

**CITY OF BALTIMORE  
COUNCIL BILL 10-0201R  
(Resolution)**

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Introduced by: Councilmembers Welch, Holton, D’Adamo, Henry, Middleton, Conaway,  
President Young, Councilmember Cole

Introduced and read first time: April 19, 2010

Assigned to: Urban Affairs and Aging Committee

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REFERRED TO THE FOLLOWING AGENCIES: Commission on Aging and Retirement Education,  
Health Department, Department of Finance

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A RESOLUTION ENTITLED

1 A COUNCIL RESOLUTION concerning

2 **Informational Hearing – How Best to Ensure a Continuum of**  
3 **Services to Baltimore’s Elderly Citizens**

4 FOR the purpose of requesting the Executive Director, Commission on Aging and Retirement  
5 Education (CARE), the Commissioner of Health, the President, Baltimore Healthcare  
6 Access, Inc.( BHCA), and the Director of Finance to report to the City Council on the  
7 proposed merger of CARE with BHCA; the impact on the level, consistency, and quality of  
8 programs for and services to the elderly; and the fiscal implications to the City budget and to  
9 the receipt of federal and state funds by downsizing or dissolving CARE.

10 **Recitals**

11 The Transition Team Report, March 19, 2010 recommendations to increase efficiency and  
12 effectiveness includes: “Strongly consider the merger of the Commission on Aging, Retirement  
13 and Education (CARE) into Baltimore HealthCare Access, Inc. (BHCA), a quasi-public agency  
14 of the Baltimore Health Department. BHCA has received national recognition for its  
15 administration of the Medicaid program in the City and receives funding from nine major  
16 Baltimore foundations. Moving CARE programs and service to the Health Department/BHCA is  
17 expected to result in an immediate \$400,000 - \$500,000 savings in administrative costs.”

18 BHCA’s proposal to the Health and Human Services Transition Team states, in support of  
19 the ultimate goal to dramatically reduce costs to Baltimore City while at the same time  
20 enhancing services that CARE currently provides, that the not-for-profit agency provides many  
21 of the same services CARE provides to individuals on Medicare, to individuals on Medicaid,  
22 such as “advocacy services, intake and referral services via a call center, ombudsman and case  
23 management services”.

24 Affiliated with the Baltimore City Health Department, BHCA, with a current staff of 150 and  
25 a budget of \$10 million annually, provides core competencies service in the areas of eligibility  
26 determination for Medicaid programs, including the Maryland Children’s Health Insurance  
27 Program, the Primary Adult Care Program, the Medical Assistance for Families Program, and  
28 the Kaiser Bridge Program. In addition, BHCA provides case management to the most  
29 vulnerable residents of Baltimore City – non-compliant Medicaid beneficiaries; adults with

EXPLANATION: Underlining indicates matter added by amendment.  
~~Strike out~~ indicates matter deleted by amendment.

**Council Bill 10-0201R**

1 disabilities; children with special health care needs; children in foster care; pregnant/post-partum  
2 women; the homeless; and individuals in drug treatment.

3 In response to the proposed merger, CARE officials point out that BHCA focuses on infants,  
4 pregnant mothers, and their families and does not have experience with the delivery of the range  
5 of services to the elderly that CARE provides. CARE has an advocacy, case management, and  
6 administrative role as deemed by the federal Older American’s Act and the Maryland State  
7 Department of Aging. With the exception of the Money Follows the Person Demonstration  
8 Program, CARE does not deliver any services that are billable under Medicaid or Medicare. The  
9 services provided are “not related to the medical model that is central to BCHD/BHCA.”

10 CARE works closely with both City and private agencies that service seniors – most  
11 particularly the Disabilities Commission; the Health Department’s Retired Seniors and Volunteer  
12 Program (RSVP) and Senior Community Employment Program (SCEP); the Department of  
13 Housing; and the Department of Social Services. Additionally, on a quarterly basis, CARE  
14 convenes the Interagency Committee on Aging Services (the IAC), which works to ensure that  
15 agencies do not forget seniors as they deliver services and holds agencies responsible for unmet  
16 needs.

17 CARE’s responsibility is “to assure that residents receive the services that they need, to  
18 advocate for them, to provide redress when they do not receive expected care/services. Care is a  
19 conduit, a facilitator. CARE is looked to as the avenue that seniors travel first to get what they  
20 need to get. For seniors, CARE is their first call to access services.”

21 As the proposed merger of CARE and BHCA is considered, the City of Baltimore’s primary  
22 responsibility to our venerable seniors is to ensure that the services they depend on continue to  
23 be delivered at current levels, at the very least, and at improved levels if at all possible.

24 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That the  
25 Executive Director, Commission on Aging and Retirement Education (CARE), the  
26 Commissioner of Health, the President, Baltimore Healthcare Access, Inc.( BHCA), and the  
27 Director of Finance are requested to report to the City Council on the proposed merger of CARE  
28 with BHCA; the impact on the level, consistency, and quality of programs for and services to the  
29 elderly; and the fiscal implications to the City budget and to the receipt of federal and state funds  
30 by downsizing or dissolving CARE.

31 **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the  
32 Executive Director, Commission on Aging and Retirement Education (CARE), the  
33 Commissioner of Health, the President, Baltimore Healthcare Access, Inc.( BHCA), and the  
34 Director of Finance.