



200 St. Paul Place, #2510 | Baltimore, MD 21202
1-866-542-8163 | Fax: 410-895-0269 | TTY: 1-877-434-7598
aarp.org/md | mdaarp@aarp.org | twitter: @aarpmaryland
facebook.com/aarpmid

**SB 275 Department of Health – Residential Service Agencies – Training
Requirements
SUPPORT
Senate Finance Committee
February 4, 2021**

Good Afternoon Chairwoman Kelley and Members of the Finance Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP MD. AARP Maryland is one of the largest membership-based organizations in the Free State, encompassing almost 850,000 members. AARP MD overwhelmingly supports **SB 275 Maryland Department of Health - Residential Service Agencies - Training Requirements.**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

In short SB 275 requires that each individual within 45 days of their start of employment, as part of the residential service agency's direct care or supervisory staff, is trained to provide the care required by the clients of the residential service agency at a minimum of three (3) hours of online or in person training regarding dementia, Alzheimer's disease and person centered care. The Bill also requires that direct care or supervisory staff receive two (2) hours of online or in-person continuing education training regarding Alzheimer's disease and dementia each calendar year.

The number of people aged 65 and older with Alzheimer's disease and related dementias (ADRD) is expected to grow from 5.3 million to 7.1 million between 2017 and 2025. Successfully supporting people with dementia who live at home often requires the assistance of home care workers. Given this context, it is important to examine the training needs related to home care Alzheimer's and dementia—and what states can do to better prepare for this population.

ADRD affect a person's memory, thoughts, and actions. ADRD has no cure and people live an average of eight years once the symptoms become noticeable to others. People with dementia might initially need help with tasks such as cooking, paying bills, and managing medications. As the disease progresses, they require additional assistance with daily tasks, such as bathing, dressing, walking, and eating, and they have increasing

difficulty with decision making and judgement. They typically receive care from loved ones and, as the person's needs increase, through the long-term care system. One in 10 people aged 65 and older has been diagnosed with ADRD, which has significant implications for the long-term care and aging fields.¹

Most people prefer to receive long-term care in their homes and communities, and home care is a critical support for people with dementia who prefer to live at home. Home care workers help clients with activities of daily living – such as eating, walking, bathing, and dressing – and may also help with additional activities, such as meal preparation, transportation, and housekeeping. These supports allow people to stay in their homes as long as possible.

Almost one in three home care agency clients have been diagnosed with ADRD which makes it essential that home care providers and those supervising in home care staff are given specialized training. Proper training can help workers spot ADRD symptoms in their clients, helping to ensure they receive early treatment. Additionally, a person with dementia will have unique needs at different stages of the disease, and a home care worker should be trained to address those needs. Research shows that proper care for people with dementia can improve their quality of life and avoid or reduce the need for medications. In contrast, research shows that a lack of proper training can lead to a more challenging situation for the worker, the client, and the family.²

The care provided in long-term services and supports (LTSS) settings is only as good as the personnel who provide it. Indeed, workforce challenges abound in the LTSS industry and need to be addressed swiftly if the nation is to respond to the growing need for high-quality care.

Education and training for direct-care workers –certified nurse assistants (CNAs), who generally work in nursing facilities, and home health aides (HHAs), who are employed by Medicare -certified home health agencies, are required by federal law to have at least 75 hours of training, pass a competency exam, or both. At least 16 hours of this training must be hands-on clinical care under the supervision of a registered nurse.

Personal care workers, who provide help with activities of daily living and instrumental activities of daily living, cannot by law provide the clinical care that CNAs and HHAs provide. These workers (also called personal assistance workers, home-care aides, and personal care attendants) include independent providers, people hired through agencies, and family members who provide services in participant-directed programs. Unlike agency workers, individual providers are hired, screened, trained, and supervised by consumers. It is imperative that States should establish competency-based training requirements for personal care workers in home- and community-based settings hired through agencies. AARP also believes that States should provide training in dealing with

¹ Allison Wood, <https://phinational.org/wp-content/uploads/2017/11/Home-Care-Workers-and-Alzheimers-PHI-Nov-2017.pdf>

² Ibid

dementia and in personal assistance for all direct-care workers in nursing facilities and assisted living residences, and for staff employed by home-care agencies.

For these reasons, AARP supports SB 275. For questions, please contact Tammy Bresnahan tbresnahan@arp.org or by calling 410-302-8451.