



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**State Board of Long-Term Care
Administrators
4201 Patterson Avenue, Room 305
Baltimore, MD 21215**

2024 SESSION POSITION PAPER

BILL NO: HB 874
COMMITTEE: Health and Government Operations
POSITION: Support

TITLE: State Board of Long-Term Care Administrators - Requirements for Assisted Living Managers

BILL ANALYSIS: The bill seeks to extend the date by which individuals must be licensed by the State Board of Long-Term Care Administrators (the “Board”) before practicing as an assisted living manager (“ALM”) in the State; altering the requirements for the ALM training course that certain ALMs are required to complete; altering the requirements for serving as an interim ALM; and generally relating to the Board and ALMs, which licensure laws regarding ALMs, under §§ 9-101 *et seq.*, went into effect on October 1, 2022.

POSITION AND RATIONALE: The Board supports HB 874.

As of July 1, 2023, there were 1721 Assisted Living Programs (“ALPs”) in Maryland, which may potentially result in the Board issuing more than 3400 licenses for ALMs. The Board currently is responsible for the licensure and regulation of the approximately 500 nursing home administrators (“NHAs”) in Maryland, and there are approximately 240 nursing home facilities in Maryland. The Board issues initial and renewal NHA licenses throughout the year as well as investigates and disciplines NHAs when appropriate. Extending the date for when ALMs will initially be licensed will provide the Board with the time it needs to ensure that organizational, operational, and IT infrastructure will support the dramatic increased workload, which will include promulgating regulations governing the licensure and regulation of ALMs and facilitating the build-up of all Board operations. The additional time will prevent the disruption of its regulation of NHAs while the Board constructs the necessary framework for receiving and reviewing ALM applications and intaking complaints, investigating, and sanctioning ALMs for any serious incidents that could endanger the safety and welfare of their residents.

Unfortunately, the Board has experienced significant setbacks over the past year, which have delayed its progress toward being ready for the implementation of the ALM licensure requirement on October 1, 2024. In April 2021, the Board hired a new executive director who

began work in 2022 to prepare the Board for implementation of the new ALM responsibilities. The executive director formed a strategic planning workgroup to identify important action items and next steps in the planning phase, which included hiring a licensing assistant in June 2023. But in September 2023, the executive director resigned, and the deputy director (who then stepped in as acting executive director) resigned in November 2023. The licensing assistant was the only full-time Board employee until the new executive director was hired in December 2023.

Several areas of concern have been raised with the Board. The Board still has three ALM board seat vacancies, an inadequate online license renewal portal, and no automated process for all other board operations. The likely eight-fold increase in workload necessitates additional time for planning and procurement of resources and expertise. Additionally, the Board must work in coordination with the Office of Health Care Quality, the Maryland Department of Aging, and the applicable trade associations, who each have a significant role in this endeavor. The Board believes that it can meet the challenges faced with its new responsibilities if the ALM licensure date is moved back until July 1, 2026.

Thank you for your consideration. The Board respectfully requests a favorable report on HB 874.

For more information, please contact Ms. Linda Burrell-Warr, Executive Director for the Maryland State Board of Long-Term Care Administrators, at 410-764-4749 or linda.burrell-warr2@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.