



Maryland-National Capital Homecare Association

Senate Bill 897: *Maryland Department of Health – Residential Service Agencies – Training Requirements*

Senate Finance Committee

March 5, 2020

Position: OPPOSE (unless amended)

On behalf of the Maryland-National Capital Homecare Association (MNCHA), whose members include Medicare-certified home health agencies, private duty companies and durable medical equipment suppliers across the State, we oppose Senate Bill 897 unless amended (amendment attached). Senate Bill 897 would require three types of Alzheimer's and dementia training within a residential service agency – 1) direct care workers; 2) supervisory staff (e.g., registered nurse); and 3) “train the trainer.”

While MNCHA understands the intent of this legislation, our members are concerned that the bill, as drafted, would impose an undue burden on these agencies. First, this bill would require ALL direct staff to receive the training within 45 days of employment. While there is a provision in the bill that would exempt individuals who have provided dementia-related direct care or supervisory care for at least 24 months before beginning employment at the residential service agency, it does not exempt individuals who have been employed by the same residential service agency for 24 or more months, which seems inconsistent.

Second and more importantly, unlike those employees in an assisted living program or nursing facility, the clients cared for in a residential service agency have broad health care needs, which may not include Alzheimer's or dementia related diagnoses. For example, some residential service agencies provide care to children while others may be providing care to those following a post-acute episode and may need wound care, infusion therapy or other services. Likewise, durable medical equipment providers are classified under State law as a residential service agency. These providers deliver medical equipment and supplies to a client's home and may provide training on the equipment. Technically, they may then be required to comply with these requirements. It is important to note that, prior to providing services to a client, a residential service agency is required to have a registered nurse assess the client, develop the client's plan of care, assign appropriate personnel to provide the care and participate in training and retraining the individuals who will provide the care. These individuals work under the license of the registered nurse.

Third, for those residential service agencies that participate in the Medicaid program, Senate Bill 897 places a significant strain on operations. Medicaid only reimburses a residential service agency \$18.03/hour, which must cover all care and operational costs, including the wages of the registered nurses and other staff. Placing the requirement that all staff must receive this training, regardless of the client base, within the first 45 days will increase costs and make it difficult to assign direct care workers to clients.

However, as stated above, MNCHA does understand the need to ensure that direct care workers have the required skills and training to care for those clients with Alzheimer's and dementia. Therefore, we have proposed language that would require training when direct care workers are providing services to a client with Alzheimer's and dementia. This training could be received by an online or in-person training, which could be done by the registered or supervisory nurse who is responsible for the care of that client.

For More Information:

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The language below is a substitute amendment and would strike and replace the bill.

19-4A-03.1

(A) EACH RESIDENTIAL SERVICE AGENCY SHALL ENSURE THAT INDIVIDUALS WHO ARE REFERRED BY THE RESIDENTIAL SERVICE AGENCY TO PROVIDE HOME CARE SERVICES TO CLIENTS WHO HAVE ALZHEIMER'S DISEASE OR DEMENTIA RECEIVE APPROPRIATE TRAINING ON ALZHEIMER'S DISEASE AND DEMENTIA TO CARE FOR THE CLIENT.

(B) THE TRAINING SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING AREAS OF INSTRUCTION:

- (1) AN OVERVIEW OF ALZHEIMER'S DISEASE AND DEMENTIA;
- (2) PERSON-CENTERED CARE;
- (3) AN UNDERSTANDING OF THE ASSESSMENT AND CARE PLANNING PROCESS;
- (4) ACTIVITIES OF DAILY LIVING; AND
- (5) ALZHEIMER'S DISEASE AND DEMENTIA BEHAVIORS AND COMMUNICATION.

(C) (1) THE TRAINING PROVIDED IN SUBSECTION (B) OF THIS SECTION MAY BE COMPLETED THROUGH AN ONLINE COURSE OR IN-PERSON TRAINING, INCLUDING TRAINING PROVIDED BY A DELEGATING OR SUPERVISORY NURSE WITH RESPONSIBILITY FOR TRAINING OR DEVELOPING THE CLIENT'S PLAN OF CARE AND ASSIGNING APPROPRIATE PERSONNEL.

(2) IF THE INDIVIDUAL RECEIVES THE TRAINING REQUIRED IN SUBSECTION (A) OF THIS SECTION THROUGH AN ONLINE COURSE OR IN-PERSON TRAINING THROUGH A THIRD-PARTY AND RECEIVES A CERTIFICATION OF COMPLETION, THE INDIVIDUAL SATISFIES THE REQUIREMENT OF SUBSECTION (A) OF THIS SECTION.

(D) THE RESIDENTIAL SERVICE AGENCY SHALL RETAIN RECORDS OF THE TYPE OF TRAINING PROVIDED IN THE PERSONNEL FILE ON THE INDIVIDUAL REFERRED TO PROVIDE HOME CARE SERVICES TO THE AGENCY'S CLIENT.

(E) THIS SECTION DOES NOT APPLY TO PROVIDERS OF HOME MEDICAL EQUIPMENT SERVICES.

SECTION 2. AND BE IT FURTHER ENACTED, THAT an individual referred by a residential service agency to provide home care services to a client as of October 1, 2020 who has otherwise

not received training equivalent to the training described in this Act, shall receive the training on or before July 1, 2021.