteria.
- Cost Sharing:** None. However, the program is intended to supplement, not supplant, food purchases. The benefit calculation assumes a household devotes 30% of income to the purchase of food and reduces the benefit by this amount.
- Accessibility:** The program is a federal entitlement. Individuals requesting assistance must file an application and complete an interview (that may be completed over the telephone). The applicant must meet all eligibility criteria before the department issues the benefit. The U.S. Department of Agriculture estimates that 89% of eligible households in Maryland received benefits in federal fiscal 2017 (the most recent data available). Households that consist entirely of elderly or disabled members are not subject to work requirements.
- Regional Variations:** Generally, none. The primary variation is in the availability of local waivers to the able-bodied adults without dependents benefit receipt time limit. However, this time limit does not apply to households with children.

Source: Department of Human Services; U.S. Department of Agriculture

Older Americans Act Nutrition Programs

Program Descriptions: The Home Delivered Meals Program provides healthy meals delivered to the home and in most cases, an informal “safety check” for homebound older individuals.

The Congregate Meals Program serves healthy meals while presenting opportunities for social engagement, health and wellness activities, and meaningful volunteer roles.

The Nutrition Services Incentive Program (NSIP) supports the efficient delivery of nutritious meals to eligible older adults.

The State Nutrition Program offers additional funding to supplement these programs.

State Agency: Maryland Department of Aging.

Funding Source: Federal and State funds.

Fiscal 2022 Budget: Federal funding includes \$6.4 million for Home Delivered Meals, \$8.3 million for Congregate Meals, and \$1.6 million for NSIP. \$2.1 million in general funds for the State Nutrition Program to supplement federal funds.

Eligibility: Individuals who are homebound and age 60 or older (and their spouse of any age) are eligible for the Home Delivered Meals Program. Home-delivered meals may be offered to persons with disabilities regardless of age if they reside at home with a homebound eligible older person.

Maryland residents age 60 or older (and their spouse of any age) are eligible for the Congregate Meals Program. Congregate meals may be offered to persons with disabilities regardless of age when the individual resides in a housing facility occupied primarily by older persons at which congregate meals are available, or when the individual with disabilities resides at home with and accompanies an eligible older person to a congregate meal site.

There are no income or asset restrictions. Services target older individuals with the greatest social and economic need and those at risk of institutional placement.

- Participants:** While more than 1 million meals are typically served annually through the Home Delivered Meals Program, 5.2 million meals were served in federal fiscal 2020, mostly driven by the substantially increased federal COVID-19 stimulus funding. In addition, 1.9 million congregate meals were served in federal fiscal 2020, a 66% increase over federal fiscal 2019.
- Value of Benefit:** In federal fiscal 2020, the average cost to provide a home-delivered meal was \$5.05, and due to the closure of congregate meal sites during the pandemic partial-year data up to March 13, 2020 indicates that the average cost to provide a congregate meal was \$20.52.
- Cost Sharing:** Participants are requested to donate toward the cost of their meal; however, no one is denied service due to an inability to pay.
- Accessibility:** There are no waitlists for these Older Americans Act nutrition programs.
- Regional Variations:** For the Home Delivered Meals Program, the number of delivery days, the number of meals delivered, and the type of meal may vary by county. For the Congregate Meals Program, the number of days for meal service and number of dining sites may vary by county.

Source: Maryland Department of Aging; U.S. Department of Health and Human Services

Housing Choice Voucher Program (Section 8 Housing)

Program Description:	Provides rental assistance through a voucher to subsidize the rent of low-income families, elderly individuals, and individuals with disabilities. Voucher recipients may choose any type of rental housing that meets certain safety and health quality standards. Public housing authorities may also offer Section 8 project-based housing assistance as well, which provides assistance at specific locations.
State Agency:	The Department of Housing and Community Development (DHCD) administers the program in parts of the Eastern Shore and Western Maryland, including Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot, Wicomico, and Worcester counties and the city of Cumberland. In other jurisdictions, programs are overseen by the U.S. Department of Housing and Urban Development (HUD).
Funding Source:	Federal funds.
Fiscal 2022 Budget:	The State's fiscal 2022 appropriation of Section 8 Housing Choice Voucher funds, for DHCD only, is approximately \$19.3 million (a portion of which may be used for administrative expenditures).
Eligibility:	Households with annual incomes at or below 50% of the area median income (AMI) are eligible. Under federal rules, 75% of vouchers must be provided to households with annual incomes at or below 30% AMI.
Participants:	According to HUD, in calendar 2020, there were 56,694 vouchers available in Maryland and, on average, 85% were in use. There were also 28,050 units of project-based rental assistance in Maryland, with approximately 93% in use. Of all household members, 26% of heads of household were age 62 or older.
Value of Benefit/ Cost Sharing:	Local housing authorities determine a payment standard for each area. With a housing choice voucher, eligible families may choose a housing unit that rents for more or less than the payment standard. Housing assistance payments paid under the program are the difference between the rent (though limited by the local payment standard) and 30% of the family's adjusted income. Families pay the difference between the actual rent charged and the housing assistance payment. Households may be required to pay an additional amount but no more than 40% of adjusted income if the chosen unit has a

higher rent than the payment standard. Rents vary by region, unit size (number of bedrooms), and the size of the household.

A utility allowance is included in the calculation of gross rent. If utility costs are the responsibility of the tenant, the cost is subtracted from the tenant portion of the rent requested by the landlord. The Public Housing Authority would pay the utility directly for master-metered units.

In calendar 2020, the average HUD expenditure per month for the program in Maryland was \$1,091 and the average participant expenditure was \$454 per month. For the jurisdictions in which DHCD operates the program, the average assistance payment is \$720 per month and the average tenant payment is \$429 per month.

Accessibility:

The program is available to all State residents who fall within the income requirements. Individuals access the program through a local housing authority or through DHCD. However, demand for the program exceeds supply. As of December 3, 2021, there were 3,929 active applicants on the waitlist. As of October 31, 2021, the average waiting time is 20 months. Waiting times vary among each housing authority. There are 91% of DHCD's vouchers currently in use. Waitlists are not open in all jurisdictions in which DHCD operates the program.

Regional Variations:

Rents and income limits vary by region; assistance payments, as explained previously, are adjusted to reflect these variations. Local housing authorities determine the local payment standards that can vary within jurisdictions. Payment standards are in part reflective of the Fair Market Rent determined by HUD. Local housing authorities may have a payment standard that is higher or lower than the Fair Market Rent.

Source: U.S. Department of Housing and Urban Development; Department of Housing and Community Development

Public Housing

Program Description:	This program provides affordable rental housing to low-income families, elderly individuals, and individuals with disabilities. Assistance is tied to a housing unit, not a participant.
State Agency:	The Department of Housing and Community Development administers the program in some jurisdictions. In other jurisdictions, programs are overseen by the U.S. Department of Housing and Urban Development (HUD).
Funding Source:	Federal funds.
Federal Fiscal 2021 Budget:	\$7.8 billion nationwide for operating expenses. No Maryland-specific data is available.
Eligibility:	Limited to “low-income” (up to 80% of the area median income (AMI)) and “very low-income” households (at or below 50% AMI).
Participants:	According to HUD, there were 11,922 units available in Maryland in calendar 2020. Of these units, 84% were occupied.
Value of Benefit:	This program subsidizes housing authorities resulting in reduced rent; there are no direct assistance payments to tenants.
Cost Sharing:	The tenant’s rent is the highest of the following, rounded to the nearest dollar: (1) 30% of monthly adjusted income; (2) 10% of monthly income; (3) welfare rent; or (4) a minimum rent between \$25 and \$50 set by a housing authority. Specified deductions may be excluded from the calculation of annual income.
Accessibility:	The program is available to all State residents who fall within the income requirements, subject to limitations on the availability of units. However, public housing units are only available in certain jurisdictions. Not all public housing authorities have public housing units available.
Regional Variations:	Income limits vary by region, and housing authorities have options in determining exclusions from annual income and minimum rents, which impact rent payments.

Source: U.S. Department of Housing and Urban Development

Accessible Homes for Seniors Program

Program Description:	Provides 0% interest, deferred loans for a term of 30 years or grants to finance home accessibility improvements that support aging-in-place. Improvements may include installation of grab bars and railings, widening of doorways, and installation of ramps.
State Agency:	Department of Housing and Community Development (DHCD)
Funding Source:	State general obligation (GO) bonds, State pay-as-you-go (PAYGO) special funds from loan repayments from prior years, and federal funds.
Fiscal 2022 Budget:	The program budget cannot be disaggregated from the total amount for DHCD's Special Loan Programs (which received \$4.0 million in GO bonds, \$4.4 million in PAYGO special funds, and \$2.0 million in federal funds).
Eligibility:	<p>Eligible applicants must have at least one resident age 55 or older in the household and generally own and occupy the home to be renovated as the principal residence. The home must be structurally sound, free of health and safety hazards, and not have any outstanding federal or State tax liens, open bankruptcy, or foreclosure. Household income cannot exceed 80% of the statewide or Washington, DC metropolitan statistical area median. As of August 1, 2021, the maximum income for Calvert, Charles, Frederick, Montgomery, and Prince George's counties was \$61,150 for an individual; the maximum income for the rest of the State was \$54,950 for an individual.</p> <p>If the senior resides with a relative, eligibility is based on the income of all persons occupying the home as their primary residence. Seniors living with relatives are considered on a case-by-case basis.</p>
Participants:	In fiscal 2021, 33 projects served 60 individuals.
Value of Benefit/ Cost Sharing:	The maximum loan amount may total up to 110% of the value of the property (including any superior mortgages). Loans must be repaid upon sale, transfer, or refinance of the property. Grants of up to \$25,000 are available to senior homeowners for accessibility modifications if the applicant does not qualify for loan funding.
Accessibility:	DHCD does not maintain waitlists for this program. Individuals are served on a first-come, first-served basis when funding is available.
Regional Variations:	Income eligibility is based on area median income and varies by county.

Source: Department of Housing and Community Development

HomeAbility

- Program Description:** Assists first-time Maryland homebuyers with disabilities finance their home purchase. HomeAbility is comprised of an amortizing conventional loan (first lien) and a nonamortizing deferred loan (second lien for down payment and closing cost assistance) that together finance up to 105% of the purchase price.
- State Agency:** Department of Housing and Community Development (DHCD).
- Funding Source:** State general obligation (GO) bonds and pay-as-you-go special funds.
- Fiscal 2022 Budget:** HomeAbility is funded with \$1.0 million from DHCD's Homeownership Programs, which in total were appropriated \$22.0 million in GO bonds and \$4.0 million in special funds.
- Eligibility:** Eligible borrowers must have a disability or be a guardian for, reside with, and be the principal caregiver for an immediate family member with a disability and have income at or below 80% of the area median income (AMI). Borrowers must be first-time homebuyers unless they are purchasing in a targeted area, have not owned a principal residence in over three years, or are an honorably discharged veteran who has not previously used the first-time homebuyer exemption.
- Participants:** In 2021, 28 individuals utilized the program.
- Value of Benefit/
Cost Sharing:** The first lien (80% of the purchase price) is financed at a fixed interest rate and the second lien (up to 25% of the purchase price, capped at \$45,000) is financed at a 0% interest rate with payment deferred for the life of the first lien.
- Accessibility:** DHCD does not maintain a waitlist for this program. The program assists borrowers on a first-come, first-served basis until funding is fully expended.
- Regional Variations:** AMI and maximum acquisition costs vary by county. New construction may only be financed in Priority Funding Areas, as determined by DHCD.

Source: Department of Housing and Community Development

Electric Universal Service Program

Program Description:	The program, administered by the Office of Home Energy Programs (OHEP), helps the State's vulnerable populations and other traditionally underserved populations pay their electric bills, minimize crises, and reduce their electric costs. Benefits include bill payment assistance and arrearage retirement assistance. The Department of Housing and Community Development may also provide weatherization benefits from revenues collected for this program as appropriated in the budget.
State Agency:	Department of Human Services.
Funding Source:	Funding for the program is provided through fees collected by electric companies and through an allocation of the revenue generated by the Regional Greenhouse Gas Initiative carbon dioxide emission allowances. In some years, federal Low Income Home Energy Assistance Program funds may support a portion of the program.
Fiscal 2022 Budget:	\$62.7 million in special funds (\$30.7 million is available from Electric Universal Service Program (EUSP) funds and \$31.9 million from the Strategic Energy Investment Fund).
Eligibility:	Eligible applicants have an electric bill responsibility and a household member that is a citizen, legal immigrant, or qualified alien. If no household members are age 67 or older at the time of application, the maximum gross monthly income is 175% of federal poverty guidelines (FPG). Otherwise, the maximum gross monthly income is 200% FPG. Households must also agree to a budget billing or monthly crediting plan. Households are eligible for arrearage assistance only once every five years, except in limited circumstances. Households must also have a past due balance of at least \$300 to receive arrearage assistance.
Participants:	In fiscal 2021, 80,013 recipients received bill payment assistance, 16,159 recipients received arrearage assistance, and 25,728 recipients received COVID-19 supplemental arrearage assistance.
Value of Benefit:	In fiscal 2021, the average benefit was \$504 for the bill assistance program, \$1,044 for the arrearage assistance program, and \$748 for the COVID-19 supplemental arrearage assistance.

- Cost Sharing:** EUSP benefits are based on a calculation including measures of income, usage, cost of electricity, and utility service territory. Although usage is included in the benefit calculation, the program sets a maximum usage level for which an additional benefit is provided (14,000 kilowatt hours for households without electric heat and 24,000 kilowatt hours for households with electric heat). The measure also includes a percentage of bills to be paid for various poverty level categories. In fiscal 2022, EUSP will pay between 60% and 65% of participants' electric consumption depending on the poverty level of the participant. An additional portion of the electric bill may also be paid through the Maryland Energy Assistance Program (MEAP) if the household uses electric heat. The remainder is paid by the participant.
- Accessibility:** The program is open to all eligible individuals on a first-come, first-served basis and is limited by the availability of funds. A single application is required for this program and MEAP. Arrearage assistance is only available once every five years except in limited circumstances. In some years, the department imposes a cap of the amount of arrearage assistance available, due to funding limitations.
- Regional Variations:** OHEP indexes an applicant's benefit by a percentage above or below the statewide weighted average depending on the utility territory where the applicant lives to account for price variations among utility service territories.

Source: Department of Human Services

Maryland Energy Assistance Program

Program Description:	The Maryland Energy Assistance Program (MEAP), administered by the Office of Home Energy Programs (OHEP), helps the State's vulnerable populations pay their heating bills, minimize crises, and make heating costs more affordable. Benefits include utility and fossil fuel payments, the Utility Service Protection Program, referrals to weatherization services, emergency heating system repairs and replacement, waivers on utility fees, discounts on fuel purchases, and gas arrearage assistance.
State Agency:	Department of Human Services.
Funding Source:	Federal funds.
Fiscal 2022 Budget:	\$69.0 million. Actual funding will vary based on allocation of federal Low Income Home Energy Assistance Program (LIHEAP) funds and LIHEAP funds available from coronavirus-related stimulus funds that are not yet recognized in the budget.
Eligibility:	Eligible applicants have a heating bill responsibility and a household member that is a citizen, legal immigrant, or qualified alien. If no household members are age 67 or older at the time of application, the maximum gross monthly income is 175% of federal poverty guidelines (FPG). Otherwise, the maximum gross monthly income is 200% FPG. Roomers and boarders may receive a benefit separate from the household from whom they are renting.
Participants:	In fiscal 2021, 83,352 households received energy assistance, and 8,593 participants received a natural gas arrearage benefit.
Value of Benefit:	In fiscal 2021, the average energy assistance benefit per household was \$515, and the average gas arrearage benefit was \$791. Participants may also receive discounts on fuel purchases, waivers on utility fees, credits on utility bills, and access to other energy-related services.
Cost Sharing:	As with the Electric Universal Service Program (EUSP), cost sharing is related to income and usage and varies with fuel source. In fiscal 2021, the program paid 21% to 25% of participants' electric heating bills if the participant also received EUSP bill payment assistance, 30% to 65% of the electric bill if the participant received only MEAP, 30% to 95% of bulk fuel heating sources, and 30% to 95% of natural gas bills. The remainder is paid by the participant.

- Accessibility: The program is open to all eligible individuals on a first-come, first-served basis. Benefits are subject to the availability of funds. Only one application is required for this program and EUSP.
- Regional Variations: OHEP will index an applicant's benefit level above or below the statewide weighted average depending on the utility territory where the applicant lives.
- In Garrett County, payments are 110% of the State average grant due to an earlier and longer heating season.
- In Prince George's County, \$72 (a rebate from a local energy tax) is added to the energy grant payment.
- In Montgomery and St. Mary's counties, a local energy tax rebate may be provided by the county but this has not been available for several years.

Source: Department of Human Services

Weatherization Assistance Program and EmPOWER Maryland Low Income Energy Efficiency Program

Program Description: The Weatherization Assistance Program (WAP) helps eligible limited-income households through the installation of energy conservation materials to reduce energy consumption and maintenance costs.

The Public Service Commission (PSC) has ordered that the Department of Housing and Community Development (DHCD) be the sole provider of low-income energy efficiency programs. Utilities provide funding to DHCD to support EmPOWER Maryland low-income energy efficiency programs. DHCD operates the programs in a similar manner as WAP; however, funds are limited to the residents of the utilities required to participate in EmPOWER Maryland. This function is referred to as the EmPOWER Maryland Low Income Energy Efficiency Program (LIEEP).

State Agency: DHCD.

Funding Source: Federal and State special funds. Special funds may but are not always provided from the Strategic Energy Investment Fund, which receives revenue from Regional Greenhouse Gas Initiative carbon dioxide emission allowance auctions. Special funds are also available for LIEEP through surcharges on customer utility bills to implement low-income energy efficiency programs, as directed by PSC.

Fiscal 2022 Budget: Approximately \$4.9 million in federal funds from WAP. Approximately \$23.2 million is available from the EmPOWER Maryland surcharge. A portion of these funds may be used for administration or other programs. Additional funding is available for certain weatherization activities through the Low Income Home Energy Assistance Program, provided by the Department of Human Services. In fiscal 2021, this amount is expected to be \$5.0 million.

Eligibility: For EmPOWER, the income limits are 250% of federal poverty guidelines (FPG) or 80% of the area median income (AMI), whichever is higher. EmPOWER also allows for categorical eligibility from other income-limited programs. For WAP, income limits are 200% FPG or 60% AMI, whichever is higher. For LIEEP, the household must be a customer of one of the following utilities: Baltimore Gas and Electric (BGE); Delmarva Power; FirstEnergy; Potomac Electric Power Company (Pepco); Southern Maryland Electric Cooperative (SMECO), or Washington Gas.

- Participants:** In fiscal 2021, 361 households were served through WAP, and 3,544 households were served through LIEEP. In fiscal 2022, DHCD expects 414 households to be served through WAP. In fiscal 2022, approximately 2,169 households are expected to be served through LIEEP.
- Value of Benefit:** The average cost of a WAP project was approximately \$6,500 in calendar 2021.
- The average cost of an EmPOWER LIEEP project was approximately \$6,782 in calendar 2021. The amount of assistance allowed under EmPOWER LIEEP may not exceed \$12,000 per unit. Any assistance over \$7,500 requires approval to proceed. These programs are also intended to yield future utility savings after weatherization/energy efficiency modifications are completed.
- Cost Sharing:** Homeowners are not charged for work under either LIEEP or WAP.
- Accessibility:** Accessibility is limited to the above income limits and amount of funds available. For WAP, priority is given to the elderly, individuals with disabilities, families with children, and those with high energy use.
- Regional Variations:** For LIEEP, the distribution statewide is based on the number of certified Office of Home Energy Program applications per EmPOWER utility service territory. DHCD distributes the funds for LIEEP to local nonprofits and, by a competitive request for proposal process, to State weatherization contractors to perform the work for homeowners and tenants. These funds are only available to customers in the service territories of BGE, Delmarva Power, FirstEnergy, Pepco, SMECO, or Washington Gas. In BGE's service territory, LIEEP funds are also available to residential customers that heat with gas.
- For WAP, the distribution of funds statewide is based on the number of low-income people in each jurisdiction as shown in the most recent data from the U.S. Census Bureau.

Source: Department of Housing and Community Development

Durable Medical Equipment Reuse Program

Program Description: Accepts durable medical equipment donations and then sanitizes and repairs equipment. Equipment is held in a warehouse to be distributed free of charge to residents on a first-come, first-served basis.

State Agency: Maryland Department of Aging.

Funding Source: State general funds.

Fiscal 2022 Budget: \$950,996 in general funds.

Eligibility: No eligibility requirements.

Participants: In fiscal 2021, 121 individuals were served by the program.

Value of Benefit: The value of equipment ranges from \$20 (basic single-point canes) to \$15,000 (advanced power wheelchairs).

Cost Sharing: None.

Accessibility: Equipment availability is subject to the quantity and types of donations and, if available, is distributed at the time of the request. No waitlists are maintained for this program.

Regional Variations: There is one main warehouse in Prince George's County.

Source: Maryland Department of Aging

Maryland Assistive Technology Reuse Center

Program Description:	The Maryland Assistive Technology Reuse (MATR) Center, a service of the Maryland Technology Assistance Program (MDTAP), accepts donations of high-tech assistive technology, refurbishes the equipment, and redistributes the equipment free of charge.
State Agency:	Maryland Department of Disabilities (MDOD).
Funding Source:	State general and special funds and federal funds.
Fiscal 2022 Budget:	The program is supported by MDTAP, and funding for the MATR Center cannot be disaggregated from MDTAP program costs. The entire MDTAP budget totals \$1.0 million (\$261,108 in general funds, \$172,412 in special funds, and \$585,230 in federal funds).
Eligibility:	Individuals receiving equipment from the MATR Center receive a consultation from an MDOD assistive technology specialist to ensure that their needs can be met with a donated piece of equipment in inventory.
Participants:	In fiscal 2021, 11 individuals received equipment. In fiscal 2022, 22 individuals are expected to be served.
Value of Benefit:	The value of equipment can range from a few hundred to a few thousand dollars, depending on equipment donated.
Cost Sharing:	None.
Accessibility:	MDOD does not maintain a waitlist for this program.
Regional Variations:	The MATR Center operates in a space provided by the Loan Closet of Howard County.

Source: Maryland Department of Disabilities

Maryland Accessible Telecommunications Program

Program Description:	Provides assistive equipment to individuals that have difficulties using a telephone.
State Agency:	Maryland Department of Disabilities.
Funding Source:	State special funds.
Fiscal 2022 Budget:	The program is supported within existing Telecommunications Access of Maryland (TAM) resources. The entire TAM budget is \$5.2 million in special funds.
Eligibility:	An eligible individual must be (1) certified by a licensed professional as having a disability that seriously limits or prohibits the use of the telephone or wireless network without specialized customer telephone equipment; (2) certified by a licensed professional as being able to use specialized customer telephone equipment for which application is made; (3) financially eligible (a recipient of Transitional Emergency Medical and Housing Assistance, Supplemental Security Income, Social Security Disability Insurance, or Temporary Assistance to Needy Families); and (4) at the time of application, not receiving similar services that are available and can be provided in a timely manner through another program.
Participants:	In fiscal 2021, 387 individuals received equipment.
Value of Benefit:	Device costs range from under \$100 for simple devices to the statutory maximum of \$6,000 for specialized equipment.
Cost Sharing:	None.
Accessibility:	TAM does not have a waitlist for equipment. Individuals may reapply every three years for a new evaluation and, if appropriate, updated accessible telecommunications equipment.
Regional Variations:	None.

Source: Maryland Department of Disabilities

People with Disabilities and Seniors Fare Program

Program Description:	The People with Disabilities and Seniors Fare Program offers a discount on fixed-route transit system fares for individuals with disabilities and seniors.
State Agency:	Maryland Department of Transportation.
Funding Source:	State funds.
Fiscal 2022 Budget:	Expenditures total \$1.1 million. Discounted fares also reduce revenues by \$9.8 million.
Eligibility:	People with disabilities, individuals age 65 and older, and Medicare enrollees must show specified valid identification for reduced fares on Maryland Transit Administration (MTA) transit services. To obtain an MTA Reduced Fare Disability ID card, an application must be filled out by the applicant and the applicant's health care professional.
Participants:	In fiscal 2021, 8,000 individuals were certified to participate in the program.
Value of Benefit:	The program offers a \$1.00 discount per one-way fare; a \$2.20 discount per round trip/one-day pass; and a \$52.00 discount per monthly/31-day pass.
Cost Sharing:	Participants pay 90 cents for a one-way trip, \$2.20 for a one-day pass, and \$22 for a monthly/31-day pass.
Accessibility:	No waitlists are maintained for this program.
Regional Variations:	The program is administered for fixed-route MTA transit systems. Washington Metropolitan Area Transit Authority also operates a People with Disabilities and Seniors Fare Program that serves Maryland residents, but information was not available for this program.

Source: Maryland Department of Transportation

Paratransit

Program Description:	Paratransit is a specialized transit service for people who, because of a disability, are functionally unable to get to a bus stop, wait unassisted at a stop or station, or board or ride a bus or train by themselves. Paratransit offers transportation from the first exterior door of a participant's home or pick up location to the first exterior door of the destination.
State Agency:	Maryland Transit Administration (MTA).
Funding Source:	The MTA program, MobilityLink, is funded with State funds. The Washington Metropolitan Area Transit Authority (WMATA) program, MetroAccess is funded with both State funds (\$117.3 million) and rider fares (\$4.7 million). Note, WMATA revenues are also supported by a combined \$71.6 million available from the state of Virginia and Washington, DC.
Fiscal 2022 Budget:	The MTA budget for paratransit is \$95.2 million. The WMATA budget for paratransit is \$193.5 million across Maryland; Virginia; and Washington, DC.
Eligibility:	Paratransit may be provided to any person who, by reason of illness, injury, age, congenital malfunction, or other incapacity or disability, is unable to use mass transit as effectively as a person who is not so affected. MobilityLink offers "conditional eligibility" for some users that may be able to use the fixed-route transit system in some cases but not others.
Participants:	In fiscal 2021, MTA certified 34,002 individuals to participate in MobilityLink, and 1,040,505 trips were provided. In fiscal 2021, WMATA certified 6,522 individuals to participate in MetroAccess, and 632,730 trips were provided.
Value of Benefit:	On average, that value of the subsidy for each MobilityLink trip is approximately \$72.30.
Cost Sharing:	A one-way fare for MobilityLink is \$2.10 for eligible riders and their guests. If a participant is certified to travel with a personal care attendant (PCA), the PCA rides for free. Passengers must pay the exact fare when boarding the bus. A maximum of two children younger than age six may ride free of charge. Children age six or older pay the adult fare of \$2.10.

For MetroAccess, the maximum participant cost per trip is \$6.50. The average participant cost per trip is \$4.50. Participant costs above \$6.50 are subsidized by WMATA.

Accessibility: Entitlement.

Regional Variations: MobilityLink is available within three-quarters of a mile of any LocalLink route in Baltimore City and Anne Arundel and Baltimore counties and within three-quarters of a mile radius of a Light RailLink or Metro SubwayLink station excluding MARC train or commuter bus routes.

Source: Maryland Department of Transportation

Call-a-Ride

Program Description:	Call-a-Ride service is available to certified MobilityLink customers. This service is under contract by participating area taxi and sedan companies and is not part of MobilityLink. Customers schedule their trips directly with the participating taxi and sedan companies.
State Agency:	Maryland Department of Transportation.
Funding Source:	State funds.
Fiscal 2022 Budget:	\$15.4 million.
Eligibility:	Applicants and participants must be certified for MobilityLink service and must be at least 13 years old. All applicants must be capable of boarding, riding, and exiting vehicles either independently or with the assistance of a companion. A limited number of wheelchair accessible taxis and sedans are available to eligible individuals with mobility impairments who use motorized or nonfolding wheelchairs. Up to three companions may travel with the participant, but all must start and end the ride at the same location.
Participants:	In fiscal 2021, 34,002 individuals were certified to participate in the program, and 536,348 trips were provided.
Value of Benefit/ Cost Sharing:	<p>The program subsidizes up to 62 one-way rides per month. If the meter reads \$25.00 or less, participants pay a \$3.00 one-way fare to the driver in cash. If the meter reads more than \$25.00, participants must pay the driver in cash for the amount over \$25.00. There may be an additional \$1.00 or \$2.00 charge, authorized by the Public Service Commission (PSC), for Baltimore City taxis going outside the city or for special dispatch fees. If this PSC fee causes a fare to exceed \$25.00, participants are responsible for the overage in cash.</p> <p>On average, that value of the subsidy for each trip is approximately \$20.20.</p>
Accessibility:	Entitlement.
Regional Variations:	When using Call-a-Ride, travel must begin and end within the established Maryland Transit Administration Mobility service area (within three-quarters of a mile of fixed-route local bus, Light Rail, or Metro Subway service). Participants are responsible for the entire cost of a trip that starts or ends outside the service area.

Source: Maryland Department of Transportation

State Tax Benefits

Social Security Benefit Exemption

Description:	All Social Security benefits and benefits received under the Railroad Retirement Act are exempt from the Maryland income tax.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – General, Section 10-207(j).
Eligibility:	To the extent included in federal adjusted gross income, any Social Security benefits and benefits received under the Railroad Retirement Act are exempt from the Maryland income tax.
Value of Benefit:	State: The amount of Social Security benefits and benefits received under the Railroad Retirement Act that are included in federal adjusted gross income multiplied by the applicable State income tax rate. Local: The amount of Social Security benefits and benefits received under the Railroad Retirement Act that are included in federal adjusted gross income multiplied by the applicable local income tax rate.
Limitations/Cost Sharing:	None.
Regional Variations:	None.

Retirement Income Subtraction Modification

Description:	Subtraction modification for income received from an employee retirement system, less any payments received under the Social Security Act, the Railroad Retirement Act, or both.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – General, Section 10-209.
Eligibility:	On the last day of the taxable year, the resident is at least 65 years old or is totally disabled, or the resident’s spouse is totally disabled.
Value of Benefit:	State: The amount subtracted multiplied by the applicable State income tax rate. Local: The amount subtracted multiplied by the applicable local income tax rate. In tax year 2021, the maximum pension exclusion is \$34,300. This amount is inclusive of Social Security benefits received, and eligible retirement income subtracted.
Limitations/Cost Sharing:	None.
Regional Variations:	None.

Additional Personal Exemption – Age 65

Description:	An additional personal exemption of \$1,000 may be claimed for an individual who is at least 65 years old on the last day of a taxable year.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – General, Section 10-211(b)(3).
Eligibility:	Taxpayer is at least 65 years old on the last day of the taxable year.
Value of Benefit:	State: \$1,000 multiplied by the applicable income tax bracket rate under Tax – General, Section 10-105. Local: \$1,000 multiplied by the applicable local income tax rate.
Limitations/Cost Sharing:	None.
Regional Variations:	None.

Additional Personal Exemption – Elderly Dependent

Description:	An additional personal exemption of \$3,200 may be claimed for a dependent who is at least 65 years old on the last day of a taxable year.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – General, Section 10-211(b)(2).
Eligibility:	Dependent is at least 65 years old on the last day of the taxable year.
Value of Benefit:	State: \$3,200 multiplied by the applicable income tax bracket rate under Tax – General, Section 10-105. Local: \$3,200 multiplied by the applicable local income tax rate.
Limitations/Cost Sharing:	For an individual filer: Reduced exemption if filer has adjusted gross income of at least \$100,000 and exemption reduced to \$0 if filer has adjusted gross income of at least \$150,000. Joint or head of household filers: Reduced exemption if filer has adjusted gross income of at least \$150,000 and exemption reduced to \$0 if filer has adjusted gross income of at least \$200,000.
Regional Variations:	None.

Senior Income Tax Credit

Tax Description:	A nonrefundable credit may be claimed for certain older adults.
Statute:	<i>Annotated Code of Maryland, Tax – General, Section 10-754.</i>
Eligibility:	The credit is available to a resident that is at least 65 years old on the last day of the taxable year and where the federal adjusted gross income does not exceed \$100,000 or \$150,000 if married filing jointly.
Value of Benefit:	The amount of the tax credit is equal to (1) \$1,000 for an individual or if only one of the individuals filing a joint return is an eligible individual and (2) \$1,750 if married filing jointly and both individuals are at least age 65.
Limitations/Cost Sharing:	<p>For a tax year in which the current fiscal year general fund estimate in the September Board of Revenue Estimates report is more than 7.5% below the March general fund estimate issued in the same year, the amount of the tax credit is limited to:</p> <ul style="list-style-type: none">• \$500 for an individual whose federal adjusted gross income is between \$50,000 and \$100,000; and• \$875 for married filing jointly with federal adjusted gross income of between \$100,000 and \$150,000 (\$500 if married filing jointly and only one individual is at least age 65).
Regional Variations:	None.

Tax Credit for Long-term Care Insurance Premiums

Description:	\$500 credit for premiums paid for each insured individual covered by long-term care insurance.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – General, Section 10-718.
Eligibility:	Premiums paid by an individual for long-term care insurance covering the individual or individual’s spouse, parent, stepparent, child, or stepchild.
Value of Benefit:	Lesser of 100% of premiums paid or \$500 per individual.
Limitations/Cost Sharing:	Credit may not be claimed by more than one taxpayer with respect to the same insured individual. Credit may not be claimed if a credit was previously claimed for an individual. Credit may not be claimed if an insured individual was covered by long-term care insurance at any time prior to July 1, 2000.
Regional Variations:	None.

Renters' Property Tax Credit

Description:	The Renters' Property Tax Credit Program provides financial assistance for elderly, disabled, and certain low-income renters from the cost attributable to State and local real property taxes. The program makes payments directly to eligible renters to provide relief for the "assumed property tax" that renters indirectly pay as part of their rent.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 9-102.
Eligibility:	Renter is at least 60 years old.
Value of Benefit:	Up to \$1,000.
Limitations/Cost Sharing:	Renter net worth may not exceed \$200,000.
Regional Variations:	None.

Homeowners' Property Tax Credit

- Description:** The Homeowners' Property Tax Credit Program is a State-funded program that provides credits against State and local real property taxation for homeowners who qualify based on a sliding scale of property tax liability and income.
- Statutory Citation:** *Annotated Code of Maryland, Tax – Property, Section 9-104.*
- Eligibility:** The credit is available for homeowners where the combined gross income of individuals residing in the dwelling does not exceed \$60,000 and the combined net worth does not exceed \$200,000.
- Value of Benefit:** The tax credit is based on the amount by which the property taxes exceed a percentage of income according to the following formula: 0% of the first \$8,000 of the combined household income; 4% of the next \$4,000 of income; 6.5% of the next \$4,000 of income; and 9% of all income above \$16,000.
- Limitations/Cost Sharing:** The credit is not available for homeowners where the combined gross income of individuals residing in the dwelling exceeds \$60,000 and the combined net worth exceeds \$200,000.
- Regional Variations:** None.

Property Tax Credit for Dwellings Providing Reduced Rent for the Elderly

Description:	The governing body of a county or municipal corporation may grant a property tax credit against the county or municipal property tax imposed on rental dwellings of owners who provide reduced rent for any tenant who is at least 65 years old.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 9-219.
Eligibility:	Determined by local jurisdiction.
Value of Benefit:	Determined by local jurisdiction.
Limitations/Cost Sharing:	None.
Regional Variations:	Local jurisdictions may provide by law for the eligibility, amount, and duration of the credit.

Property Tax Credit for Individuals at Least 65 Years Old

Description:	The governing body of a county or municipal corporation may grant a property tax credit against the county or municipal property tax imposed on real property that is owned and used as the principal residence of an individual who is at least 65 years old and of limited income.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 9-245.
Eligibility:	Determined by local jurisdiction.
Value of Benefit:	Determined by local jurisdiction.
Limitations/Cost Sharing:	None.
Regional Variations:	Local jurisdictions may provide by law for the eligibility, amount, and duration of the credit.

Property Tax Credit for Elderly Individuals

Description:	The governing body of a county or municipal corporation may grant a property tax credit for a dwelling owned by an individual who is at least 65 years old. The amount of the property tax credit may not exceed 20% of the county or municipal property tax imposed on the property and may be granted for up to five years.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 9-258.
Eligibility:	At least 65 years old.
Value of Benefit:	Up to 20% of the county or municipal property tax imposed on the property, as determined by the local jurisdiction.
Limitations/Cost Sharing:	The credit may be available for up to five years, as determined by the local jurisdiction. The local jurisdiction may determine the maximum assessed value of property eligible for the credit.
Regional Variations:	Local jurisdictions may provide by law for the eligibility, amount, and duration of the credit.

Grants to Elderly Renters

Description:	The governing bodies of Anne Arundel, Frederick, Howard, Montgomery, or Prince George's counties may provide a grant to an elderly renter instead of a property tax credit.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 9-402.
Eligibility:	Determined by local jurisdiction.
Value of Benefit:	Determined by local jurisdiction.
Limitations/Cost Sharing:	Grants are provided instead of a tax credit.
Regional Variations:	Provision of grants determined by the local jurisdiction.

Property Tax Deferral for Elderly Individuals

Tax Description:	The governing body of a county or municipal corporation may grant a property tax payment deferral for residential real property occupied as the principal residence of the owner if an owner is at least 65 years old and has resided in the dwelling for at least 5 consecutive years.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Sections 10-204, 10-204.2, 10-204.5, 10-204.6, and 10-204.7.
Eligibility:	At least 65 years old and has resided in the dwelling for at least 5 consecutive years.
Value of Benefit:	The local jurisdiction must specify the amount of tax that may be deferred, restrictions on the amount of real property eligible for a payment deferral, the duration of a deferral, and income eligibility limits for a deferral.
Limitations/Cost Sharing:	Eligibility limitations determined by the local jurisdiction.
Regional Variations:	Washington County: Eligibility if an owner is at least 65 years old. Anne Arundel County: Eligibility if an owner is at least 62 years old. Prince George’s County: Eligibility if an owner is at least 70 years old and combined gross income of all individuals who reside in the property does not exceed \$45,000.

Property Tax Sale Deferral for Low-income Elderly Homeowners

Description:	The governing body of a county or municipal corporation may withhold from tax sale a dwelling owned by a homeowner who is low-income and at least 65 years old if the homeowner meets eligibility criteria established by the county or municipal corporation.
Statutory Citation:	<i>Annotated Code of Maryland</i> , Tax – Property, Section 14-811.
Eligibility:	At least 65 years old and low-income, as determined by criteria established by the local jurisdiction.
Value of Benefit:	Property withheld from tax sale process.
Limitations/Cost Sharing:	Income and other eligibility requirements established by the local jurisdiction.
Regional Variations:	Local jurisdictions establish eligibility requirements.

Supplemental State Programs Available to Older Adults

In addition to the benefit programs detailed in the beginning of Section III of this report, the State oversees many supplemental programs that work to support older adults. Some programs are required by the federal government, while others are State initiatives funded entirely with general funds. This section provides a broad overview summarizing the larger supplemental health, nutrition, housing, energy, safety, employment, and community services administered by the State.

Health Programs

As part of the Medicaid program, the Maryland Department of Health (MDH) serves older adults through a variety of programs that support individuals' ability to access and afford certain types of medical care and community placements.

Medicaid Home- and Community-based Services Waiver Programs

MDH coordinates a variety of programs that work to rebalance Medicaid-funded long-term care services away from institutional placements and toward home- and community-based options. Notable home- and community-based services waiver programs that support older adults in the State include:

- ***Community Personal Assistance Program:*** provides personal assistance, support planning, and nurse monitoring to Medicaid participants that meet medical eligibility requirements and reside in the community;
- ***Community First Choice Program:*** also provides personal assistance and an additional range of assistive technology solutions and home-delivered meals to approximately 15,000 unduplicated participants each month in fiscal 2021. Medicaid participants are eligible for this program if they reside in the community but meet the level of care required to qualify for services in an institution; and
- ***Home and Community-Based Options (Community Options) Waiver:*** offers more robust supports, including assisted living, medical day care, family training, case management, dietitian services, and behavioral consultations. Medicaid participants are eligible for this waiver if they are age 18 or older and meet the level of care required to qualify for nursing facility services. In fiscal 2021, there were a total of 4,919 Community Options waiver participants. The fiscal 2022 budget also included \$10.6 million in additional funds (\$5.0 million in general funds and \$5.6 million in federal funds) for Community Options waiver slot expansion and administrative support.

Money Follows the Person Demonstration Project

The Money Follows the Person (MFP) demonstration project supports administrative efforts to transition individuals' long-term services and supports system toward home- and community-based options. There are several MFP initiatives active in the State, including:

- ***MFP Maryland Access Point Level One Screening:*** offers screening services for individuals that contact Maryland Access Points with interest in waiver services. Individuals may also use screening services to update their score for certain program waitlists;
- ***MFP Nursing Facility Program Education:*** provides information and educational materials to nursing facility residents interested in transitioning to the community as potential Medicaid waiver participants, either directly or through local Centers for Independent Living; and
- ***MFP Bridge Subsidy Program:*** a tenant-based rental assistance program for eligible participants transitioning out of qualified institutions into independent rentals. Participants pay 30% of their income toward rent and utilities and receive rental assistance through the bridge subsidy for three years. After three years, participants transition to the Housing Choice Voucher Program or public housing in the participating jurisdiction.

Program of All-Inclusive Care for the Elderly

MDH oversees the Program of All-Inclusive Care for the Elderly (PACE), which works to support individuals dually eligible for both Medicare and Medicaid living in the community through wraparound preventive, primary, acute, and long-term care services. PACE serves individuals age 55 and older that live within the defined service area and meet certain income and medical need requirements. Hopkins ElderPlus is the only PACE community in Maryland, serving certain zip codes in Baltimore City. MDH is in the process of expanding the program through three to four additional PACE sites that will each serve a maximum of 200 participants and will cover service areas in Baltimore City, Montgomery County, Prince George's County, and potentially a fourth rural area. The department posted a solicitation for new PACE organizations in September 2021 and requested applications by November 3, 2021.

Health Promotion and Disease Prevention Services

The Maryland Department of Aging (MDOA) administers health promotion and disease prevention educational services, supported by federal Older Americans Act (OAA) funding. Funding is used primarily for programming supplies and instructor costs.

Veteran-Directed Care Program

Although not available to all older adults, MDOA's Veteran-Directed Care Program provides a flexible budget to veterans, or a family caregiver, to manage home- and community-based services for veterans requiring assistance with one or more activities of daily living and allows the veteran to remain in their home. The U.S. Department of Veterans Affairs gives priority to eligible veterans in need of home health care who are currently receiving, or in need of, care for a service-connected disability, or who have a service-connected disability of 50% or higher. The program is only available if services are offered in the jurisdiction; however, veterans may travel to access services.

Nutrition Programs

While the Supplemental Nutrition Assistance Program (SNAP) and the OAA nutrition programs (described at the beginning of Section III of this report) serve a substantial proportion of older adults in the State, some smaller programs administered by MDOA and the Department of Human Services (DHS) also support food security for older adults.

Commodity Supplemental Food Program

Also known as My Groceries to Go!, the Commodity Supplemental Food Program is a U.S. Department of Agriculture (USDA) program that provides low-income individuals age 60 and older with approximately 40 pounds of food per month to supplement a healthy and nutritious diet. Local agency partners include the Maryland Food Bank, Capital Area Food Bank, and Allegany County Human Resources Development Commission. In fiscal 2020, 4,395 individuals utilized the program. As of July 1, 2021, 221 individuals were waitlisted.

Senior Farmer's Market Nutrition Program

Through the Senior Farmer's Market Nutrition Program (SFMNP), MDOA provides locally grown food to individuals age 60 and older with incomes at or below 185% of the federal poverty guidelines. In fiscal 2020, the State benefit level was \$30. SFMNP runs from June 1 through November 30 each year. In federal fiscal 2020, 91 farmers and 5 farm stands were authorized to accept SFMNP checks or coupons in the State. In Maryland, 6,333 participants were enrolled in federal fiscal 2020.

Heat and Eat

Chapters 362 and 363 of 2021 established a Heat and Eat program within SNAP to expand food access to households that are receiving or eligible for SNAP. In determining SNAP eligibility, DHS must apply a standard utility allowance to the shelter deduction used to determine countable gross income for SNAP eligibility. SNAP cases that most benefit from the measure are households whose energy-related expenses are not factored into current income calculations for SNAP

eligibility, such as housing assistance program participants who do not have an energy bill in the participant's name.

Child and Adult Care Food Program

Administered by the Maryland State Department of Education, the Child and Adult Care Food Program subsidizes meals both for facilities that serve children and those that serve adult day care centers. Funding is made available by USDA.

Housing and Utility Programs

Federal Supportive Housing Programs

The U.S. Department of Housing and Urban Development administers two sister programs that provide funding to develop rental housing through capital advances and thereafter subsidize the housing for certain low-income individuals. As its name suggests, the **Section 202 Supportive Housing for the Elderly** program serves low-income adults age 62 and older. Likewise, the **Section 811 Supportive Housing for Persons with Disabilities** serves low-income households with at least one adult member with a disability.

Critical Medical Needs Program

DHS' Office of Home Energy Programs administers the Critical Medical Needs Program to reduce barriers to the energy assistance application process for critical medically vulnerable individuals and their households in obtaining State and federal financial assistance for their electric, gas, or other energy source bills so that their service continues or is restored. The program links participants with navigators (representatives from a medical facility or a public or private assistance agency or organization) who assist in the energy assistance application process. Chapters 453 and 454 of 2021 established the Power to the People Pilot Program. The pilot will expand access to the program, create a screening process, and provide training for navigators.

Protection from Abuse

DHS and MDOA oversee programs designed to prevent and address exploitation or abuse of older adults and adults with disabilities. DHS oversees:

- **Adult Protective Services:** aim to prevent the neglect, self-neglect, or exploitation of individuals age 18 and older who lack the physical or mental capacity to provide for their daily needs;

- **Maryland Legal Services Program:** provides legal representation to both children and indigent adults when the local department of social services or the Office of Aging is a party to a case; and
- **Project Stop Adult Financial Exploitation:** a public/private coalition that aims to prevent financial exploitation of adults by training the financial and law enforcement communities to detect and report financial exploitation and educating older adults to avoid exploitation.

MDOA oversees:

- **Public Guardianship Program:** MDOA or local Area Agencies on Aging (AAA) serve as guardian for individuals age 65 and older who have been deemed by a court of law to lack the capacity to make or communicate responsible decisions concerning their daily living needs; and
- **Long-Term Care Ombudsman Program:** offers a variety of informational and advocacy services to residents of long-term care facilities.

In addition, Chapter 3 of 2021 established the **Senior and Vulnerable Adult Asset Recovery Unit** within the Office of the Attorney General. When implemented, the unit will work to protect seniors and vulnerable adults from financial crimes.

Employment Programs

The Maryland Department of Labor (MDL) administers the **Senior Community Services Employment Program**, which helps low-income job seekers age 55 and older access training assignments closely aligned to their employment goals. The program is funded with 90% federal funds from the U.S. Department of Labor and 10% general funds. MDL also oversees the federal **American Jobs Centers** program, and the **Maryland Workforce Exchange** that are available to all job seekers in the State irrespective of age.

Transportation Services

The Maryland Department of Transportation oversees several programs administered by Locally Operated Transit Systems:

- **Senior Rides:** a State-funded program used to encourage and facilitate the development of volunteer transportation services for low-income to moderate-income seniors;

- ***Enhanced Mobility of Seniors and Individuals with Disabilities – Section 5310:*** federal funds are available to support private nonprofits that provide specialized transportation for elderly persons and persons with disabilities; and
- ***Statewide Special Transportation Assistance Program:*** also provides general transportation assistance to older adults and individuals with disabilities who are not sufficiently close to public transportation routes. Services are available on a first come, first served basis.

Other Independent Living and Community Resources

MDOA also administers the following programs to support independent living and promote older adults' community engagement:

- ***Community Services:*** funding made available through the federal OAA can be used for a variety of community needs. The funds may be used for various activities that serve adults age 60 and older, including responding to weather emergencies or providing transportation;
- ***Aging and Disability Resource Centers (Maryland Access Points):*** offer a coordinated system of information and assistance for individuals seeking long-term services and supports, including in-home, community-based, and institutional services;
- ***Senior Call-Check Program:*** provides a free, voluntary, automated daily phone call to residents age 65 and older to verify their well-being. If calls go unanswered, additional calls are made to notify an alternative person who is selected by the participant during program enrollment. The failure of the participant and alternate to answer will result in a call to a local nonemergency service;
- ***Community for Life (CFL):*** a seed-grant program in which the State provides grants to nonprofits to support aging-in-place services for CFL members within a defined geographic area. Members are eligible for home maintenance, transportation services, and service navigation. While members pay dues to participate in CFL, dues only cover a small share of program expenses, leaving other revenue sources such as donations, local government contributions, and the nonprofit grantee's own funds to support the program;
- ***Naturally Occurring Retirement Communities:*** community-based organizations that receive grants to provide service coordination to concentrated areas of low-income older adults facing problems of declining health, isolation, financial hardship, and language barriers to support community living; and
- ***Aging-in-place Programs:*** allow individuals to remain in their home while participating in their community safely, independently, and comfortably, regardless of their age, income,

or ability level. Chapters 308 and 309 of 2019 authorized MDOA to make grants to nonprofit organizations and AAAs to expand and establish aging-in-place programs. Any nonprofit organization or AAA may apply to MDOA for a State grant to be applied toward the cost of expanding or establishing an aging-in-place program that provides certain services to seniors. Per Chapter 24 of 2021, 20% of the appropriation for this purpose must be used to support senior villages (local, member-driven, nonprofit organizations that support community members by fostering social connections and coordinating volunteer help at the community member's home).

Senior Centers

A community partner for older adults, senior centers are a hub of meal service, arts and crafts, continuing education, health promotion and disease prevention services, and transportation opportunities. In Maryland, senior centers are managed by local governments or nonprofits. The State funds programs that support senior centers' operating activities or capital projects.

Senior Center Operating Fund

The Senior Center Operating Fund makes general funds available to senior centers to encourage innovative programming. In fiscal 2020, senior centers used the funding for fitness and health programming, staff support, and other administrative needs.

Senior Center Capital Grant Program

The Senior Center Capital Grant Program supports senior centers throughout the State with matching funds of up to \$800,000 for capital improvement projects. Previous projects have supported the construction of new senior centers, expansion or renovation of programming space, and facility renewal needs.

Major Federally Administered Programs

Medicare

Program Description:	Medicare is a federal health insurance program for people who are age 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. Part A provides insurance for hospital stays and certain long-term care services. Part B covers medical services such as doctor visits, outpatient care, medical supplies, and preventive services. Part D helps cover the cost of prescription drugs. Original Medicare includes Part A and Part B. Individuals can also opt into Medicare Advantage (Part C), which bundles Part A, Part B, and typically Part D. Medicare Advantage plans may have lower out-of-pocket costs and offer additional benefits compared to traditional Medicare.
Federal Agency:	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.
Funding Source:	Medicare is funded through the Hospital Insurance Trust Fund and the Supplementary Medical Insurance Trust Fund. Revenue to the Hospital Insurance Trust Fund comes from payroll taxes, income taxes paid on Social Security benefits, interest earned on investments, and Medicare Part A premiums. The Hospital Insurance Trust Fund pays for Part A benefits and administrative costs. Revenue to the Supplementary Medical Insurance Trust Fund comes from funds authorized by Congress, premiums from Part B and Part D, and other sources such as interest on investments. The Supplementary Medical Insurance Trust Fund pays for Part B and Part D benefits and administrative costs.
Federal Fiscal 2020 Budget:	Federal fiscal 2020 spending for Medicare included \$324.9 billion for hospital services and \$343.1 billion for other services, totaling \$668.0 billion.
Eligibility:	To be eligible for premium-free Part A, an individual must be entitled to receive Medicare based on earnings, have a specified number of quarters of coverage, and file an application for Social Security or Railroad Retirement Board benefits. Individuals younger than 65 can get premium-free Part A if they have been entitled to Social Security or Railroad Retirement Board disability benefits for 24 months or have certain medical conditions.

- Utilization:** In calendar 2019, 1,036,953 individuals in Maryland (17% of the State population) were enrolled in Medicare. Most enrollees (88%) were enrolled in Original Medicare, while 127,535 individuals (12%) enrolled in Medicare Advantage or other health plans. Most enrollees (88%) qualified for Medicare based on age, while 12% qualified based on disability.
- Value of Benefit:** In 2014 (the most recent available data), the average cost per Medicare enrollee in Maryland was \$12,000. For eligible enrollees, Extra Help benefits are estimated to be worth an additional \$5,000 per year.
- Cost Sharing:** Most enrollees do not pay a monthly premium for Part A; however, there is a deductible for each benefit period (\$1,526 in 2022) and coinsurance requirements for hospital inpatient stays longer than 60 days within a benefit period. The standard Part B premium in 2022 is \$170.10. Part B premiums may be set higher based on a sliding scale relative to income. In 2022, the Part B deductible is \$233.00. Once the deductible is met, enrollees typically pay 20% of the Medicare-approved amount for doctor services, outpatient therapy, and durable medical equipment. Part C and Part D premiums vary by plan.
- Individuals can also purchase Medicare Supplement Insurance, known as Medigap, from private companies to cover some of remaining health care costs, including copayments, coinsurance, or deductibles. Medicare beneficiaries may qualify for the Extra Help/Low Income Subsidy, which assists with monthly premiums, annual deductibles, and copayments for Part D.
- Medicaid can assist individuals pay Medicare premiums or copayments according to the eligibility categories. For a Qualified Medicare Beneficiary, Medicaid pays Part A and B premiums, deductibles, and copayments for individuals with incomes below 100% of the federal poverty guidelines (FPG). For a Specified Low Income Medicare Beneficiary, Medicaid pays Part B premiums for individuals with income below 135% FPG.
- Accessibility:** Entitlement. Individuals age 65 and older that are not otherwise entitled to receive Medicare may purchase Medicare. Enrollees must purchase Part B coverage along with Part A and must pay Part B premiums. In calendar 2021, enrollees that purchase Part A pay \$259 per month if they or their spouse worked and paid Medicare taxes for 30 to 39 quarters or \$471 per month if they paid Medicare taxes for fewer than 30 quarters.

Regional Variations: Medicare Advantage and Part D benefits may vary depending on the plan and service area.

Related State Programs: The State administers several programs related to Medicare. The federal Medicare Improvements for Patients and Providers Program provides grants to Maryland for outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help lower the costs of their Medicare premiums and deductibles. The State Health Insurance Assistance Program provides free assistance and counseling to Medicare beneficiaries, those who will become eligible for Medicare, and those who are transitioning to Medicare. The Maryland Senior Medicare Patrol educates Medicare (and Medicaid) beneficiaries, their families, and caregivers about how to prevent, detect, and report health care fraud, errors, waste, and abuse.

Source: Centers for Medicare and Medicaid Services; Maryland Department of Aging

Social Security

Program Description: Social Security provides monthly cash benefits to retired or disabled workers and their family members and the family members of deceased workers.

Federal Agency: U.S. Social Security Administration.

Funding Source: Primarily funded through a dedicated federal payroll tax.

Fiscal 2021 Budget: Estimated \$984.7 billion nationwide.

Eligibility: To be eligible, an individual must be age 62 or older, or disabled or blind, and have enough work credits. For applications filed on or after December 1, 1996, an individual must either be a U.S. citizen or lawfully present alien. To be eligible for most benefits, an individual must have earned an average of one work credit for each calendar year between age 21 and the year in which they reach age 62 or become disabled or blind, up to a maximum of 40 credits. A minimum of six work credits is required, regardless of age. Under certain circumstances, spouses, children, or grandchildren may receive benefits.

Utilization: Estimated 63.2 million participants nationwide as of October 2021.

Value of Benefit: A worker with steady earnings at the maximum level since age 22 that retired in January 2022, would receive an average monthly benefit of \$2,364 if the individual was age 62; \$2,993 if the individual was age 65; \$3,240 if the individual was age 66; \$3,568 if the individual was age 67; and \$4,194 if the individual was age 69.

Cost Sharing: None.

Accessibility: Entitlement.

Regional Variations: None.

Source: U.S. Social Security Administration

Supplemental Security Income

Program Description:	Provides monthly income to eligible recipients. Maryland is one of 46 states that also provides a supplemental State benefit. The supplemental State benefit is administered through the Public Assistance to Adults program.
Federal Agency:	U.S. Social Security Administration.
Funding Source:	Supplemental Security Income (SSI) is financed by general funds of the U.S. Treasury (with revenue from personal income taxes, corporate, and other taxes). Social Security taxes collected under the Federal Insurance Contributions Act or the Self-Employment Contributions Act do not fund SSI.
Fiscal 2022 Budget:	Estimated \$56.1 billion in federal benefits and \$2.565 billion in supplemental state benefits nationwide.
Eligibility:	To be eligible, an individual must be age 65 and older, or blind or disabled, and have limited income and financial resources. Individuals must be U.S. citizens or noncitizens lawfully admitted for permanent residence. The Social Security Administration disregards certain income when determining eligibility.
Utilization:	Estimated 7.7 million participants nationwide as of October 2021. Approximately 143,000 individuals receive state supplementary benefits with no federal benefit.
Value of Benefit:	The monthly maximum federal payments for calendar 2022 are \$841 (\$10,092 annually) for an individual, \$1,261 (\$15,137 annually) for an individual with an eligible spouse, and \$421 (\$5,058 annually) for an essential person (someone who lives with an SSI beneficiary and provides essential care). The benefit is reduced by the amount of countable income received.
Cost Sharing:	None.
Accessibility:	Entitlement.
Regional Variations:	None.

Source: U.S. Social Security Administration

Social Security Disability Income

Program Description:	Provides monthly assistance to people with disabilities.
Federal Agency:	U.S. Social Security Administration.
Funding Source:	Primarily funded by federal payroll taxes. Other revenue supporting the program comes from interest earnings and revenue from taxation of benefits.
Fiscal 2021 Budget:	Estimated \$144.4 billion nationwide.
Eligibility:	To be eligible, an individual must have earned sufficient work credits (at least 40), 20 of which must have been earned in the last 10 years ending with the year in which the individual became disabled. Work credits are tied to income. An individual can earn up to four credits per year. Younger workers may qualify with fewer credits. Eligible individuals must have monthly earnings less than \$1,310 and have a condition that limits their ability to do basic work-related activities that is expected to last at least 12 months or result in death. Partial or short-term disabilities do not qualify. A widow, widower, or divorced spouse of a deceased worker may be eligible for benefits if they are between the ages of 50 and 60 and have a medical condition that started within seven years of the worker's death. Under certain conditions, children can qualify for benefits as a dependent.
Utilization:	Estimated 9.7 million participants nationwide in federal fiscal 2021. In calendar 2019, 144,101 participants resided in Maryland, of which 87% were disabled workers, 2% were widow(er)s, and 11% were disabled adult children.
Value of Benefit:	Benefits vary based on length of time worked and earnings over time. In calendar 2019, the average monthly benefit was \$1,258. However, as men traditionally have higher earnings than women, average monthly benefits for men were \$1,384, while average monthly benefits for women were \$1,128. The benefit for spouses of deceased workers and adult disabled children is lower as workers receive 100% of the benefit amount while disabled widow(er)s receive 71.5% and disabled adult children receive 50% (if the worker is disabled or retired) or 75% (if the worker is deceased).
Cost Sharing:	None.
Accessibility:	Entitlement.
Regional Variations:	None.

Source: U.S. Social Security Administration