

For more information please

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2024

NAVIGATING DEMENTIA

*The Range of Long Term
Services and Supports
for ADKD*

RESOURCE BOOK

**FOR AGING SERVICES
PROFESSIONALS
& CAREGIVERS**

Funded by a generous grant
from the Maryland Department of Aging



CEUS ARE AVAILABLE FOR MANY SPECIALTIES.
APPLY NOW FOR THE UMB AGE-FRIENDLY SPECIALIST CERTIFICATION!
SERIES HOURS COUNT TOWARDS COMPLETION. VISIT: [TINYURL.COM/4EXD8WX7](https://tinyurl.com/4EXD8WX7)

**WEBINAR &
IN-PERSON*
SESSIONS**

MARCH 1 1-3 PM

CHANGES IN MEMORY

MARCH 8 1-3 PM

THE DEMENTIAS

*** MARCH 22 9-4 PM**

COMMUNICATION

APRIL 19 1-3 PM

INTERVENTIONS

APRIL 24 8:30-2:30 PM

SERVICES & SUPPORTS

*** MAY 10 9-4 PM**

ASSESSMENT & REFERRALS

MAY 24 1-3 PM

MARYLAND RESOURCES

***The Meeting House, Columbia, MD**

Spring 2024 “Navigating Dementia” Education Series

Description: The Geriatrics & Gerontology Education and Research (GGEAR) program at University of Maryland, Baltimore, with generous support from the Maryland Department of Aging, is pleased to announce our new professional development and community education program entitled “**Navigating Dementia.**” Alzheimer’s disease and related dementias (ADRD) represent a growing public health crisis. Across Maryland, there are an estimated 110,000 individuals aged 65 and older living with ADRD and nearly 240,000 unpaid family members providing care to these individuals. Recognizing the unique needs of these groups, GGEAR is hosting a series of five webinars and two in-person conferences that are FREE and open to the public.

The "Navigating Dementia" educational series is intended for Aging Services professionals, caregivers of persons living with ADRD, and anyone with an interest in matters concerning older adults. The series will provide valuable knowledge, resources, and support on topics related to aging, cognitive health, dementia care, and caregiving in Maryland.

Overall objectives:

1. Advance personal understanding of dementia;
2. Formulate realistic expectations based on effects of dementia on persons living with ADRD and their caregivers;
3. Demonstrate confidence in interactions which reflects evidence-based, unbiased, culturally sensitive approaches to care; and
4. Create meaningful living opportunities for adults living with Alzheimer's disease or a related dementia in Maryland.

Webinar: Wednesday, April 24, 2024 10:30am-12:30pm

Title: Spectrum of Services & Supports in Maryland for Persons Living with Dementia

Description: This live interactive webinar is designed to provide insights into the array of long-term services and supports essential for individuals living with ADRD throughout the progression of their illness.

Objectives:

1. Identify services and support available through the Maryland Department of Aging and other community providers across the state;
2. Understand that people with neurocognitive challenges and their care partners have unmet needs, many of which are non-medical;
3. Apply a framework for designing an effective referral that addresses what matters most for the person living with dementia; and
4. Evaluate the quality-of-care referrals delivered or received.



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Section A – Maryland Department of Aging

[Maryland Department of Aging](#)

The Maryland Department of Aging, in partnership with local Area Agencies on Aging, provides leadership and advocacy for senior citizens and their families through information, education, and programs.

Vision

Transform institutions, systems, and norms so all older adults lead lives that are healthy, financially secure, socially connected, and purposeful.

Mission

The Maryland Department of Aging will prepare for the growing population of older adults by developing innovative approaches to aging, advancing multisector collaborations, and providing equitable access to resources.

Key Goals

Goal 1: Modernize Maryland’s aging infrastructure through improved cross-sector collaboration among government, public, nonprofit, and private organizations serving older adults.

Goal 2: Evaluate current programs for effectiveness and develop updated policies and legislation.

Goal 3: Improve pathways to employment, planning, saving, and services for Maryland residents.

Goal 4: Protect the rights of older adults to choose how they age without risk of abuse, neglect, or exploitation.

Goal 5: Reframe the aging narrative and build awareness around the economic and social contributions of older adults.

Maryland Community for Life



Home Maintenance



Service Navigator



Transportation

Maryland Community for LifeSM Overview:

Maryland Community for LifeSM is an innovative program developed by the Maryland Department of Aging to support older adults as they age at home. The Community for LifeSM program provides a package of services that make it comfortable and convenient to age at home to Marylanders over the age of 60. The program’s services are designed to prevent the predictable challenges of aging that can require admittance into a high level of care facility, such as a nursing home or assisted living facility.

Join Maryland Community for LifeSM today to enjoy your independence for many tomorrows to come.

Maryland Community for LifeSM Services:

Three core services define the Community for LifeSM program: **home maintenance, service navigation,** and **transportation**. Please note actual services offered may vary from jurisdiction to jurisdiction.

[Senior Call Check Program \(maryland.gov\)](#)

Maryland is the first state in the country to start a free, automated telephone service to check in on Maryland's older residents, all across the state.

Every day a telephone call will be placed to a participant at a regularly scheduled time. These calls will take place between 8 a.m. and 4 p.m. as close as possible to the one-hour time block pre-selected by the participant. The failure of the participant and alternate to answer will result in a call to your local non-emergency service.

Senior Call Check phone lines are open Monday through Friday from 8:00 am to 5:00 pm and Saturday 9:00 am to 3:00 pm. During these hours, seniors can call toll-free 1-866-50-CHECK (1-866-502-0560).

[Maryland Durable Medical Equipment Re-Use](#)

The Maryland Department of Aging provides durable medical equipment (DME) to Marylanders with any illness, injury, or disability, regardless of age, at no cost. All equipment is collected via donation and is sanitized, repaired, and redistributed to Marylanders in need.

[State Health Insurance Assistance Program \(maryland.gov\)](#)

SHIP is your local State Health Insurance Assistance program. We provide free, unbiased help to Medicare-eligible beneficiaries, their families, and caregivers. Whether you are new to Medicare, reviewing Medicare plan options, or have questions about how to use your Medicare, SHIP can help. Trained staff and volunteer counselors are available in all 23 counties and Baltimore City for one-on-one assistance and community education.



[Senior Medicare Patrol \(maryland.gov\)](http://maryland.gov)

The Maryland Senior Medicare Patrol (SMP) empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. There are 19 local SMP offices throughout Maryland, representing all 23 counties and Baltimore City. Contact your local SMP office for free, confidential assistance or to request a presentation or resources.



[Medicare Open Enrollment \(maryland.gov\)](http://maryland.gov)



[Congregate Housing Services Program \(maryland.gov\)](http://maryland.gov)

The mission of the Congregate Housing Services Program is to provide 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 meals, housekeeping, and personal services.

Department of Aging Seeks Congregate Housing Providers

The Maryland Department of Aging is issuing a solicitation for the purposes of obtaining grantees to continue providing congregate housing services under the standard and/or individualized model of the Congregate Housing Services Program (CHSP) for FY '24.

[Continuing Care Retirement Communities \(maryland.gov\)](http://maryland.gov)

As of January 1, 2023, there are 38 operating or approved continuing care retirement communities, known as CCRCs, in Maryland. The CCRCs, both operating and under construction, contain over 16,000 continuing care units, of which over 12,000 are independent living, over 2,000 are assisted living, and over 2,000 are nursing care.

The Maryland Department of Aging is the agency charged with administering the continuing care laws. The primary continuing care laws are located at Title 10, Subtitle 4, of the Human Services Article (“HSA”), Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 32.02.01, which can be accessed below under the “General Information” section.

Although the legal definition of “continuing care” is complex, in general, “continuing care” exists when all three of the following are present:

1. The consumer pays an entrance fee that is, at a minimum, three times the average monthly fee;
2. The provider furnishes or makes available shelter and health-related services to persons 60 years of age or older; and
3. The shelter and services are offered under a contract that lasts for a period of more than one year, usually for life.

[National Family Caregiver Support \(maryland.gov\)](http://maryland.gov)

National Family Caregivers Month

Celebrated every November, National Family Caregivers Month is a time to recognize and honor family caregivers, including spouses, adult children, relatives, and friends, who provide invaluable support to older adults and people with disabilities.

Family Caregiver Support Program Overview

The Maryland Family Caregiver Support Program is administered by the Maryland Department of Aging and is part of a national network of caregiver programs funded by the federal Administration for Community Living. The program helps family and informal caregivers care for their loved ones at home for as long as possible. Family caregivers are the major source of unpaid help for older and disabled adults living in communities across the state. These caregivers typically include spouses, adult children, relatives, and friends.



Maryland's Family Caregiver Support Program works in conjunction with a host of State and community-based services to create a coordinated array of supports for individuals who need them. Studies show that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

The program offers five types of Caregiver Services:

- Information
- Assistance with accessing services
- Counseling, education, and the establishment of support groups
- Respite
- Supplemental Services

[Senior Assisted Living Subsidy Program \(maryland.gov\)](http://maryland.gov)

For low and moderate-income seniors, the Senior Assisted Living Subsidy program provides access to assisted living facilities that are licensed by the Department of Health. The Assisted Living subsidies are paid from State funds on behalf of eligible residents who are unable to afford the cost of assisted living and might otherwise be in nursing facilities. The subsidy supports the cost of services provided in assisted living, including meals, personal care and 24-hour supervision for older residents who are frail and unable to live independently. In accordance with an interagency agreement with the Department of Health, the homes are monitored by the Department of Health around the state.

[Senior Care \(maryland.gov\)](http://maryland.gov)

The Senior Care System provides case management and funds for services for people 65 or older who may be at risk of nursing home placement. Senior Care allows seniors to live with dignity and in the comfort of their own homes and at a lower cost than nursing facility care. Senior Care provides a comprehensive assessment of an individual's needs, a case manager to secure and coordinate services, and a pool of gap filling funds to purchase services for individuals who meet program eligibility requirements. Services may include personal care, chore service, medications, medical supplies, adult day care, respite care, home delivered meals, transportation, and emergency response systems.

[Senior Centers \(maryland.gov\)](http://maryland.gov)

As the hub of most nutrition and health promotion activities, Senior Centers provide a vital link for older adults looking to take charge of their health and remain independent and active in the community. Senior centers offer a range of programs including meal service, arts and crafts, continuing education, health promotion and disease prevention services, and transportation opportunities.



[Ombudsman Program \(maryland.gov\)](http://maryland.gov)

Protecting the Rights and Promoting the Well-Being of Residents of Long-Term Care Facilities

Long-Term Care (LTC) Ombudsmen are advocates for residents of nursing homes and assisted living facilities. They work to resolve problems of individual residents and to bring about changes at the local, state, and national levels that will improve residents' care and quality of life. The term ombudsman (om-budz-man) is Scandinavian in origin. In the United States, it has come to mean "advocate".

Ombudsmen for Assisted Living and Nursing Home Residents

(An ombudsman is an independent advocate who provides information and works to resolve problems that the resident would like addressed. All conversations are confidential unless permission is given to use a person's name.)

Allegany County
301-783-1771

Charles County
301-934-0109

Prince George's County
301-265-8483

Anne Arundel County
410-222-4257

Dorchester County
410-742-0505, ext. 104

Queen Anne's County
410-758-0848

Baltimore City
410-396-3144

Frederick County
301-600-2877

Somerset County
410-742-0505, ext. 104

Baltimore County
410-887-4200

Garrett County
301-334-9431 ext. 6140

St. Mary's County
301-475-4200 ext. 71055

Calvert County
410-535-4606, ext. 143

Harford County
410-638-3025

Talbot County
410-778-6000

Caroline County
410-778-6000

Howard County
410-313-6423

Washington County
301-790-0275

Carroll County
410-386-3810

Kent County
410-778-6000

Wicomico County
410-742-0505, ext. 104

Cecil County
410-996-8429

Montgomery County
240-777-3369

Worcester County
410-742-0505, ext. 104

[Public Guardianship \(maryland.gov\)](http://maryland.gov)

The Maryland Department of Aging Public Guardianship Program serves individuals 65 years of age 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. The law authorizes, as a last resort, appointing the Secretary of the State Department of Aging or the Director of a local Area Agency on Aging (AAA) as a **"guardian of person"** when there is no other person or organization willing and appropriate to be named.

Public Guardianship is a relationship created by state law in which a court gives one person or entity (the guardian) the duty and power to make personal and/or property decisions for another person (the ward). The court determines if a person's ability to make health and safety decisions for themselves is significantly impaired by disease, accident, or disability. If so, the court will appoint a guardian to act as a surrogate decision-maker on behalf of that disabled adult.

[Senior Legal Assistance \(maryland.gov\)](http://maryland.gov)

The Senior Legal Assistance Program was created to be the hallmark and champion for justice by empowering, defending, and protecting vulnerable older adults with direct resources. Seniors and their families often face an array of challenges and need help weighing all of the options to make the best decisions possible.

[ElderAbuseTaskForce \(maryland.gov\)](http://maryland.gov)

5 THINGS EVERYONE CAN DO TO PREVENT ELDER ABUSE

- 1 Listen to older people and caregivers to understand their challenges and provide support
- 2 Educate one another about the signs of abuse and how to get help
- 3 Report suspected abuse or neglect as soon as possible
- 4 Build a community that fosters social connections and supports
- 5 Reach out to professional services for support where available



Physical



Psychological



Financial



Sexual Abuse

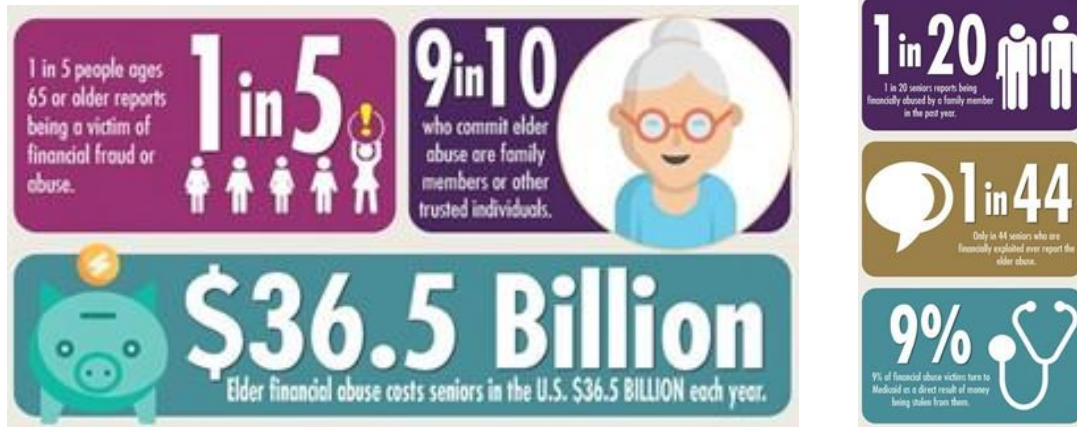


Neglect

Multiple forms of abuse can occur at once.

[Elder Financial Exploitation - Scams \(maryland.gov\)](http://maryland.gov)

Financial exploitation is defined as someone illegally or improperly using a person's money or belongings for their own personal use. One in ten Americans aged 60 or older has experienced abuse, and one of the most frequent forms of abuse is financial exploitation. It can be devastating, both emotionally and financially, and can take many forms, including scams, abuse by trusted individuals such as family members or friends, and predatory products and services marketed specifically to older people.



[Nutrition and Meal Services \(maryland.gov\)](http://maryland.gov)

The Maryland Department of Aging provides leadership for nutrition programs serving healthy meals or supplemental food to older adults throughout the state.

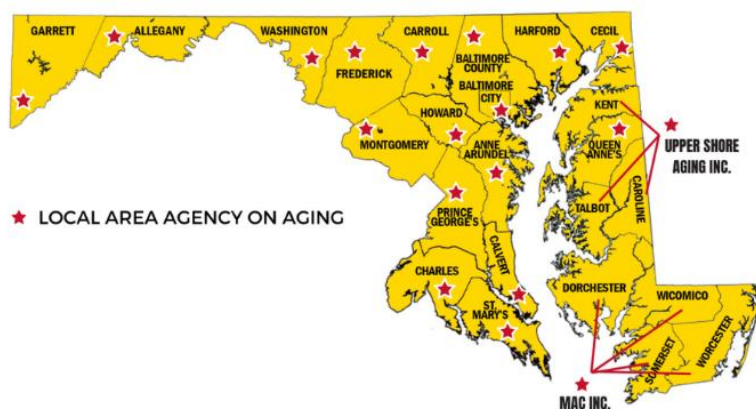
To ensure that older adults achieve and maintain optimal nutritional status, services offered by our community partners may include:

- Home Delivered Meals and Group Dining (Congregate Nutrition)
- Nutrition Screening, Counseling, and Education
- My Groceries to Go! (Commodity Supplemental Food Program)
- Senior Farmers' Market Nutrition Program

[Area Agencies on Aging \(maryland.gov\)](http://maryland.gov)

In Maryland's twenty-three counties and Baltimore City, each local governing body designates an Area Agency on Aging or AAA. The agency may be a unit of local government or a private, nonprofit corporation. In some counties, it is the office on aging. In others, it may be named differently. In Baltimore City, it is called the Division on Aging and Care Services.

Local agencies on aging provide a variety of adult services, incorporating assisted living, protective services, and temporary disability programs. Transportation services for seniors and people with disabilities are also provided at the county level through either a division of the aging department or by a separate transportation department.



Section B - Maryland Living Well

Promoting Health. Preventing Disease.

The Living Well Center of Excellence (LWCE) is a division of MAC, Inc. and serves residents throughout the state of Maryland



Across the state of Maryland and the District of Columbia a variety of wellness programs are offered to Promote Health and Prevent Disease. These programs teach self-management of chronic conditions, falls prevention, and address numerous other health issues.

Our programs are proven to improve self-management of chronic conditions. Familiarize yourself with the “evidence” behind our evidence-based programs and learn how to connect to a workshop close by.

Section C – Maryland Department of Human Services

[Adult Services - Maryland Department of Human Services](#)

All suspected cases of Adult Abuse and Neglect should be reported to your local DSS Office or by calling 1-800-91Prevent (1-800-917-7383).

Office of Adult Services Mission Statement

To serve vulnerable adults who have functional limitations due to a disability or advanced age, and their informal family caregivers, through a home and community-based service delivery system.

This system protects vulnerable persons, promotes self-sufficiency and avoids or delays unnecessary institutional care or other out-of-home placements.

Local Department of Social Services Adult Services Programs

Allegany County	301-784-7050
Anne Arundel County	410-421-8400
Baltimore City	410-361-5000
Baltimore County	410-853-3000
Calvert County	443-550-4969
Caroline County	410-819-4500
Carroll County	410-386-3434
Cecil County	410-996-0100
Charles County	301-392-6400
Dorchester County	410-901-4100
Frederick County	301-600-2635
Garrett County	301-533-3000
Hartford County	410-836-4717
Howard County	410-872-8823
Kent County	410-810-7600
Montgomery County	240-777-3000
Prince George's County	301-909-2228
Queen Anne County	410-758-8000
Somerset County	410-677-4200
St. Mary's County	240-895-7000
Talbot County	410-770-4848
Washington County	240-420-2155
Wicomico County	410-713-3900
Worcester County	410-677-6800

DHS Office of Adult Services

Adult Services Programs

- Adult Protective Services (APS) And Public Guardianship
- Social Services to Adults (SSTA)
- In-Home Aide Services (IHAS)
- Project Home
- Respite Care

ADULT PROTECTIVE SERVICES (APS)

The purpose of this program is to investigate, prevent, and/or remedy concerns of abuse, neglect, self-neglect, and exploitation of adults who are unable to protect their own interests and are at risk of immediate harm.

Adult Protective Services offers:

- Vulnerable adults protection from abuse, neglect and exploitation;
- The right to self-determination; including the right to refuse services.
- Linkage to the least restrictive available alternative in living situation and treatment;
- Assistance and guidance in having the provision of services, safety, and well being rest with the vulnerable adult, family, and the total professional community and service systems; not solely with the Local Department.

WHO IS A VULNERABLE ADULT?

Someone who lacks the physical or mental capacity to provide for their own daily needs.

SOCIAL SERVICES TO ADULTS (SSTA)

The Department of Human Services core program of social work services is for adults 18 years old and older.

The purpose of the program is to provide services to enable and assist adults to:

- Achieve or maintain self-sufficiency;
- Prevent or avoid abuse, neglect, or exploitation; prevent or reduce unnecessary or inappropriate institutionalization; and
- Secure necessary and appropriate institutional care services.

SSTA Program offers Case Management services that can assist with linkage to community resources, development of a service plan to reach agreed upon goals, monitoring of goal progress and face to face contact on a regular basis.

The program seeks to build, sustain and augment, rather than to replace the adult's family and community support systems.

IN HOME AIDE SERVICES (IHAS)

The purpose of the IHAS Program is to complement other social services programs by providing personal care and chore services to individuals with functional disabilities in the community to enable them to live independently in the least restrictive setting possible.

Services offered include assistance with:

- bathing/hygiene, dressing
- light chores
- laundry
- light meal planning and preparation
- transferring

PROJECT HOME

The Project Home Program provides supportive, family centered housing to meet a range of needs presented by adults living with a disability.

The purpose of the program is to:

- Link adults living with a disability with families who want to help support their success while sharing their homes
- Provide case management services to residents in the program.

IF YOU ARE INTERESTED IN BECOMING A PROVIDER FOR PROJECT HOME CONTACT (410) 767-7422

**DEPARTAMENTOS LOCALES
DE SERVICIOS SOCIALES**

Allegany County DSS	(301) 761-7000
Anne Arundel County DSS	(410) 240-6100
Baltimore City DSS	(410) 341-4700
Baltimore County DSS	(410) 887-3800
Calvert County DSS	(410) 558-0900
Cecil County DSS	(410) 478-5900
Carroll County DSS	(410) 676-2100
Cecil County DSS	(410) 996-0100
Charles County DSS	(301) 392-6100
Dorchester County DSS	(301) 901-4100
Frederick County DSS	(301) 694-6555
Garrett County DSS	(301) 533-3000
Harpur County DSS	(410) 836-4949
Howard County DSS	(410) 872-8700
Montgomery County DSS	(410) 610-7600
Prince George's County DSS	(301) 977-1245
Queen Anne's County DSS	(301) 909-7000
St. Mary's County DSS	(410) 758-8000
Somerset County DSS	(410) 695-7000
Talbot County DSS	(410) 677-0200
Washington County DSS	(410) 730-4848
Wicomico County DSS	(410) 713-3900
Worcester County DSS	(410) 677-4800

**Para información acerca de los programas
de servicio comuníquese a:**

Oficina de Servicios para Adultos
Administración de Servicios Comunitarios
Departamento de Recursos Humanos de Maryland
311 W. Saratoga Street, 6259
Baltimore, 21201-3521
(410) 767-7384

o
visite nuestra Página Web
www.dhs.state.md.us/oa

La oficina de los programas de Servicios para
Adultos es patrocinada por el estado de Maryland y
el Gobierno Federal.



Estado de Maryland
Departamento de Recursos Humanos

Empresa de Igualdad de Oportunidades

DHS Pub-CSI 125hp

**DEPARTAMENTO
DE RECURSOS HUMANOS
DE MARYLAND**

**ADMINISTRACION
DE SERVICIOS
COMUNITARIOS**

**OFICINA DE
SERVICIOS
PARA ADULTOS**

**Servicio
de Protección para Adultos**

Servicio de Ayuda en el Hogar

Proyecto HOGAR

Servicios Sociales para Adultos

**OFICINA DE SERVICIOS
PARA ADULTOS**

La oficina de servicios para adultos (Servicio de
Protección para Adultos, Servicio de Ayuda
en el Hogar, Proyecto Hogar y los Servicios
Sociales para los Adultos) se enfoca en
las necesidades de los ancianos, incapacitados y
adultos vulnerables. La Oficina de Servicios
para los Adultos supervisa un grupo de
programas dentro de la Administración de
Servicios Comunitarios del Departamento de
Recursos Humanos del estado de Maryland.
Esta unidad con los objetivos del departamento de
ciudadano, prevención y protección. La oficina
de Servicios para los adultos en conjunto con
los departamentos locales de servicios sociales y
las organizaciones comunitarias coordinan los
servicios para la población adulta vulnerable en
todo el estado de Maryland.

MISION

La misión de la oficina de servicios para
adultos es servir a los ancianos, incapacitados,
personas vulnerables y a miembros de la familia
a través de un sistema de proceso de servicios
hogareños y comunitarios. Este sistema protege a
las personas vulnerables y promueve la auto-
suficiencia y evita o detiene el cuidado
institucional innecesario u otras colocaciones
fuera del hogar. La Oficina de Servicios para
Adultos está comprometida a entregar servicios
en una manera que aumenta la posibilidad de
que una persona funcione independientemente
dada a sus limitaciones físicas. Los servicios
incluyen: servicios de dignidad personal,
calidad de vida, privacidad y el derecho de
elección.

**SERVICIOS DE PROTECCION
PARA ADULTOS**

El programa de los servicios de protección para
adultos sirve a las personas mayores de 18 años
de edad, que carecen de la capacidad física o
mental para proveer sus necesidades diarias.
El propósito de este programa es prevenir o
remediar el descuido, intimidación, abuso o
captación de los adultos que no pueden
proteger sus propios intereses y están en riesgo
de hacerse daño inmediato a sí mismos o a otros.

Este programa provee servicios
profesionales para proteger la salud, la
seguridad y bienestar de los adultos
vulnerables.

**SERVICIOS SOCIALES
PARA LOS ADULTOS**

El Programa de los servicios sociales para los
adultos es un programa de manejo de casos
diseñado para ayudar a los ancianos,
incapacitados y adultos vulnerables, mayores de
18 años a obtener servicios necesarios en el
hogar y servicios comunitarios de cuidado a
largo plazo, equipo y programas. Es
considerado el programa modelo de la Oficina
de Servicios para adultos en servicios sociales
para adultos. El propósito de este programa es
habilitar y asistir a los clientes en su
mantenimiento de autosuficiencia, ayuda
autonomica y prevención de abuso,
negligencia o explotación. Este programa
reduce el número de adultos colocados en
cuidado institucional y asegura el cuidado
institucional cuando es apropiado. El modelo de
entrega de servicios en el manejo de casos
utiliza evaluaciones, planes de desarrollo
individualizados, coordinación de servicios y
vinculación. Supervisión y defensa en
representación de los clientes son otras
funciones.

**PROYECTO HOGAR
(PROJECT HOME)**

El Proyecto "HOGAR" provee hogares
residenciales certificados amebiorados (CARE)
donde personas incapacitadas mayores de 18
años son aceptadas, cuidadas y supervisadas.
Un hogar "CARE" provee ambiente hogareño en
una vivienda preventiva para adultos
incapacitados que no pueden vivir solos a causa
de los problemas de salud mental o física. Los
servicios que se proveen a los residentes en los
hogares de CARE incluyen: cuarto, hospital, y
asistencia con la higiene personal y otras
actividades de uso diario. Además, los
proveedores brindan entendimiento y apoyo
emocional, asumen a los residentes a hacer lo
que pueden por ellos mismos, y tienen
oportunidades para las actividades sociales y
recreativas.

**SERVICIOS DE AYUDA EN EL HOGAR
(IN-HOME AIDE SERVICES)**

El Programa de los Servicios de Ayuda en el
Hogar asiste a los adultos funcionalmente
incapacitados con actividades de uso diario en
su hogar.

Los servicios que se proveen incluyen el
puñecor de la casa, cuidado personal,
transportación (acompañamiento, entrenamiento
en autotransporte y asistencia para conducir a sí
mismo). Orientación y apoyo están disponibles
para los padres de familia bajo tensión y los
cuidadores de incapacitados, ancianos y adultos
vulnerables.

Otros servicios incluyen el Programa
"Respite Care" (cuidado a corto plazo para los
incapacitados con el deterioramiento a
funcionamiento y sus familias) y "Attendee
Care" (reembolsos financieros a los individuos
con incapacidades físicas severas).

Adult Protective Services - Maryland Department of Human Services

**Be on the lookout for abuse of the
vulnerable and elderly**

If an elderly or vulnerable person in your
family or in your community is being
abused, neglected, or exploited, call
1-800-91-PREVENT (1-800-917-7383)
Immediately.

Have you seen Behavioral signs of abuse, such as:

- Confusion, forgetfulness
- Anger
- Depression
- Fear, helplessness, shame

Have you seen Social signs of abuse, such as:

- Isolated, little outside contact
- Violence or drug abuse
- Unable to speak freely

Have you seen Physical signs of abuse, such as:

- Cuts, wounds, black and blue marks, bruises, or sores
- Burns
- Unusual injuries
- Appearing dirty, unshaven, unwell
- Undernourished, dehydrated
- Unexplained medical conditions

**If you notice any of these signs, call
1-800-91-PREVENT (1-800-917-7383)
Immediately.**

Maryland Department of Human Services, 311 W. Saratoga St., Baltimore, MD 21201

In-Home Aides Services - Maryland Department of Human Services

**Do you need help to maintain
your independence?**

The Adult Services unit within the
local department of social services
offers services that help adults
with disabilities remain in their own
homes and maintain independence
when possible. One program that
helps with these efforts is the
In-Home Aide Services program.

In-Home Aides

In-Home Aides serve adults 18 or older with
functional disabilities who need assistance with
activities of daily living in their home. Vulnerable
adults with no caregiver, those at risk of
institutional placement, and those at risk of abuse
or neglect. In-Home Aides provide help with
personal care, transportation/escort, training in
self-care and care-giving skills, and also perform
minor household chores.

Application Process

Individuals or their caregivers should call the
local department of social services in the county
or city where the applicant lives. The local
department representative will arrange a home
visit to conduct an interview with the applicant
to determine their specific needs. The availability
of funding for the program determines the
number of individuals who can be served state-
wide. To ensure that those with the greatest need
are served first, local departments use a ranking
scale.

Sliding Scale Fee

Depending on the income and family size of
the applicant, the applicant may be required to
contribute toward the hourly cost of the aide
service. The amount is determined by a sliding
scale and the fee is paid to the local department
of social services.

Maryland Department of Human Services, 311 W. Saratoga St., Baltimore, MD 21201

Social Services to Adults - Maryland Department of Human Services

Help for people with disabilities

Social Services to Adults provides assistance to adults with functional disabilities seeking to remain or become self-sufficient; it seeks to prevent abuse, neglect or exploitation; it reduces unnecessary institutionalization, or secures appropriate institutional care when necessary.



Social Services to Adults

Cost

Services are provided without regard to income.

What services are provided?

This program provides an assessment of needs and develops an individualized plan of service. The service plan focuses on the adult's long and short-term goals and empowers the adult to make informed decisions about their future.

Services may include:

- Case management - the facilitation and coordination of services at the community level
- Crisis Intervention - up to 60 days of intensive emergent intervention
- Information and Referral - identification of other community services and resources

How to access services

For additional information contact your local department of social service at 1-800-332-6347 or visit our website at <http://dhs.maryland.gov>

Who is eligible?

Services are available to adults with functional disabilities including mental or physical challenges where the individual does not have dependent children in their home.



Maryland Department of Human Services - 311 W. Saratoga St., Baltimore, MD 21201



Project Home - Maryland Department of Human Services

Please apply at your local Department of Social Services

<p>Allegany County DSS One Federal Street PO Box 6426 Cumberland, MD 21502 (301) 768-7000</p> <p>Anne Arundel County DSS 80 West Street Annapolis, MD 21401-1787 (410) 269-4300</p> <p>Baltimore City DSS 1101 N. Broadway Street Baltimore, MD 21211 (410) 674-6300</p> <p>Baltimore County DSS Eisenhower Government Center 6411 York Road Baltimore, MD 21212 (410) 853-3000</p> <p>Calvert County DSS Lusk S. Goddard DC/MC 200 Duke Street Preston, MD 20678 (443) 510-4000</p> <p>Caroline County DSS Division DC/MC 207 South Third Street Dyersville, MD 21629 (410) 819-4300</p> <p>Cecil County DSS 1212 North Court Woodsboro, MD 21117 (410) 386-1300</p> <p>Cecil County DSS Ellis DC/MC 170 East Main Street Ellettsville, MD 21787 (410) 386-1900</p>	<p>Charles County DSS 200 West Avenue P.O. Box 1030 La Plata, MD 20646 (301) 792-6400</p> <p>Dorchester County DSS 627 East Street P.O. Box 217 Centerville, MD 21613 (410) 303-4100</p> <p>Frederick County DSS 900 East of South Street Frederick, MD 21705 (301) 400-4333</p> <p>Garrett County DSS 12176 Laurel Hwy Clarksburg, MD 21501 (301) 513-3000</p> <p>Hartford County DSS 2 South Street Bel Air, MD 21014 (410) 310-4700</p> <p>Howard County DSS 7121 Columbia Gateway Dorset, MD 21046 (410) 827-8700</p> <p>King County DSS 150 High Street Chesapeake, MD 21620 (410) 810-7000</p> <p>Montgomery County Health and Human Services 401 Hagerwood Drive, 301 F1 Rockville, MD 20850 (240) 777-1245</p>	<p>Prince George's County DSS 801 Brighton Road Landover, MD 20785 (301) 969-6000</p> <p>Queen Anne's County DSS 122 Center Drive Centerville, MD 21617 (410) 718-8000</p> <p>St. Mary's County DSS Joseph J. Carter DC/MC 2111 North Hill Drive Lundown, MD 20609 (304) 840-7000</p> <p>Somerset County DSS 20797 766 Service Road Pryorville, MD 21853 (410) 874-2000</p> <p>Talbot County DSS 50 South Harmon Street Easton, MD 21601 (410) 770-6668</p> <p>Washington County DSS 112 North Harmon Street RD, Box 1471 Burgess, MD 21741-1479 (306) 420-2100</p> <p>Wicomico County DSS Sullivan DC/MC 201 Regent Street, Suite 27 Salisbury, MD 21804-1208 (410) 713-3900</p> <p>Worcester County DSS 219 Commerce Street RD, Box 28 New Market, MD 21863 (410) 477-6000</p>
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Wes Moore, Governor
Anna Milbr, Lt. Governor
Rafael Lopez, Secretary

Social Services Administration
Become a Project Home Provider



Maryland Department of Human Services

Become a Project Home Provider

What is Project Home?

Project Home is a program that provides housing to adults who need supervision and assistance with activities of daily living and who are unable to live by themselves. Project Home providers offer care in their own homes to one to four residents who have a disability.

Providers must be certified by the local department of social services

Project Home Case Manager. Certification may include an environmental safety inspection and a fire safety inspection of the home.

Who are the residents?

Residents are adults who are 18 years of age and older, who have a mental, developmental or physical disability or who are elderly and are unable to live alone. To enroll in Project Home, potential residents must be able to live in a family setting, to take advantage of community resources and program activities, and to maintain or develop the skills they need to live in the least restrictive environment possible.

Who can be a Project Home provider?

A provider can be someone 21 years of age or older who is living in the home where care will be provided and has the willingness to assist an adult with a disability to continue living in the community. A provider must have sufficient income to meet their own household expenses without relying on Project Home reimbursement funds.



What kind of help is given to a provider?

Every resident has a case manager. The case manager works cooperatively with the provider and community service agencies. Each resident receives services and appropriate referrals to other community services including services offered through the local department of social services.

What is the Case manager's role?

Clerks are assigned a case manager by the local Department of Social Services. The case manager will:

- Assess the resident and inform the provider regarding the resident's current and potential strengths, weaknesses, and needs as known at time of placement.

- Develop an individualized service plan agreement for the resident. The plan will be reassessed and revised at least every 6 months or as needed.

- Assist in resolving concerns related to the resident's adjustment in the home and assist the resident in obtaining supportive services to maximize higher functioning.

How is the provider reimbursed?

Providers are reimbursed for the care of each resident according to the resident's needs and based on a level of care system established by the Project Home program. Reimbursements are not considered taxable income.

Residents contribute to their cost of care and may be eligible to receive financial assistance from the local department of social services through the Public Assistance to Adults and the Medical Assistance program.

Respite Care Program - Maryland Department of Human Services

Are you a caregiver?

An informal family caregiver is an individual who routinely cares for an individual with a developmental or functional disability and is not compensated for the care.

What is respite?

Respite is the short-term periodic and temporary care of individuals with developmental or functional disabilities to temporarily relieve the family or informal caregiver.

The Respite Care program offers financial reimbursement for short-term temporary care to provide a period of rest and renewal to family caregivers by temporarily relieving them of the demands and stresses of caregiving responsibilities. Respite care is provided at planned intervals, in a time of crisis, or on an as-needed basis. We serve children and adults with developmental disabilities and adults with functional disabilities and their families.

Marylanders may call their **local Department of Social Services** to speak with a caseworker today, who will assist them (unique needs, next steps, assist).

[Adult Public Guardianship - Maryland Department of Human Services](#)

Do you need help making a safety decision?

Adult Public Guardianship is a legal procedure in which the court determines if a person's ability to make health and safety decisions for themselves is significantly impaired. If so, the court will then appoint a guardian to act as a substitute decision-maker.



Who needs a guardian?

A person mentally incapable of making decisions regarding their safety and well-being because of disease, accident or disability might benefit by having a guardian.

Why would someone need a public guardian?

The court may decide to appoint an Adult Public Guardian if there are no family members to help.

Types of guardianships

There are two types of adult public guardianships. The guardian of the person makes decisions about health care, shelter, and other daily needs. This responsibility may be granted to an individual or an agency. The guardian of the property manages assets and finances. A public agency may not become a guardian of the property.




Adult Public Guardianship

Steps for implementing guardianship

Hospital agencies, long-term care facilities, Adult Protective Services (APS) programs, Social Services agencies, and other public or private agencies petition a court to have guardianship established on a person's behalf.

What oversight is available?

Each local jurisdiction has an Adult Public Guardianship Review Board that acts as a consultant to the guardian. Every six months the board reviews cases and makes recommendation to the court to continue, modify, or terminate guardianship.

The Board consists of a representative from the local department of social services, one physician, one psychiatrist, a representative from the aging agency, a representative from a non-profit social services agency, an attorney, two citizen representatives, a public health nurse and a professional in the field of disability. The board does not have oversight of private guardianship cases.

For additional information, contact your local department of social service at 1-800-332-6347 or visit our website at <http://dhs.maryland.gov/office-of-adult-services/adult-public-guardianship>.

Maryland Department of Human Services • 311 W. Saratoga St., Baltimore, MD 21201

[Project SAFE \(Stop Adult Financial Exploitation\) - Maryland Department of Human Services](#)

What Is Financial Exploitation?

Financial exploitation means any action which involves the misuse of a person's funds or property. Many people have been financially exploited by people they knew – paid caregivers, neighbors, even relatives. More people are exploited by people they know than by con artists who are strangers.

Examples of financial exploitation include:

- forging signatures on checks, withdrawal slips, or other financial documents
- making unauthorized withdrawals from financial accounts
- coercing or threatening someone into giving away money
- tricking someone with a memory impairment into turning over money
- charging excessive fees for rent or caregiver services
- committing person-to-person, mail, or telephone fraud scams

What You Can Do to Avoid Problems

Document financial arrangements.

- Put all financial instructions in writing and be specific. This protects you and reduces the likelihood of future misunderstandings. Keep complete financial records of all transactions.
- Understand any lifelong care agreements you are entering into. Document the agreement and specify the compensation, if there is any, paid to the caregiver.

Ask someone to review your financial agreements.

- Your attorney, financial consultant, or employee of a financial institution can help detect changes in your financial activity that may signal a problem. You can also ask a trusted friend or relative to review your monthly statements or other financial documents.

Be cautious of joint accounts.

- Both parties are equal owners of the account and both have equal access to the money.

Understand any power of attorney agreement.

- Before you assign a power of attorney, be sure you understand the authority you are giving to your agent. Know the person to whom you are giving this authority.

- Specify the compensation, if any, to be paid to your agent. If you and your agent agree that there will be no compensation, write that in the agreement.

Ask for help when you are unsure.

- Financial matters can be confusing. You can ask for help from an employee of a financial institution, trusted family member, social worker or other professional.

Stay connected to your community.

- Social isolation increases your risk of becoming a victim of abuse.
- Find out about community programs or social activities in your neighborhood.

These tips will help you protect your money:

- Use direct deposit for your checks.
- Don't sign blank checks allowing another person to fill in the amount.
- Don't leave money or valuables in plain view.
- Don't sign anything you don't understand.
- Be aware of scams. If it sounds too good to be true, it probably is.
- Cancel your ATM card if you don't use it.
- Don't give anyone your ATM PIN number.
- Check your financial statements promptly and carefully for unauthorized withdrawals.
- Be cautious of joint accounts. Consider a co-tenancy account instead.
- Build good relationships with the professionals who handle your money.
- Don't give any account number to a stranger.

For more information, contact the Maryland Department of Aging, toll-free 1-800-AGE-DIAL.

To report suspected financial exploitation call the Maryland Department of Human Resources, toll-free 1-800-917-7383 TTY: 1-800-735-2258 Monday through Friday 8 a.m. to 5 p.m.

Project SAFE is a public private partnership of:

- AARP Maryland
- Maryland Association of Area Agencies on Aging
- Maryland Bankers Association
- Maryland Department of Human Resources
- Maryland Department of Aging
- Maryland Triad/SALT Network
- Office of the Maryland Attorney General

Graphic design courtesy of the Maryland Attorney General's Office, J. Joseph Curran, Jr., Attorney General

Available in alternative format upon request from a qualified individual with a disability

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PROTECT YOUR MONEY

Don't become a victim of FINANCIAL EXPLOITATION

Project SAFE
Stop Adult Financial Exploitation

Section D - AARP



AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With a nationwide presence, AARP strengthens communities and advocates for what matters most to the more than 100 million Americans 50-plus and their families: health security, financial stability, and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org/about-aarp/, www.aarp.org/espaol or follow @AARP, @AARPenEspañol and @AARPadvocates on social media.

Advocating for people age 50-plus is at the heart of our mission. It's part of what we do every day from our national office in Washington, D.C., and from offices in all 50 states, Puerto Rico and the U.S. Virgin Islands. On health security, AARP fights to protect Medicare, expand access to health care, lower prescription drug prices, support caregivers and protect nursing home residents. On financial stability, we fight to protect Social Security, establish savings plans for workers and stop scams and fraud. We also work to combat age discrimination in the workplace and speak up for the vulnerable and underrepresented on issues like affordable housing and food security.

Section E - National Alzheimer's Disease Associations



6.9 MILLION

Americans are living with Alzheimer's disease.

By 2050, this number is projected to rise to nearly

13 MILLION.

The Alzheimer's Association leads the way to end Alzheimer's and all other dementias — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

[Greater Maryland Chapter Alzheimer's Association](#)

The Greater Maryland Chapter provides information on caregiving, education and living with Alzheimer's disease.

What we offer

Our **24/7 Helpline, 800.272.3900**, offers support in more than 200 languages. Our staff is highly trained and knowledgeable about all aspects of Alzheimer's disease. Get answers to your questions about:

- Alzheimer's disease or memory loss, medication and treatment options, brain health and care options.
- How the Association can help you
- Caregiving tips and respite care options
- Services that are available in your community and referrals

You can also call us at our Helpline, 800.272.3900, for emotional support as often as you need — at any time day or night. We know that living with Alzheimer's is challenging.

Education Programs

Virtual and In-Person Resources

May

Dementia Conversations

Monday, May 13, 10:30 a.m.

Ocean City Senior Center
104 41st St., Ocean City, MD 21842

Register [here](#)

10 Warning Signs

Thursday, May 16, 20:30-3:30 p.m.

Presbyterian Senior Living Glen Meadows
11630 Glen Arm Rd.
Glen Arm, MD 21057

Register by call **410-816-5020** or email GHass@psl.org

Hearing Loss and Dementia

Monday, May 20 | 10 a.m. - Noon

Waxter Center - Conference Room
1000 Cathedral St.
Baltimore, MD 21201

Light refreshments provided.

No registration required.

Managing Money: A Caregiver's Guide to Finances

Wednesday, May 22, 10:30-11:30 a.m.

Oakland Senior Center
104 East Center Street
Oakland, MD 21550

Register by calling **301-334-7730** or email amy.ritcher@maryland.gov

JUNE

Holistic Health Seminar on Memory Loss

Saturday, June 1, 9 a.m. -noon

New Psalmist Baptist Church

6020 Mariam Drive

Baltimore, MD 21215

Register [here](#).

[National Capital Area Chapter \(alz.org\)](http://alz.org)

WE'VE MOVED!

Please send all correspondence, deliveries, and donations to:

3550 S. Clark St., Suite 203

Arlington, VA 22202

Serving the District of Columbia, suburban and Southern Maryland and Northern Virginia

As part of a nationwide network of chapters, the Alzheimer's Association National Capital Area Chapter provides help and hope to people with Alzheimer's disease and other dementias and their families and caregivers in the District of Columbia, five counties in suburban and Southern Maryland and eleven counties in Northern Virginia.

Local News 2024

[New Alzheimer's Association Report Reveals Top Stressors for Caregivers and Lack of Care Navigation Support and Resources](#) (p. A4)

Prince George's Post, Apr. 4, 2024

[New study shows growing Alzheimer problem in the DMV](#)

DC News Now, Mar. 21, 2024

[Risk of Alzheimer's Disease puts Prince George's County on top 10 list, report finds](#)

ABC7 DC, Mar. 20, 2024

[Alzheimer's Association reveals increase in cases and care costs in 2024 report](#)

ABC7 DC, Mar. 20, 2024

[Six in Ten People With Alzheimer's, Dementia Will Wander](#) (p. A3)

Prince George's Post, Feb. 22, 2024

[Black History Month: Addressing racial gaps in Alzheimer's clinical trials](#)

ABC7 DC, Feb. 15, 2024

[Expert highlights dementia-related wandering dangers after Md. woman found dead](#)

ABC7 DC, Feb. 5, 2024



As the economic costs of care continue to climb — along with costs associated with loss of independence and quality of life — we are more driven than ever to discover, develop, disseminate, and implement solutions that will improve the lives of those with dementia, their caregivers, and their communities.

– Francis S. Collins, M.D., Ph.D., former director, National Institutes of Health

Alzheimers.gov is the federal government portal to information and resources on Alzheimer’s disease and related dementias, including Lewy body dementia, frontotemporal disorders, and vascular dementia.

Alzheimers.gov is managed by the National Institute on Aging (NIA) at the National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services (HHS). HHS is the U.S. government’s principal agency for enhancing the health and well-being of all Americans.

While NIA manages Alzheimers.gov, it is truly a team effort across the federal government. Several government agencies and agency-specific subject-matter experts provided input into the development of the website.

A primary goal of Alzheimers.gov is to connect people to the many federal resources available to educate and support people whose lives are touched by these devastating diseases in their various roles. Whether you are living with dementia, a family member or friend, health care provider or other health care professional, researcher, or advocate, Alzheimers.gov is designed for you.

On each page of Alzheimers.gov, you will find a list of related resources from federal agencies and can use keywords to perform specific searches. Resources featured on Alzheimers.gov come from the following agencies:

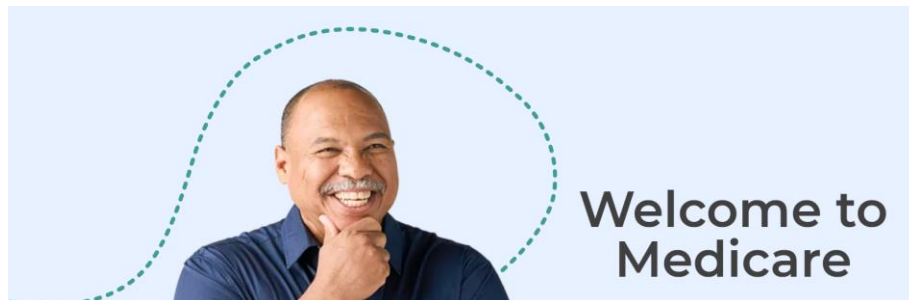
- Administration for Community Living (ACL)
- Agency for Healthcare Research Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of Disease Prevention and Health Promotion (ODPHP)
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Veterans Affairs (VA)
- U.S. Food and Drug Administration (FDA)
- U.S. Social Security Administration (SSA)

Facts & Figures: Alzheimer's Disease and Related Dementias

- More than 6 million Americans age 65 and older are currently living with Alzheimer's disease, and it is predicted that number will increase to more than 13 million people by 2060.
- Although Alzheimer's disease is the most common type of dementia diagnosis, many people have other related forms of dementia such as vascular dementia, Lewy body dementia, and frontotemporal disorders, either alone or, more commonly, mixed with changes attributable to Alzheimer's.
- Alzheimer's disease is the seventh leading cause of death for Americans. In 2020, it accounted for an estimated 134,242 deaths.
- [An analysis](#) funded by the National Institute on Aging (NIA) found that total social costs from health care and caregiving spending for a person with probable dementia in the last five years of life was an estimated \$287,000, compared with \$175,000 for an individual with heart disease and \$173,000 for someone with cancer.

Sources: [NIH Professional Judgment Budget for Alzheimer's Disease and Related Dementias Research, Fiscal Year 2024](#) (PDF, 11M), [CDC Leading Causes of Death](#), and [The Burden of Health Care Costs in the Last 5 Years of Life](#).

Section F - Medicare



Medicare is health insurance for people 65 or older. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

Some people get Medicare automatically, others must actively sign up -- it depends if you start getting retirement or disability benefits from Social Security before you turn 65.

What do Social Security benefits have to do with getting Medicare?

Before you turn 65:

- If you apply to start getting retirement benefits from Social Security (or the Railroad Retirement Board) at least 4 months before you turn 65, you'll automatically get Part A (Hospital Insurance) and Part B (Medical Insurance) when you turn 65.
- You'll still need to make important decisions about how you get your coverage, including adding drug coverage.

If you want to get Medicare when you turn 65 but aren't planning to take retirement benefits at that time, you'll need to sign up for Medicare.

After you turn 65:

- You'll have to contact Social Security when you're ready to sign up for Medicare.
- Depending on your work situation and if you have health coverage through your employer, you may want to wait to sign up for Medicare.

What Medicare covers

[Is my test, item, or service covered?](#)

[Your Medicare coverage choices](#)

Learn about the 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan (Part C).

[What Part A covers](#)

Medicare Part A hospital insurance covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, home health care.

[What Part B covers](#)

Learn about what Medicare Part B (Medical Insurance) covers, including doctor and other health care providers' services and outpatient care. Part B also covers durable medical equipment, home health care, and some preventive services.

[Preventive & screening services](#)

Part B covers many preventive services.

[What isn't covered by Part A & Part B?](#)

Learn about what items and services aren't covered by Medicare Part A or Part B. You'll have to pay for the items and services yourself unless you have other insurance. If you have a Medicare health plan, your plan may cover them.

Section G – Plans to address Alzheimer’s Disease

[National Plan to Address Alzheimer’s Disease | ASPE \(hhs.gov\)](#)



For millions of Americans, the heartbreak of watching a loved one struggle with Alzheimer's disease is a pain they know all too well. Alzheimer's disease burdens an increasing number of our Nation's elders and their families, and it is essential that we confront the challenge it poses to our public health. -- President Barack Obama

The National Plan to Address Alzheimer’s Disease is updated yearly by the Advisory Council on Alzheimer’s Research, Care and Services. Below is a list of the current versions available online.

National Plan establishes six ambitious goals to both prevent future cases of Alzheimer's disease and related dementias (AD/ADRD), and to better meet the needs of the millions of American families currently facing this disease.

- Prevent and Effectively Treat AD/ADRD by 2025.
- Enhance Care Quality and Efficiency.
- Expand Supports for People with AD/ADRD and Their Families.
- Enhance Public Awareness and Engagement.
- Improve Data to Track Progress.
- **(NEW)** Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for AD/ADRD.

[NatlPlan2012 with Note.pdf \(hhs.gov\)](#)

Appendix 3: Inventory of Federal Alzheimer’s Disease Research, Clinical Care, and Long-Term Services and Supports Programs (FY2010)

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Long-Term Services and Supports ... 44

Maryland State Plan to Address Alzheimer's Disease



The 2022-2026 State Plan aims to build on, enhance, and extend these ongoing efforts in Maryland and to align with and leverage important new policies and opportunities happening across the country, such as:

- The Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative,
- The Affordable Care Act,
- Building Our Largest Dementia Infrastructure for Alzheimer's (BOLD) Act Funding,
- The National Alzheimer's Project Act (NAPA),
- Younger-Onset Alzheimer's Disease Act as part of the Older Americans Act,
- Centers for Medicare and Medicaid Services Health Care Innovation Center (CMMI),
- RAISE Family Caregivers Act,
- Dementia Friendly America, and
- American Rescue Plan Act.

This 2022-2026 State Plan builds on these positive changes, takes advantage of opportunities for improvement, and most importantly, offers hope to Marylanders now and in the future through the promotion of healthy brain aging and brain health, early detection and diagnosis, a better and more holistic approach to ADRD treatment and management.

The 2022-2026 State Plan builds on the 2012 Maryland ADRD State Plan and contains a variety of new recommendations for policy and actions suggested to achieve five major goals:

- Goal 1: Expand efforts to support public awareness, prevention, and early detection of ADRD;
- Goal 2: Enhance quality, access, and coordination of ADRD care;
- Goal 3: Enhance and expand supports for family caregivers;
- Goal 4: Advance ADRD research and encourage evidence-based practices; and
- Goal 5: Enhance data capabilities related to dementia and dementia impact and effects of interventions.

The Council and its partners envision a dementia-capable Maryland which supports the health and well-being of its at-risk citizens and provides care, services, and resources through a whole-person, coordinated approach to meet the needs of Marylanders living with dementia and their caregivers across the disease continuum, care settings, and from diagnosis to end of life.

Goal 1: Expand efforts to support public awareness, prevention, and early detection of ADRD.

Introduction: Increasing public awareness of ADRD can help to reduce the stigma surrounding memory problems and empower families to connect to information, resources, and services, and to seek early

assessment about memory concerns. Seeking out an early evaluation of any cognitive or behavioral symptoms and obtaining accurate diagnosis can enable access to treatment and services which will result in better health outcomes and quality of life. Further, while there are currently no definitive strategies proven to prevent ADRD, research shows there are several modifiable risk factors that, when addressed over the life course, can add up to substantial opportunities to reduce risk of developing dementia. Three key strategies are recommended as a focus over the next four years to expand public awareness, prevention, and early detection of ADRD: (A) Increase public awareness about ADRD, (B) Increase early detection and diagnosis, and (C) Advance prevention strategies and healthy brain aging.

Goal 2: Enhance quality, access, and coordination of ADRD care.

Introduction: High quality, evidence-based practice and coordinated care for people living with dementia must be available and affordable across outpatient, acute care, and long-term care settings, as well as in Maryland communities and homes. Care needs will vary by individual and across the course of the illness, and must take a holistic, family-centered approach that considers cognitive, behavioral, medical, and psychosocial needs of both the person living with dementia and their family caregivers. Equitable access to dementia-capable and evidence-based care regardless of location, race/ethnicity, sex, or income level is paramount to ensuring high quality care and reduction of health inequities and disparities that currently exist and that lead to excessive burden and poor outcomes among certain groups. Building a highly skilled, interdisciplinary, and culturally diverse ADRD workforce in Maryland, creating a dementia care “pathway” that takes a palliative care approach and that involves greater care coordination and integration of care across the care continuum and during transitions of care, developing measurable standards of quality of care specific for dementia, and promoting the use of innovative practices and effective evidence-based programs are key areas that would support the enhancement of quality, access, and coordination of ADRD care in Maryland. Thus, four major strategies are recommended to achieve this goal: (A) Build a diverse, interdisciplinary dementia-capable workforce; (B) Increase access to high quality home and community-based services and promote coordination of services across the spectrum of disease and settings of care; (C) Enhance quality of care in nursing homes, assisted living facilities, and other residential care settings; and (D) Promote innovations in the financing and incentivization of high quality medical and LTSS that improve quality and coordination of ADRD care across the health care continuum.

Goal 3: Enhance and expand supports for family caregivers.

Introduction: Marylanders living with dementia require a range of cognitive, functional, behavioral, psychosocial, and environmental supports over the course of the illness, much of which is provided through millions of hours of unpaid care provided by informal caregivers in Maryland every year. Informal caregivers include family, extended family, and friends who assist with the multidimensional and changing needs of persons living with dementia. These individuals often themselves need access to a variety of supports and resources by nature of serving as a caregiver. Unfortunately, the health care system is not currently set up to provide family-centered ADRD care that purposefully involves supporting the caregiver both in services and education, as well as in ways to maintain their own medical and mental wellbeing along the way. As such, many ADRD caregivers find themselves thrust into the unfamiliar territory of dementia, having to learn on their own what it means for them and their loved one, and how to navigate a complex and disjointed network of health care services and LTSS. Common needs of ADRD caregivers and families may include education about dementia and what to expect; how to plan for the future; skill-building and training for how to communicate effectively; personal care or how to best manage behavioral health needs (neuropsychiatric symptoms associated with dementia); education about care financing options; and information on how to find and access

resources (e.g., appropriate services, education, guidance, and tools). Because dementia caregiving is associated with increasing intensity over a prolonged period of time, it can be very physically and emotionally taxing. Caregivers must also be provided with support to reduce stress, avoid burnout, and to maintain physical and mental well-being. Goal 3 is focused on enhancing caregiver support to directly address needs that exist among Maryland dementia caregivers. Our vision is that every Marylander who finds themselves as a dementia caregiver can be provided with a roadmap and a coordinated network of support that helps them take care of both their loved ones living with dementia and themselves in the process. Five strategies are recommended to enable the enhancement and expansion of supports for family caregivers: (A) Identify unmet needs for family caregivers; (B) Assist families in planning for ADRD care needs; (C) Promote and expand family caregiver supports across care settings; (D) Address caregiver health and wellness; and (E) Address the COVID-19 pandemic and other emergency/natural disaster events.

Goal 4: Advance ADRD research and encourage evidence-based practices.

Introduction: Ongoing ADRD research is vital to developing effective treatments, discovering better ways of caring for those living with dementia, and preventing dementia by understanding and addressing the causes of the disease. Research takes many forms and includes clinical trials that test new treatments or care strategies, prevention trials aimed at reducing risk of developing dementia, epidemiological studies to understand the natural course of dementia and contributing factors, diagnostic studies aimed at developing accurate ways to diagnose dementia early on, and health services/policy studies to look at how well health care systems serve people with dementia and their care partners, whether health-related policies are working, and how care delivery can be more equitable, effective, and cost-efficient. Furthermore, it is essential that discoveries and knowledge gained from research are shared and incorporated into everyday practices so that Marylanders can benefit from these research advances. This includes efforts to effectively communicate research results to the community and key stakeholders as well as efforts to ensure evidence is successfully translated into practice. Three key strategies are recommended as a focus over the next four years to advance ADRD research and to encourage evidence-based practices in Maryland: (A) Identify high priority ADRD-related research need areas; (B) Enhance funding and resources to support ADRD research and grow public-private research networks in Maryland; and (C) Enable and incentivize the translation of research to practice.

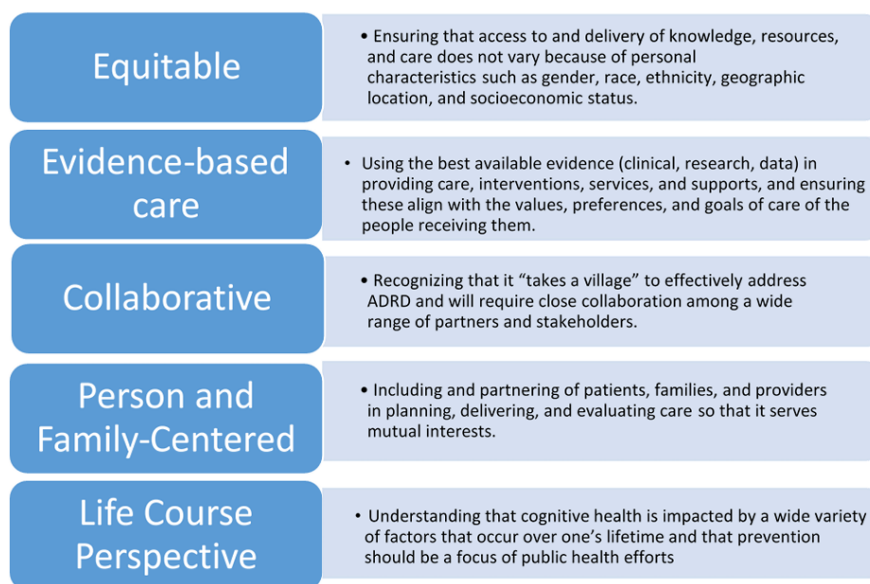
Goal 5: Enhance data capabilities related to dementia and dementia impact and effects of interventions.

Introduction: Effective methods for capturing and using population-based data are needed to improve care and support for Marylanders currently living with ADRD and to adequately plan for the growth in both persons at risk of ADRD and who develop ADRD in the future. Data routinely collected through surveillance and evaluation are vital to providing insight into population trends (e.g. ADRD prevalence and incidence rates), raising ADRD awareness, understanding service and support needs and how needs differ among diverse groups, identifying and addressing health care inequities and gaps in care, evaluating and monitoring the impact of health programs and policies over time, and informing the evolution of Maryland's ADRD State Plan and other Maryland State Plans (e.g. Aging). Three key strategies are recommended as a focus over the next four years to enhance Maryland's ADRD-related data capabilities: (A) Collection, analysis, and use of statewide surveillance and evaluation data from multiple sources; (B) Development and implementation of a set of dementia-related outcome-based performance measures; and (C) Development of infrastructure and policies that increase capability to share and link population-based surveillance and evaluation from a variety of sources.

LIST OF ACRONYMS

<i>AD</i>	Alzheimer's Disease
<i>ADRD</i>	Alzheimer's Disease and Related Dementias
<i>AAA</i>	Area Agency on Aging
<i>ADL</i>	Activities of Daily Living
<i>BOLD</i>	Building Our Largest Dementia Infrastructure for Alzheimer's Act
<i>BRFSS</i>	Behavioral Risk Factor Surveillance System
<i>CDC</i>	The Centers for Disease Control and Prevention
<i>CCRC</i>	Continuing Care Retirement Communities
<i>CEU</i>	Continuing Education Credit Program
<i>CFL</i>	Communities for Life SM
<i>CME</i>	Continuing Medical Education Credit Program
<i>CMMI</i>	Center for Medicare and Medicaid Innovation
<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>COMAR</i>	Code of Maryland Regulations
<i>DICE</i>	Describe, Investigate, Create, Evaluate
<i>FDA</i>	Food and Drug Administration
<i>FMLA</i>	Family and Medical Leave Act
<i>FTD</i>	Frontotemporal Dementia
<i>GWEP</i>	Johns Hopkins Geriatric Workforce Enhancement Program
<i>HCBOW</i>	Maryland's Home and Community-Based Options Waiver
<i>HCBS</i>	Home and Community-Based Services
<i>HIE</i>	Health Information Exchange
<i>JHDCNA</i>	Johns Hopkins Dementia Care Needs Assessment
<i>LTSS</i>	Long Term Services and Supports
<i>MAP</i>	Maryland Access Program
<i>MDH</i>	Maryland Department of Health
<i>MDoA</i>	Maryland Department of Aging
<i>MDPCP</i>	Maryland Primary Care Program
<i>NADRC</i>	Administration for Community Living's National Alzheimer's and Dementia Resource Center
<i>NAPA</i>	National Alzheimer's Project Act
<i>NIA</i>	National Institute on Aging
<i>NIH</i>	National Institutes of Health
<i>PACE</i>	Plan for the All-Inclusive Care of the Elderly
<i>PBPY</i>	Per Beneficiary Per Year
<i>PLWD</i>	People Living with Dementia
<i>REACH</i>	Resources for Enhancing Alzheimer's Caregiver Health
<i>RDAD</i>	Reducing Disability in Alzheimer's Disease
<i>TAP</i>	Tailored Activity Program

Figure 1. Principles Guiding the 2022-2026 State Plan



The State Plan serves as a roadmap for addressing ADRD in Maryland—one that takes a hopeful, data-guided, public health approach to enhance areas critical to support and enhanced infrastructure, more robust public awareness and empowerment, better and more coordinated care, a more dementia-capable workforce, comprehensive caregiver support, and care innovations through research. Because of the complex and broad nature of the State Plan, implementation will require a phased, multi-step approach, involving strategic engagement of a number of partners along the way. The Council submits the State Plan as a first step in a longer process to realize the goals put forth—a process that will require stakeholder collaboration, additional resources, and dedicated oversight for coordination, implementation, and monitoring of progress. The Council believes this vision is achievable and will ultimately directly benefit Marylanders living with dementia, families, health systems, and the community at large. As such, the Council has suggested broad and flexible timeframes for implementation of recommendations, but these may be adjusted based on the availability of resources and other factors. Within the State Plan, the use of the following language is: Short-term refers to years 1-2, Mid-term refers to years 2-3, and Long-term refers to years 3-4.

Virginia I. Jones Alzheimer's Disease and Related Dementias Council



Virginia I. Jones was a dedicated public servant and Marylander who lived with the devastation of Alzheimer’s Disease for more than two decades. Named in her honor, the Virginia I. Jones Alzheimer’s Disease and Related Dementias (ADRD) Council was authorized by [Senate Bill 679 \(2013\)](#), [Senate Bill 549 \(2016\)](#), and [Senate Bill 522 \(2019\)](#). It builds upon the work of the previous ADRD Commission. [Pages - Alzheimers Council \(maryland.gov\)](#)

The Council is responsible for:

1. Updating and advocating for the State Plan on ADRD;
2. Examining the needs of individuals living with ADRD and their caregivers and identifying ways the State can assist in meeting those needs;
3. Advising the Governor and the General Assembly on policy, funding, regulation, and other issues relevant to ADRD; and
4. Developing and promoting strategies to encourage brain health and prevent cognitive decline.

OLDER ADULTS PROGRAMS AND SERVICES

Program/Service	Description
OLDER AMERICANS ACT (OAA) and ACL Programs	Federal law enacted in 1965, establishing a federal, state, and local infrastructure that organizes and delivers home and community-based programs and supports including home delivered meals and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers support. More than half of the annual operating budget of the Maryland Department of Aging is supported by OAA funds, described in detail in the Titles below.
Title III B	Supportive Services enables older adults to access services that address functional limitations, promote socialization, continued health and independence, and protect elder rights. Together, these services promote the ability to maintain the highest possible levels of function, and participation in the community. Programs include but are not limited to: Information and Assistance, Personal Care, Homemaker, and Chore Service, Adult Day Care, Case Management, Transportation, Legal Assistance and Outreach.
Title III C1	Congregate Meals provide socialization and health nutrition options at senior centers throughout the state. Trained staff provide nutrition education and counseling to older adults to support healthy eating.
Title III C2	Home Delivered Meals offer homebound older adults the ability to remain in their home with a daily meal delivered. Staff and volunteer meal delivery drivers regularly interact with participants and can connect individuals to other services through Maryland Access Point.
Title III D	Health Promotion and Disease Prevention promotes preventative programs that emphasize health, wellness, and physical activity. Many of Maryland’s local network of Area Agencies on Aging offer evidence-based activities, including chronic disease and diabetes self-management, falls prevention workshops, health screening, education, physical fitness, exercise, and medication management.
Title III E	The National Family Caregiver Support Program (NFCSP) provides services to adults who provide in-home and community care for people 60 and older or grandparents and relatives age 55 and older who serve as caregivers for children 18 and younger or for children of any age who have disabilities. The program offers information about services, how to access assistance including case management, education, training, support services, individual counseling, respite care, and supplemental services.

Program/Service	Description
Title V	The Senior Community Service Employment Program (SCSEP) provides training and employment assistance to eligible workers 55 and older through participating host agencies. The program enables participants to update skills while receiving a weekly stipend with the goal of permanent employment placement. This program is administered in its entirety by the Maryland Department of Labor.
Title VII	Elder Abuse Prevention supports programs and services that protect older adults from abuse and provide public education, training, and information about elder abuse prevention.
Title VII	The Long-Term Care Ombudsman Program advocates for residents of nursing homes and assisted living facilities. Ombudsmen promote rights and provide information to residents and their families, by visiting facilities, promoting quality of care and providing a voice for those who are unable to speak for themselves. The LTCOP also addresses systemic issues and supports people who want to transition into the community. Support under this title also focuses on public education surrounding abuse. Adult Protective Services is administered by Maryland Department of Human Services.
Maryland Access Point	MAP is Maryland's Aging and Disability Resource Center and core of the State's No Wrong Door system. MAP is a trusted starting point for individuals of all ages, abilities and incomes to access information, person-centered planning support, and assistance connecting to LTSS. MAP is a central component in Maryland's effort to reduce costly institutionalization of people with long term care needs and divert them to lower cost community options. MAP has a dedicated website, statewide toll-free number and local offices at every Area Agency on Aging. Each AAA has co-located staff from its regional Center for Independent Living.
State Health Insurance Assistance Program (SHIP)	Confidential, unbiased, one-on-one counseling and decision support are offered about Medicare, Medigap, Advantage, Prescription Drug plans, and Long Term care insurance. Highly trained, certified volunteer counselors assist with complex issues, claims and appeals, applications and annual open enrollment decisions.
Senior Medicare Patrol (SMP)	Educates older adults and caregivers how to detect, report and prevent Medicare waste, fraud and abuse. The program works to reduce healthcare identity theft and the loss of federal and state funds due to error, scams, and deception.

Program/Service	Description
The Low-Income Subsidy and Medicare Savings Plans: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)	Medicare beneficiaries who qualify based on income can apply for financial help with out-of-pocket Medicare costs including premiums, co-payments, deductibles and prescription drugs. Volunteers provide outreach, education and application assistance.
STATE REGULATORY PROGRAMS	
Continuing Care	The Continuing Care Act authorizes the Maryland Department of Aging to regulate Continuing Care Retirement Communities (CCRCs) and Continuing Care at Home (CCAH) Programs. CCRCs offer a combination of housing and services that include levels of healthcare right on sight, freedom from heavy chores and the demands of home maintenance.
STATE GENERAL FUND PROGRAMS	
Public Guardianship Program	Serves adults 65 and older deemed by a court of law to lack capacity to make or communicate daily responsible decisions on their own behalf. The program provides protection and advocacy on behalf of the older adult through case management provided by guardianship specialists of the program.
Senior Center Capital Improvement Funds	Capital improvement funds are available to local governments to supplement the costs of new construction, conversions, renovations, acquisitions and capital equipment needed to develop senior centers. Senior Centers are not administered by the Department of Aging, they are operated and governed by county governments.
Senior Center Operating Funds	Limited operating funds are available to senior centers to encourage innovative programming. A portion of the funds are reserved for economically distressed jurisdictions.
Senior Care	Provides coordinated, community-based, in-home products and services for older adults with medical conditions who require help with bathing, dressing, chores, etc. and may be at risk of nursing home placement. When services are not available by other means, this program provides personal care, chore service, adult day care, financial assistance for medications, medical and nutritional supplies, respite, and emergency response systems.

Program/Service	Description
Congregate Housing Services Program	A level of housing between independent living and institutionalization which combines housing with daily meals, weekly housekeeping, onsite service management, and personal assistance as needed. The program is offered in senior apartment buildings designated for low- and moderate-income residents and may be operated by local housing authorities, non-profit organizations, or housing management companies.
Senior Assisted Living Subsidy Program	Provides low- and moderate-income older adults subsidies for assisted living services in 4 to 16 bed group homes licensed by the Department of Health. The subsidy offers assisted living for people who might otherwise be placed in nursing facilities and covers the difference between the participant's monthly income and the approved assisted living fee. The maximum individual monthly subsidy is \$1200.
Naturally Occurring Retirement Communities (NORC)	Grants to community-based organizations 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.
STATE MEDICAID PROGRAMS AND SERVICES	
Medicaid Supports Planning Services	Provides assistance with accessing and coordinating Medicaid and non- Medicaid funded home and community-based services and supports in developing a comprehensive plan for community living for applicants and participants of the Home and Community-Based Options Waiver, Community First Choice, Community Personal Assistance Service program, and the Increased Community Services program. The Area Agency on Aging network is one of several Medicaid enrolled Supports Planning providers that an applicant or participant can choose as their assigned provider for supports planning services. The MDH oversees this work at the state level.
Money Follows the Person (MFP) Options Counseling	Provides information to individuals about Long Term community services and supports that are available through Medicaid. Additionally, options counseling includes application assistance to Medicaid eligible individuals who choose to transition back into the community through a Medicaid home and community-based waiver program. MFP Options Counseling is provided by the Area Agencies on Aging in partnership with the local CILs. The Department oversees statewide work through an inter-agency agreement with the MDH.

Program/Service	Description
ADDITIONAL DEPARTMENT PROGRAMS AND INITIATIVES	
Farmer's Market Nutrition Program	Fresh fruits and vegetables can be purchased from local farmers statewide with coupons made available to low-income older adults. AAAs offer nutrition education to enhance the program. The Maryland Department of Agriculture funds this program.
Commodities Supplemental Food Program (<i>My Groceries to Go!</i>)	Provides monthly boxes of pantry staples to older adults who qualify based on their income. These staples help to address challenges of food insecurity that many older adults face and build nutritious diets and contribute to healthy lives. The program is funded by the U.S. Department of Agriculture is a public private collaboration of the Maryland Department of Aging and local providers.
Veteran Directed Care Program	A federal partnership initiative between ACL and the Veterans Administration to engage local ADRCs to provide Supports Planning and self-direction coaching support to veterans with a high level of care who wish to reside in their home. Select Maryland AAAs and CILs provide planning assistance and self direction coaching.
Senior Call Check	A daily call to verify your well-being, at a time scheduled at your convenience.
Community for Life SM	The Maryland Community for Life SM (CFL SM) is a creative and unique program that provides a package of services for homeowners and renters. Developed for older adults living independently in their own homes, the Maryland Community for Life SM program delivers key services designed to navigate predictable home maintenance, transportation, and community access needs in a cost-effective and supportive manner.
Maryland Durable Medical Equipment Re-Use	The Maryland Department of Aging is providing durable medical equipment (DME) to Marylanders with any illness, injury, or disability, regardless of age, at no cost. All equipment will be sanitized, repaired, and redistributed to Marylanders in need.

NOTES:

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MISSION

The Geriatrics & Gerontology Education and Research Program

is a University of Maryland, Baltimore-based program that facilitates interprofessional education and interdisciplinary research activities in the field of aging in partnership with campus affiliates and agencies and organizations serving Maryland’s older adults and their caregivers.

VISION Optimize care provided to older adults to promote quality of life through education, research, and training.

CORE VALUES

Accountability	Excellence
Civility	Diversity
Leadership	Knowledge
Collaboration	

Whether you want to make an impact directly by working with older adults and their families or indirectly through research, changing policy, or developing innovative technology to tackle the complex health and social challenges associated with growing older, a graduate degree from UMB is a great place to start.

Programs such as our graduate certificate in [Aging & Applied Thanatology](#), our [Master’s in Gerontology](#), and our [PhD in Gerontology](#) are designed to help you meet your career goals. Visit our [website](#) for a complete list of academic programs. [Geriatrics and Gerontology Education and Research Program - UMB: An Age-Friendly University \(umaryland.edu\)](#)

The Graduate School is home to the Geriatrics & Gerontology Education and Research ([GGEAR](#)) program. Educational programs developed by GGEAR and its partners include online training modules through Geri-ED and interprofessional training opportunities such as the Geriatric Assessment Interdisciplinary Team (GAIT) program, in which students learn and work collaboratively in interprofessional settings.

For more information about the GGEAR Program or our offerings, please contact Diane Martin, Ph.D., Director, at diane.martin@umaryland.edu or 410-706-4327.



Spring 2024 “Navigating Dementia” Education Series Dates

[Participant Registration Form](#)

FOR WEBINARS, THE ZOOM LINK OPENS 30 MINUTES BEFORE THE START OF THE WEBINAR.

For example, webinar 1 opens at 12:30pm and begins promptly at 1:00pm.

Webinar 1: Friday, March 1, 2024 (12:30pm-3:00pm): Understanding Cognitive Aging: Differentiating Between Usual and Unusual Changes in Memory

Webinar 2: Friday, March 8, 2024 (12:30pm-3:00pm): Understanding Dementia: Differentiating Reversible and Irreversible Causes

In-Person Conference 1: Friday, March 22, 2024 (8:30am-4:00pm) The Meeting House, Columbia, MD: Health Literacy and Plain Language Communication in Alzheimer's and Related Dementia

Webinar 3: Friday, April 19, 2024 (12:30-3:00pm): Exploring Medical and Non-medical Interventions to Slow Cognitive Decline Associated with ADRD

Webinar 4: Wednesday, April 24, 2024 (8:00am-2:30pm; begins at 8:30am): Spectrum of Services & Supports in Maryland for Persons Living with Dementia (note: this webinar will be one of several offered during the annual caregiver's conference webinar hosted by Eastern Shore MAC, Inc. More information will be provided to individuals registering for this webinar.

In-person Conference 2: Friday, May 10, 2024 (8:30am-4:00pm) The Meeting House, Columbia, MD: Assessment Tools Workshop: Tools & Referrals for Non-Clinicians

Webinar 5: Friday, May 24 (12:30pm-3:00pm): Empowering Caregivers: Essential Resources and Supports in Maryland



CEUs are available at no-cost for Certified Dementia Practitioners, Certified Senior Advisors, Maryland Social Workers, and Maryland Psychologists and Mental Health Professionals. Certificate of Attendance will be provided to all participants.

Plus, you can earn your Age-Friendly Specialist Certificate by attending our series. Visit <https://www.umaryland.edu/media/umb/geriatric-programs/GGEAR-AFU-Brochure.pdf> for more details.