

Department of Legislative Services  
Maryland General Assembly  
2021 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

Senate Bill 275

(Senator Hester, *et al.*)

Finance

Health and Government Operations

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**Maryland Department of Health – Residential Service Agencies – Training  
Requirements**

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This bill generally requires each residential service agency (RSA) to ensure that, within 45 days after an individual’s start of employment, direct care and supervisory staff receive three hours of online or in-person training on dementia, beginning July 1, 2022. An RSA must also ensure staff receive two hours of online or in-person continuing education training regarding Alzheimer’s disease and dementia each calendar year. Staff already employed by an RSA on October 1, 2021, who have not received equivalent training, must complete the three-hour training by August 15, 2022.

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**Fiscal Summary**

**State Effect:** Medicaid expenditures increase by an indeterminate amount (50% in general funds and 50% in federal funds) beginning in FY 2023 to account for the new training requirements; federal matching revenues increase accordingly. **This bill increases the cost of an entitlement program beginning in FY 2023.**

**Local Effect:** The bill is not anticipated to effect local government finances.

**Small Business Effect:** Meaningful.

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**Analysis**

**Bill Summary:** The required training may be provided by a supervisory staff member responsible for developing an individual’s plan of care and assigning appropriate personnel. The person providing training must issue a certificate of completion to each individual who completes the training. An RSA must maintain records indicating the type

of training received by each individual who has received a certificate of completion while employed by the RSA.

An RSA is not required to provide training when an individual has (1) provided Alzheimer's disease or dementia-related direct care or supervisory services for at least 24 consecutive months before beginning employment with the RSA *and* received a certificate of completion from an RSA or other entity or (2) completed the continuing education training in the immediately preceding 12 months.

**Current Law:** An RSA is an agency that provides supportive home care services, such as assistance with activities of daily living, housekeeping services, and some nursing services. An RSA may also provide one or more home care services or medical equipment (*e.g.*, oxygen, wheelchairs, walkers, and hospital beds). RSAs are licensed by the Office of Health Care Quality in the Maryland Department of Health (MDH).

MDH must adopt regulations that set standards for the care, treatment, health, safety, welfare, and comfort of individuals who receive home health care services through an RSA. The regulations must provide for the licensing of RSAs. The regulations must include provisions that (1) provide for the establishment of RSAs; (2) establish qualifications for licensure; (3) set minimum standards for individuals who provide home health care services through an RSA; and (4) require an RSA to screen and verify the character references of all home health care providers employed by the RSA.

An RSA must ensure that individuals that are referred are trained appropriately to provide care that is needed by the agency's clients. At a minimum, training for individuals providing care in clients' homes must include:

- instruction and supervised practice in relevant personal care services of the sick or disabled at home;
- identification of situations that require referral to a registered nurse, including significant changes in a client's condition;
- record keeping;
- ethical behavior and confidentiality of information;
- cardiopulmonary resuscitation;
- standard precautions for infection control; and
- prevention of abuse and neglect.

**State Fiscal Effect:** Medicaid advises that it sets actuarially sound rates for RSAs and their providers on an annual basis, and the current rate methodology is inclusive of existing RSA provider training requirements delineated in regulation. Medicaid further advises that, based on an analysis of RSA provider rates and Medicaid beneficiary utilization data, MDH

estimates a baseline increase in RSA provider rates of \$0.25 per hourly unit to account for new training requirements. The Department of Legislative Services advises that the extent to which RSA provider rates increase depends on the number of staff that require training and the type of training the staff receive. Thus, Medicaid expenditures increase by an indeterminate amount (50% in general funds and 50% in federal funds) in fiscal 2023 and subsequent years to comply with additional training requirements under the bill; federal matching revenues increase correspondingly.

**Small Business Effect:** Small business RSAs must comply with the new training requirements under the bill. To the extent Medicaid rates increase under the bill and the RSAs accept Medicaid, revenues for small business RSAs increase to account for new training requirements.

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### **Additional Information**

**Prior Introductions:** SB 897 of 2020, a similar bill, received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 1168, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

**Designated Cross File:** HB 141 (Delegate Sample-Hughes) - Health and Government Operations.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - January 18, 2021  
md/jc Third Reader - March 25, 2021  
Revised - Amendment(s) - March 25, 2021  
Revised - Clarification - March 25, 2021

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Analysis by: Amberly Holcomb

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510