

# **Joint Committee on Children, Youth, and Families**

*Senator Mary L. Washington, Senate Chair*  
*Delegate Ariana B. Kelly, House Chair*

**Thursday, October 8, 2020, 10:00 a.m.**  
**Teleconference Meeting**

## **Agenda**

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- I. Call to Order and Chairs' Opening Remarks**
- II. Overview of Maryland's Long-term Services and Supports State Scorecard**
  - Susan C. Reinhard, RN, PhD., FAAN, Senior Vice President and Director, AARP Public Policy Institute
  - Ari Houser, Quantitative Methods Advisor, AARP Public Policy Institute
- III. Briefing on Recent Trends and Challenges in Long-term Care Services**
  - Eric Colchamiro, Director of Government Affairs, Alzheimer's Association, Maryland and the District of Columbia
  - Danna L. Kauffman, Partner, Schwartz, Metz and Wise, P.A.
- IV. Update on Services for Developmentally Disabled Individuals**
  - Bernard Simons, Deputy Secretary, Maryland Department of Health, Developmental Disabilities Administration
  - Laura Howell, Executive Director, Maryland Association of Community Services
  - Shawn Kros, Chief Executive Officer, The Arc Northern Chesapeake Region
- V. Closing Remarks and Adjournment**



The COMMONWEALTH FUND



## Maryland: 2020 Long-Term Services and Supports (LTSS) State Scorecard

The fourth edition of the *LTSS State Scorecard*, released in fall 2020, takes a multi-dimensional approach to measure state-level performance of LTSS systems that assist older adults, people with physical disabilities, and family caregivers. Unlike many other rankings that focus on a particular aspect of LTSS system performance, the *Scorecard* compares state LTSS systems across multiple dimensions, reflecting the importance and interconnectedness each has on the overall LTSS system. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

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**Purpose:** The *Scorecard* aims to empower state and federal policy makers and consumers with information they need to effectively assess their state’s performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with physical disabilities, and their families.

**Results:** The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 4 to 7 data indicators, for a total of 26 indicators. The *Scorecard* also measures changes in performance over the previous three years wherever possible (reference data available for 21 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. Indicator data appear on the next page.

Dimension	Rank	Number of indicators with trend*	Number of indicators showing:		
			Substantial improvement	Little or no change	Substantial decline
<b>OVERALL</b>	<b>13</b>	<b>21</b>	<b>8</b>	<b>13</b>	<b>0</b>
Affordability & Access	6	6	2	4	0
Choice of Setting & Provider	28	6	3	3	0
Quality of Life & Quality of Care	30	2	1	1	0
Support for Family Caregivers**	14	4	2	2	0
Effective Transitions	12	3	0	3	0

\* Trend cannot be shown if data are missing for either the current or baseline data year.

\*\* The support for family caregivers dimension comprises 12 policy areas, organized into four broad categories. Change is shown at the category level in the table above. Policy data are shown on the next page.

## Maryland: 2020 Long-Term Services and Supports State Scorecard Data

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Home Care Cost (2018-19)	64%	59%	2	▬	80%	51%
Long-Term Care Insurance (2018)	50	54	19	▬	43	138
Low-Income PWD with Medicaid (2016-18)	56.5%	51.4%	25	✓	56.7%	79.2%
PWD with Medicaid LTSS (2017)	30	29	41	▬	46	100
ADRC/NWD Functions (2019)	84%	80%	11	✓	66%	96%
<b>Choice of Setting and Provider</b>	<b>28</b>					
Medicaid LTSS Balance: Spending (2016)	28.5%	24.6%	34	✓	45.1%	73.5%
Medicaid LTSS Balance: Users (2017)	42.4%	38.5%	43	▬	64.2%	83.9%
Self-Direction (2019)	1.6	*	48	*	30.4	149.1
Home Health Aide Supply (2016-18)	18	14	33	✓	22	47
Assisted Living Supply (2016)	58	51	17	▬	49	102
Adult Day Services Supply (2016)	122	128	4	▬	61	171
Subsidized Housing Opportunities (2017-18)	7.6%	6.8%	8	✓	6.2%	18.6%
<b>Quality of Life and Quality of Care</b>	<b>30</b>					
PWD Rate of Employment (2016-18)	24.3%	28.3%	18	▬	21.4%	38.1%
Nursing Home Residents with Pressure Sores (2018)	8.9%	*	46	*	7.3%	4.8%
Nursing Home Antipsychotic Use (2018)	12.2%	14.1%	8	✓	14.6%	7.8%
HCBS Quality Benchmarking (2015-19)	1.0	*	31	*	1.30	3.60
<b>Support for Family Caregivers</b>	<b>14</b>					
Supporting Working Family Caregivers (6 policies)	5.10	4.10	14	✓	3.17	13.50
Family Responsibility Protected Classification (2019)	0.60	0.60			0.29	2.00
Exceeds Federal FMLA (2019)	0	0			0.29	3.00
Paid Family Leave (2019)	0	0			0.50	3.50
Mandatory Paid Sick Days (2019)	2.50	1.50			0.85	3.00
Flexible Sick Days (2019)	2.00	2.00			0.75	3.00
Unemployment Insurance for Family Caregivers (2019)	0	0			0.49	1.00
Person- and Family-Centered Care (3 policies)	1.50	1.50	45	▬	3.04	5.50
Spousal Impoverishment Protections (2019)	0.50	0.50			0.90	2.00
Having Caregiver Assessment (2019)	0	0			1.34	2.50
CARE Act Legislation (2019)	1.00	1.00			0.80	1.00
Nurse Delegation and Scope of Practice (2 policies)	4.50	4.50	13	▬	3.30	5.00
Nursing Tasks Able to be Delegated (2019)	3.50	3.50			2.69	4.00
Nurse Practitioner Scope of Practice (2019)	1.00	1.00			0.61	1.00
Transportation Policies (1 policy)	1.00	0	1	✓	0.14	1.00
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 ADRC/NWD = Aging and Disability Resource Center/No Wrong Door  
 CARE Act = Caregiver Advise, Record, Enable Act  
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 PWD = People with Disabilities

### Key for Change:

✓	Performance improvement
▬	Little or no change in performance
✗	Performance decline
*	No trend available

# 2020 LTSS State Scorecard: Advancing Action

## Maryland Overview

**Susan Reinhard @susanpolicy**  
**Ari Houser @arihouser**

**October 8, 2020**

# Scorecard Overview

## What is the *Scorecard*?

- **Compilation of state data and analysis**
- **Multidimensional approach to comprehensively measure state long-term services and supports (LTSS) system performance overall and within five different domains**
- **Puts state LTSS policies and programs in context, stimulates dialogue, and prompts action**
- **Focus is on state-level data because our country does not have a single national system to address LTSS needs**
- **Funded with the support of The SCAN Foundation and The Commonwealth Fund and has been updated every 3 years**

## Goals of the *Scorecard*

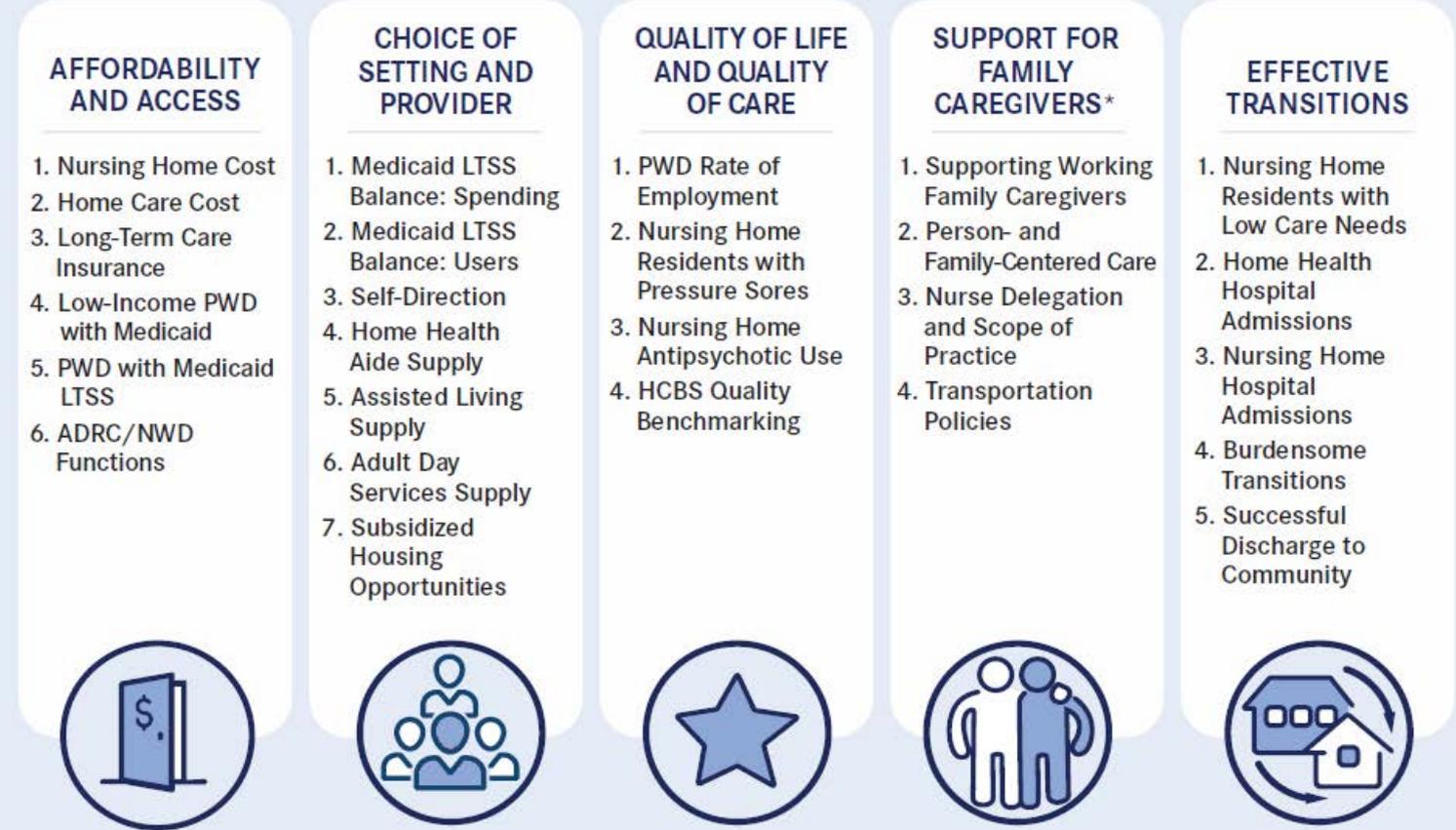
- **Raise the level of LTSS system performance nationally and in individual states** <sup>3</sup>
- **Help states:**
  - **Assess their LTSS systems across multiple dimensions of performance**
  - **Measure progress**
  - **Identify areas for improvement**
  - **Engage public and private sectors**
  - **Improve the lives of older adults, people with disabilities, and family caregivers**
- **Data were gathered and analyzed in 2019. Pre-COVID but just as relevant today.**

# What do we mean by a “High-Performing LTSS System”?

## EXHIBIT 1 Framework for Assessing LTSS System Performance

### HIGH-PERFORMING LTSS SYSTEM

Five dimensions of LTSS performance, constructed from 26 individual indicators.



ADRC/NWD - Aging and Disability Resource Center/No Wrong Door  
 HCBS - Home- and Community-Based Services  
 LTSS - Long-Term Services and Supports  
 PWD - People with Disabilities  
 \*Support for Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.

Source: Long-Term Services and Supports State Scorecard, 2020.

# High-Level Findings

## States made modest progress, but status quo dominates

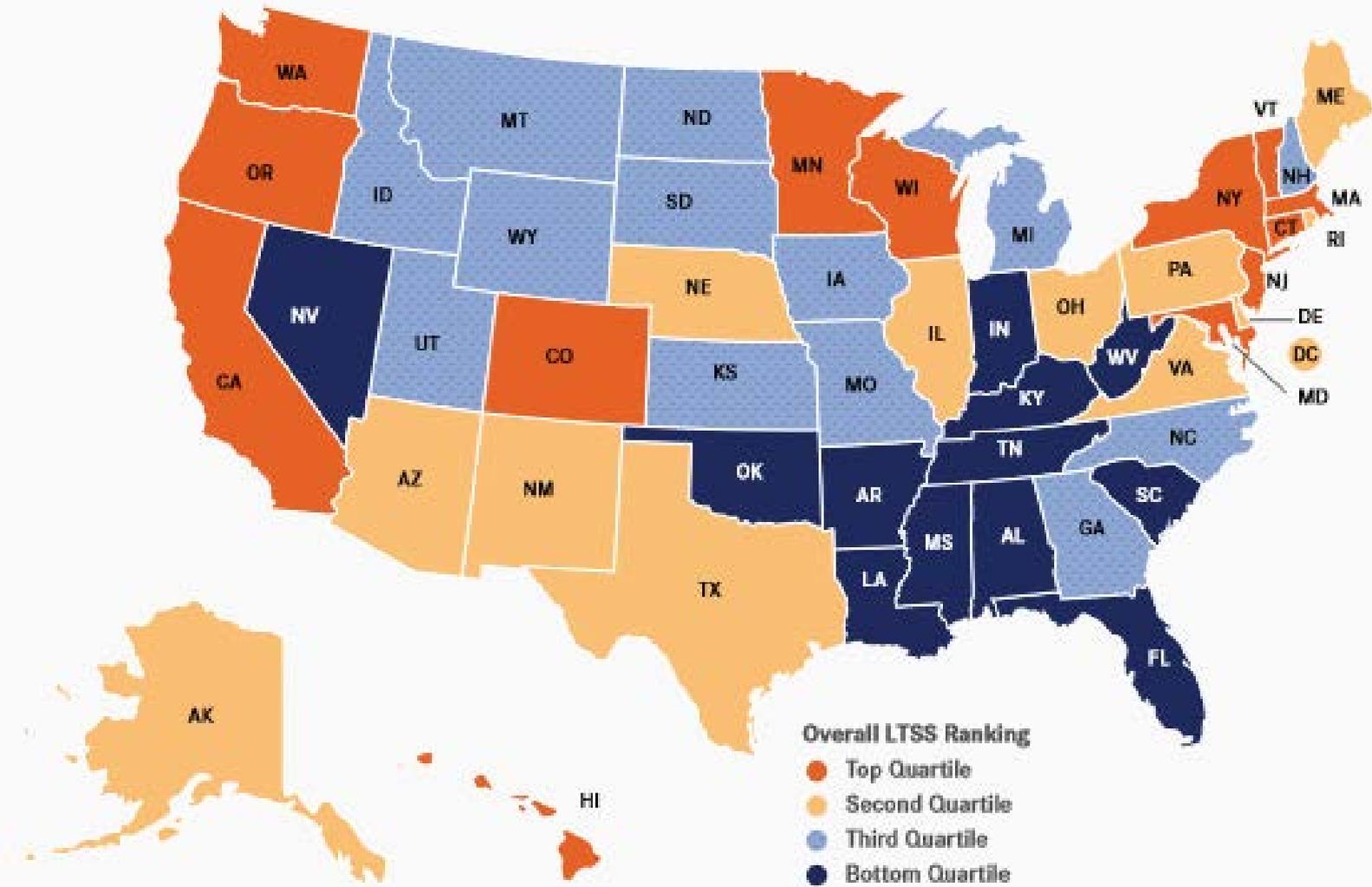
- Generally state performance has changed little for most indicators where performance could be measured over time
- Among 21 indicators, there were 15 in which more than 30 states (at least 60%) showed little or no change over the measurement interval (usually 3 years)
- Among the other 6 indicators
  - 5 had >20 states showing improvement
  - 1 had >20 states declining in performance

## Most improved and declined indicators

- >20 states improved:
  - ADRC/NWD Functions
  - Medicaid LTSS Spending Balance
  - Nursing Home Antipsychotic Use
  - Supporting Working Family Caregivers
  - Person and Family-Centered Care
- >20 states declined:
  - Long-Term Care Insurance

# Overall Ranking

**EXHIBIT 2** 2020 State Scorecard Summary of LTSS System Performance Across Dimensions—National Heat Map of All States and the District of Columbia



Note: Rankings are not entirely comparable to previous *Scorecard* rankings. Changes in rank may not reflect changes in performance. Measures may be different and improved performance can result in a lower rank if other states experienced greater improvement.

Source: *Long-Term Services and Supports State Scorecard, 2020*.

# Maryland Findings

# State Fact Sheet



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Explore the data!

<http://www.longtermscorecard.org/databystate/state?state=MD>

# Dimension Rankings and Change over Time

- **Like many states, Maryland's LTSS system has strengths and opportunities for improvement.**
- **Top quartile (or close to it) in 3 dimensions of performance:**
  - Affordability and Access
  - Support for Family Caregivers
  - Effective Transitions
- **3<sup>rd</sup> quartile (middle of the pack, below median states) in the other 2 dimensions:**
  - Choice of Setting and Provider
  - Quality of Life and Quality of Care
- **Improved in 8 indicators and declined in 0. Only New York did better.**

# Specific Areas to Target for Improvement

- **Two broad areas stand out for potential improvement**
- **Balance of LTSS toward home and community based services (HCBS)**
  - People overwhelmingly prefer to receive services in the community.
  - Maryland is well below the national average in the percentage of spending going to HCBS (rank 34) and the percentage of people getting services in the community (rank 43).
  - In particular, self-direction is almost non-existent in the state (rank 48).
  - Particularly valuable during COVID to reduce risk of exposure.
- **Policies to support family caregivers**
  - Maryland does pretty well in supporting working caregivers (rank 14) but is not the highest performing state in any of the 6 policy categories.
  - State lags behind in person- and family-centered care (rank 45). Spousal impoverishment protections in Medicaid and family caregiver assessment are policies areas with a lot of room for improvement.

**To Find Out More:**

**[www.LongTermScorecard.org](http://www.LongTermScorecard.org)**



# Improving the State and Federal Response to COVID-19 in Long-Term Care Settings

## Alzheimer's Association Policy Recommendations

The COVID-19 pandemic continues to create additional challenges for people living with dementia, their families and caregivers. These challenges are particularly being felt in long-term care settings. Indeed, nursing homes and assisted living communities are on the frontlines of the COVID-19 crisis, where 48% of nursing home residents are living with dementia, and 42% of residents in residential care facilities, including assisted living communities, have Alzheimer's or another dementia.

Residents with dementia are particularly susceptible to COVID-19 due to their typical age, their significantly increased likelihood of coexisting chronic conditions, and the community nature of these settings.

**Our nation has not done enough to support these communities.** Across the country these facilities, their staff, and their residents are experiencing a crisis due to a lack of transparency, an inability to access the necessary testing, inaccurate reporting and more. According to some estimates, more than 27,000 residents and workers have died from the coronavirus at nursing homes and other long-term care communities.

The Alzheimer's Association is urging state and federal policymakers to implement new policy solutions which will address the immediate and long term issues impacting care facilities during the COVID-19 pandemic.

**TESTING:** Each nursing home and assisted living community must have the onsite capability to verify that all residents, staff and visitors are free of COVID-19 infection, whether or not they are symptomatic. In short, access to testing should be the "White House Standard." Government support is needed to ensure accelerated production and delivery of testing, with rapid turnaround testing staffed by trained personnel.

- » Establish and implement a protocol to use testing to verify, as a baseline, that residents and staff of each facility are free of infection.
- » As an essential component of establishing a baseline assessment, immediately prioritize access to testing supplies for nursing homes and assisted living communities and require that all residents and staff be tested.
- » Purchase, deliver and provide training in the proper use of commercially available, rapid point of care COVID-19 testing.
- » Thereafter, implement daily testing for all new individuals who come onsite, and retesting for returning individuals who enter the facility, in accordance with local guidance.

**REPORTING:** All cases of COVID-19 at nursing homes and assisted living communities need to be reported immediately and accurately. Additionally, these reports should be updated upon remission, death, transfer or other appropriate status update. With all appropriate privacy safeguards for individuals, this reported data should be freely and immediately accessible to all down to the facility level.

- » Require all nursing homes and assisted living communities to report positive diagnoses to public health authorities immediately (never later than same day), update previously reported cases upon significant changes in status, and proactively notify family and/or designated persons of changes.
- » Protect the privacy of individuals, but do not tolerate this as an excuse to delay implementation of this expectation. These issues can be reasonably addressed.
- » Create a central, publicly accessible web platform that is searchable down to the facility level to make deidentified data available immediately upon reporting. No lag between reporting and publication is needed or tolerable.

**SURGE ACTIVATION:** As “hot spots” occur, they must be dealt with urgently and effectively. Any reported cases should trigger careful, ongoing monitoring and, if conditions warrant, “strike teams” will be employed to the facility to provide needed support until the outbreak is appropriately contained and eliminated.

- » Designate state Long-Term Care Ombudsman and state and federal CMS Surveyors as “essential,” ensure they have priority access to PPE, and authorize them to visit long-term care communities.
- » Establish a protocol for what steps nursing homes and assisted living communities must take once a resident or staff member tests positive for COVID-19 and require that this protocol is implemented by the care provider.
- » Require nursing homes and assisted living communities to implement a care coordination protocol that ensures a smooth transition between care settings if a resident must be moved to another care setting.
- » Activate statewide strike teams to help nursing homes and assisted living communities that are identified as “hot spots” and in need of additional support.

**PROVIDING SUPPORT:** All nursing homes and assisted living communities must have full access to all needed PPE, testing equipment, training and external support to keep them COVID-19 free.

- » Immediately prioritize access to PPE for all staff in nursing homes and assisted living communities. These facilities should be given access to an adequate, ongoing supply.
- » Require dissemination of essential dementia care standards to aid provisional staff in the delivery of person-centered dementia care.
- » Require the use of personal information forms for each resident to allow all staff to quickly identify essential information about the person to help maintain a stable and comforting environment.
- » Require nursing homes and assisted living communities to address social isolation and ensure people with dementia are able to communicate with designated family/friends.
- » Direct the state department of health to establish and administer a Statewide Long-Term Care Emergency Response Task Force to coordinate with all key stakeholders to identify pressing issues and implement solutions.

According to the 2020 Alzheimer's Association Facts and Figures Report, more than 110,000 people are living with Alzheimer's disease and nearly 294,000 people are providing unpaid care in Maryland.



Most likely, dementia does not increase risk for COVID-19, the respiratory illness caused by the new coronavirus, just like dementia does not increase risk for flu. However, dementia-related behaviors, increased age and common health conditions that often accompany dementia may increase risk. For example, people with Alzheimer's disease and all other dementia may forget to wash their hands or take other recommended precautions to prevent illness. In addition, diseases like COVID-19 and the flu may worsen cognitive impairment due to dementia.

## **CORONAVIRUS (COVID-19): TIPS FOR DEMENTIA CAREGIVERS**

### **TIPS FOR DEMENTIA CAREGIVERS AT HOME:**

Caregivers of individuals living with Alzheimer's and all other dementia should follow guidelines from the Centers for Disease Control and Prevention (CDC), and consider the following tips:

- For people living with dementia, increased confusion is often the first symptom of any illness. If a person living with dementia shows rapidly increased confusion, contact your health care provider for advice.
- People living with dementia may need extra and/or written reminders and support to remember important hygienic practices from one day to the next.
- Consider placing signs in the bathroom and elsewhere to remind people with dementia to wash their hands with soap for 20 seconds.
- Demonstrate thorough hand-washing.
- Alcohol-based hand sanitizer with at least 60% alcohol can be a quick alternative to hand-washing if the person with dementia cannot get to a sink or wash his/her hands easily.
- Ask your pharmacist or doctor about filling prescriptions for a greater number of days to reduce trips to the pharmacy.
- Think ahead and make alternative plans for the person with dementia should adult day care, respite, etc. be modified or cancelled in response to COVID-19.
- Think ahead and make alternative plans for care management if the primary caregiver should become sick.

800.272.3900 | [alz.org](http://alz.org)<sup>®</sup>

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## **TIPS FOR CAREGIVERS OF INDIVIDUALS IN ASSISTED LIVING:**

The CDC has provided guidance to facilities on infection control and prevention of COVID-19 in nursing homes. This guidance is for the health and safety of residents. Precautions may vary based on local situations. For more information, visit [cdc.gov/coronavirus/2019-ncov/healthcare-facilities](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities).

- Check with the facility regarding their procedures for managing COVID-19 risk. Ensure they have your emergency contact information and the information of another family member or friend as a backup.
- Do not visit your family member if you have any signs or symptoms of illness.
- Depending on the situation in your local area, facilities may limit or not allow visitors. This is to protect the residents but it can be difficult if you are unable to see your family member.
- If visitation is not allowed, ask the facility how you can have contact with your family member. Options include telephone calls, video chats or even emails to check in.
- If your family member is unable to engage in calls or video chats, ask the facility how you can keep in touch with facility staff in order to get updates.

## **STAYING HEALTHY**

Pay attention to flu or pneumonia-like symptoms in yourself and others and report them to a medical professional immediately. Follow current guidance and instruction from the CDC regarding COVID-19.

### **Tips to keep yourself and your loved ones healthy include:**

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick; work from home.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash your hands with soap and water if your hands are visibly dirty.



# MARYLAND

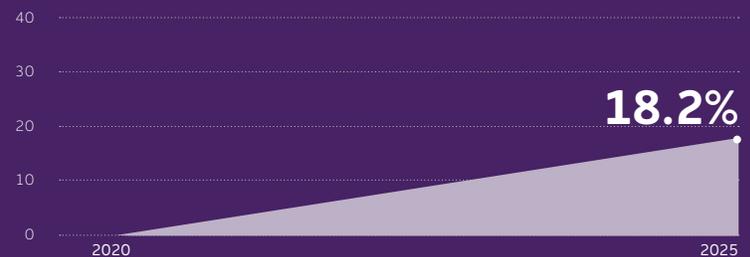
## ALZHEIMER'S STATISTICS

### 65+ NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S BY AGE\*

Year	65-74	75-84	85+	TOTAL
2020	19,000	50,000	45,000	110,000
2025	20,000	63,000	51,000	130,000

\* Totals may not add due to rounding

### Estimated percentage change



### # OF DEATHS FROM ALZHEIMER'S DISEASE (2018)

# 1,122

### GERIATRICIANS

# of geriatricians in 2019 **150**

**92%** increase needed to meet Alzheimer's population needs in 2050

### CAREGIVING (2019)

**294,000**  
Number of Caregivers

**335,000,000**  
Total Hours of Unpaid Care

**\$4,389,000,000**  
Total Value of Unpaid Care

### HOSPITALS (2017)

**1,526**

# of emergency department visits per 1,000 people with dementia

**11.8%**

increase in emergency department visits since 2007

**24.6%**

dementia patient hospital readmission rate

### HOSPICE (2017)

**4,072**

# of people in hospice with a primary diagnosis of dementia

**17%**

of people in hospice have a primary diagnosis of dementia

### MEDICARE

**\$30,331**

per capita Medicare spending on people with dementia (in 2019 dollars)

### MEDICAID

**\$1.231 BILLION**

Medicaid costs of caring for people with Alzheimer's (2020)

**24.7%**

change in costs from 2020 to 2025



More than **5 million Americans** are living with Alzheimer's. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$305 billion** in 2020, increasing to more than **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

For more information, view the **2020 Alzheimer's Disease Facts and Figures** report at [alz.org/facts](http://alz.org/facts).

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**October 8, 2020 Briefing**

**Joint Committee on Children, Youth and Families**

**1. Early Impact of COVID-19 on Nursing Homes and Assisted Living**

- Personal Protective Equipment
- Staffing
- Reporting Requirements
- Testing Requirements
- Visitation Limitations

**2. New CMS/MDH Guidance – Issued October 1, 2020**

- Testing Requirements
- Visitation Allowance
- MDOD Disability Notice

**3. Moving Forward**

- Funding/Stability
- Workforce Development
- Access to Services Across the Continuum

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# **Joint Committee on Children, Youth, and Families: DDA Update on COVID-19**

**Bernie Simons, Deputy Secretary, Developmental Disabilities Administration**

Thursday, October 8, 2020

# Summary

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- DDA is working with our state partners and stakeholders to provide the support, guidance and flexibility needed to limit the spread of COVID-19 in our communities and State Residential Centers.
- DDA regularly updates our COVID-19 webpage with resources and guidance for stakeholders and conducts regular webinars to support families.
- DDA COVID-19 toolkits, guidance, screening tools, and checklists for providers to support individuals in group homes and other DDA services.
- Appendix K was operationalized by providing guidance, FAQs, forms, and easy to read at-a-glance fact sheets for Appendix K.

# Service Flexibility, Funding, & PPE

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- Distributed over 225,000 pieces of PPE in five rounds to service providers, individuals in self-direction and microboards
- Established additional funding and flexibilities for self-directed services
- Provider retainer payments
- Individual wellness checks by Coordinators of Community Services to ensure individuals are getting needed support
- Provided notice and updates on emergency relief funds for providers:
  - June 9: CARES Act Provider Relief Fund
  - July 15: Maryland Nonprofit Recovery Initiative funding (NORI)

# Service Flexibility, Funding, & PPE

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- Maryland NonProfit Recovery Initiative - Initiated July 15, 2020
  - \$10 million available for BHA and DDA non profit service providers
  - Awards up to \$75,000
  - Operating support to address revenue reduction and additional costs due to public health emergency
  - 142 applications submitted to date with a value of \$8.2 million
    - 80 DDA providers

# Service Flexibility & Support

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- Flexibilities and enhanced rates approved by CMS under the federal waiver application (Appendix K) for all DDA Waivers including Family Supports, Community Supports, and Community Pathways will continue until March 2021.
- These include: remote services, retainer days, increased respite service hours, additional funding for group homes, and streamlined approval of services
- In September, CMS approved:
  - Increase retainer days from 18 to 30 consecutive service days
  - In-person supports during acute-care hospitalizations or short-term institutional stays

# Retainer Days

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- Retainer Days are allowed when providers are unable to provide services
- In addition to residential services, Appendix K allows providers to use retainer days for services that normally are not eligible, such as Day Habilitation, Supported Employment, and Personal Support Services.
- Appendix K requires retainer days to be consecutive.
  - Residential - consecutive calendar days
  - Other services - consecutive billable days

# Service Flexibility & Support

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- On September 1, DDA published a federal waiver application (Amendment 3) for all DDA Waivers for public comment with the following changes based on our Appendix K experiences:
  - Adding remote supports as a service delivery option within some services
  - Adding that some services may be delivered in an acute-care hospital or short-term institutional stay

# State Residential Centers Support

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- Maryland's DDA operates two State Residential Centers (SRCs) where individuals with developmental disabilities reside and receive services and treatment: the Holly Center in Salisbury and the Potomac Center in Hagerstown.
- To date, there have been no cases among residents at either SRC.
- Both SRCs implemented changes to reduce the risk of infection among the individuals they serve and their staff:
  - All individuals screened and have temperature taken before entering campus
  - Mandatory masking for staff
  - Monthly COVID testing for staff
  - Newly admitted individuals or those returning from off-campus treatment follow COVID testing and isolation protocol
  - Increased number of specialized services available on campus to reduce exposure risks (e.g. X-ray, podiatry, etc.)

# Visitation

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- Each DD provider sets visitation policies for individuals in congregate settings (or are determined by the individual if self directed).
  - DDA and public health staff have provided technical assistance on infection control.
  - Policies range from no visitation to porch visits to overnight visits
- MDH and the Maryland Department of Disabilities worked with various disability rights stakeholders on updating access to healthcare facilities for support persons for individuals with disabilities; revised guidance was released Sept. 24.

# Information, Guidance & Resources

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- DDA created a COVID-19 webpage with resources, a toolkit and guidance specific to families, participants, direct support professionals and providers.
- DDA created an Appendix K webpage with federal approval, guidance, FAQs, at-a-glance fact sheets and 11 webinars on new service changes and flexibilities for stakeholders.
- The DDA worked in partnership with the MDH Epidemiologist team to create screening tools, guidance, and checklists specifically for group homes to prevent and respond to outbreaks.
- On June 12, the DDA, Medicaid, and MSDE issued guidance on extending timeframes and increased flexibilities for Transitioning Youth.
- On August 12, the DDA shared a framework developed in collaboration with stakeholders on reopening Meaningful Day Services.

# Information, Guidance & Resources

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- Regular stakeholder webinars, including webinars specifically for families:
  - April 10: Training on the Use of PPE and COVID-19 Concerns and Questions.
  - April 17: Responding to Outbreaks of COVID-19 in Homes for People with Developmental Disabilities
  - May 15: Preventing Outbreaks of COVID-19 in Group Homes for Persons with Developmental Disabilities
  - June 12: Secondary Transition for Transitioning Youth and Maryland Assistive Technology Program
  - July 10: A Family's Perspective on Her Son's Supports
  - August 21: DDA Amendment 3
  - September 4: Still Coping with COVID

# Information, Guidance & Resources

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- [DDA COVID-19 website](#)
- [Coronavirus Disease 2019 \(COVID-19\) Guidance for Maryland Community Providers of Services for Individuals with Developmental Disabilities](#) (toolkit)
- [Appendix K website](#)
  - [DDA Appendix K Amendment](#)
- Waiver Amendment 3 websites:
  - [Community Pathways Waiver](#)
  - [Community Supports Waiver](#)
  - [Family Supports Waiver Waiver](#)

# Information, Guidance & Resources

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- Guidance for Group Homes & Residential Providers
  - [Interim Guidance on Procedures To Prevent and Respond To COVID-19 In Small Group Home Or Congregate Facility Settings –March 27, 2020](#)
  - [COVID-19 Homes Visitors and Essential Staff Travel Guidance – April 1, 2020](#)
  - [Checklist of Recommendations for Group Home Outbreak May 21, 2020](#)
  - [Symptom Screening Tool May 21, 2020](#)
  - [COVID-19 - DDA Licensed Residential Settings Suspected Outbreak Provider Checklist and Individuals Returning to DDA Licensed Residential Settings Guidance – April 8, 2020](#)
  - [Encouraging the Use of Personal Protective Equipment \(PPE\) April 21, 2020](#)

# Information, Guidance & Resources

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- Guidance for Meaningful Day Providers
  - [DDA Meaningful Day Services - Minimum Service April 25, 2020](#)
  - [Meaningful Day Services Reopening Framework August 12, 2020](#)
- Guidance for Transitioning Youth
  - [Memo on Transitioning Youth Services During COVID-19 May 12, 2020](#)
  - [Extending Transition Timeframe for Autism Waiver Participants Exiting the School System and/or “Aging Out” During the COVID-19 Pandemic June 12, 2020](#)
- Guidance for Self-Direction Participants
  - [Paid Time Off During COVID-19 Pandemic April 3, 2020](#)
  - [Temporary Authorization of Paid Time-Off \(PTO\) Update May 2, 2020](#)
  - [HRST Clinical Review for Healthcare Level 3 or Higher July 13, 2020](#)

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Executive Director  
MD Association of  
Community Services



Testimony to the Joint Committee on  
Children, Youth and Families  
on  
The Impact of COVID-19 on People  
with Developmental Disabilities, Their  
Families, and Community Providers  
October 8, 2020

# The Impact of COVID-19 on People with Developmental Disabilities, Their Families, and Community Providers

- How COVID-19 has impacted provider operations
- Personnel issues
- Family issues
- Visitation policies/other impacts on people receiving services
- Federal/State funding to providers
- Policy recommendations

