

SB 275 Department of Health – Residential Service

Uploaded by: Bresnahan, Tammy

Position: FAV



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

Real Possibilities

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.

SB275_FAV_AlzheimersAssociationMD.pdf

Uploaded by: Colchamiro, Eric

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 275 - Maryland Department of Health - Residential Service Agencies - Training Requirements
Position: Favorable

Chair Kelley and Vice-Chair Feldman

My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to offer testimony about SB 275, legislation which requires Residential Service Agencies (RSAs) to provide dementia training to their workers.

Dementia-specific training is essential for providing quality care to Marylanders with Alzheimer's Disease or other forms of dementia. Individuals with Alzheimer's have specific needs, including the 95 percent of them who have at least one other chronic condition, which complicates their care. Over time, people with Alzheimer's will often lose their ability to use words, which presents added challenges for care workers. This legislation requires this workforce to have dementia-specific knowledge, and in turn, invests in the future of this workforce.

The bill sets a vital baseline to train Maryland's RSA direct care staff who work with individuals with Alzheimer's or other dementia, and their supervisors. It allows time for a training to be developed, and beginning in July of 2022, requires at least three hours of initial training and two hours of continuing education training for staff and supervisors. It recognizes logistical and financial concerns of providers, and allows the training to be provided online or by an appropriate supervisory staff member. It also notes that if a trained individual changes home care employer, they have the option to not have to complete the training at a new organization, as long as they have sustained dementia related direct care or supervisory work.

I want to thank Senator Hester, co-sponsor Senator Hayes, and so many of you on this committee who have shared your personal connection with me about the cruel disease of dementia, Thank you also to the Maryland-National Capital Homecare Association (MNCHA) for their support of this bill. I appreciate MNCHA and its Executive Director Dawn Seek—who serves on the statewide Virginia I. Jones Alzheimer's Disease and Related Disorders Council—along with Dawn's membership, who employ a workforce essential to Maryland before, during, and after the COVID-19 pandemic.

I urge a favorable report on the bill, to create a more dementia-capable workforce, and aid some of our most vulnerable Marylanders.

SB275 - FIN - FAV.pdf

Uploaded by: Mehu, Natasha

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 275

February 4, 2021

TO: Members of the Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Senate Bill 275 – Maryland Department of Health – Residential Services Agencies – Training Requirements

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 275.

SB 275 requires that new direct and supervisory staff of residential services agencies (RSAs) receive three hours of training on dementia related topics, including an overview of Alzheimer's disease and dementia, person centered care, and Alzheimer's disease and dementia-related behaviors and communication. An additional requirement is that these staff receive on-going training on Alzheimer's disease and dementia each year for a minimum of two hours.

RSAs provide a large proportion of the in-home services received by older adults and persons with disabilities in the State of Maryland. These services are financed by private pay purchase, Medicaid and State grants. RSAs are regulated by the Maryland Office of Health Care Quality and are an important part of the services supporting older adults as they seek to age in place. The persons RSAs serve resemble the residents of nursing homes and assisted living facilities in their level of disability and include a significant number with Alzheimer's disease and related dementias. SB 275 helps assure that the workforce providing care for persons with dementia in home settings will have some basic training and knowledge of dementia and how to provide care for those who suffer from it. Nursing homes and assisted living facilities are already required to provide similar training for their direct care staff.

We respectfully request a favorable report on SB 275.

*Annapolis – phone: 410.269.0207 • fax: 410.269.6785
Baltimore – phone: 410.396.3497 • fax: 410.396.5136
<https://mogr.baltimorecity.gov/>*

SB275_FAV_MSCAN.pdf

Uploaded by: Miicke , Sarah

Position: FAV



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's
Association,
Maryland Chapters*

*Baltimore Jewish
Council*

Catholic Charities

*Central Maryland
Ecumenical Council*

Church of the Brethren

*Episcopal Diocese of
Maryland*

*Housing Opportunities
Commission of
Montgomery County*

*Jewish Community
Relations Council of
Greater Washington*

*Lutheran Office on
Public Policy in
Maryland*

*Maryland Association of
Area Agencies on Aging*

*Maryland Catholic
Conference*

*Mental Health
Association of Maryland*

Mid-Atlantic LifeSpan

*National Association of
Social Workers,
Maryland Chapter*

Presbytery of Baltimore

*The Coordinating
Center*

*MSCAN Co-Chairs:
Carol Lienhard
Sarah Mücke
410-542-4850*

Testimony in Support of SB 275, "Maryland Department of Health – Residential Service Agencies – Training Requirements"

Maryland Senate Finance Committee February 4, 2021

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

This memo notes our strong support for SB 275, legislation which requires each residential service agency to provide three hours of initial training and two hours of annual continuing education training, to its administrators and direct care staff on topics related to Alzheimer's disease and related dementia. The 2021 bill, a significant revision of past legislation that has been introduced, provides flexibility for providers; it pushes the mandated start date for the training to July 1, 2022, it significantly reduces the number of training hours, it focuses the scope of the training, and it allows supervisors to provide the training to their staff.

This legislation helps low- and moderate-income seniors. According to Alzheimer's Association statistics, 95 percent of the 110,000 Marylanders with Alzheimer's or other forms of dementia are seniors. These seniors, almost always, have at least one other chronic condition; as their diseases progress, individuals are unable to complete activities of daily living (such as eating, dressing, and bathing) without assistance. The care of these individuals is complicated, and appropriate training for the staff serving this population is essential.

A significant number of home care providers this bill impacts accept Medicaid for the care they offer. This legislation puts a foundation in place so that these vulnerable Marylanders with dementia receive better treatment, from a more well-trained staff; it also includes annual continuing education, so that staff can have the latest information on best practices.

We urge a favorable report on this legislation.

SB0275 - Residential Service Agencies Training Re

Uploaded by: Quinlan, Margo

Position: FAV

Senate Bill 275 Maryland Department of Health – Residential Service Agencies – Training Requirements

Senate Finance Committee

February 4, 2021

Position: Support

The Mental Health Association of Maryland (MHAMD) is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. Our Coalition on Mental Health and Aging is comprised of representatives from aging, mental health, consumer, family and professional associations, and government agencies all working together to improve the quality and accessibility of behavioral health assessment, treatment, recovery and illness prevention services for older Marylanders. We appreciate this opportunity to submit testimony in support of Senate Bill 275, Residential Service Agencies – Training Requirements.

SB 275 requires initial and annual continuing education training for residential service agency (RSA) staff about Alzheimer's disease and related dementia. Training would include an overview of Alzheimer's disease and dementia, person-centered care, an understanding of the assessment and care planning process, activities of daily living, and related behaviors and communication. MHAMD believes that these trainings are critical to supporting front line staff working directly with older adults who are facing increasing incidences of Alzheimer's disease and related dementia.

Alzheimer's disease and related dementia is currently afflicting 110,000 Marylanders, and impacts Black and Latinx communities at twice the rate of white communities.¹ This is not a genetic difference but rather one of structural racism – studies show that when adjusting for health and socioeconomic factors, the racial differences in Alzheimer's prevalence is significantly reduced.² Additionally, Black and Latinx older adults are often diagnosed in the later stages of the disease, requiring more intensive and costly levels of care.³

Increasing the training and understanding of this growing public health concern among RSA staff is an important step in addressing this undue racial disparity. Alzheimer's disease and related dementia has claimed 1,200 lives in 2019, and costs Medicaid 1.16 billion dollars annually. This health crisis is projected to grow by 18% in the next five years, and the burden of

¹ Alzheimer's Association. *Race, Ethnicity, and Alzheimer's*. March, 2020.

https://www.alz.org/aaic/downloads2020/2020_Race_and_Ethnicity_Fact_Sheet.pdf

² Chen, C., & Zissimopoulos, J. M. (2018). Racial and ethnic differences in trends in dementia prevalence and risk factors in the United States. *Alzheimer's & Dementia*, 4, 510–520. <https://doi.org/10.1016/j.trci.2018.08.009>

³ Alzheimer's Association. *Race, Ethnicity, and Alzheimer's*. March, 2020.

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

Alzheimer's disease and related dementias is expected to double by 2060 according to the CDC, with Black and Brown communities expected to face the greatest burden of this increase.⁴

Mental Health Association of Maryland supports the legislature's goal of requiring evidence-based dementia training for all those who serve individuals with dementia, and implementing culturally-competent curriculum that incorporates principles of person-centered care. We appreciate the opportunity to offer support on this bill, and respectfully urge this committee to pass Senate Bill 275.

⁴ Matthews KA, Xu W, Gaglioti AH, et al. (2019). *Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015-2060) in adults aged ≥65 years*. *Alzheimer's & Dementia*, 15(1):17-24. <https://doi.org/10.1016/j.jalz.2018.06.3063>

HFAM Testimony SB 275 Final.pdf

Uploaded by: DeMattos, Joseph

Position: FWA



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 4, 2021

Senate Bill 275: Maryland Department of Health - Residential Service Agencies - Training Requirements
Written Testimony Only

POSITION: SUPPORT WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for Senate Bill 275. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day. Residential Services Agencies (RSAs) are important to our members as an integral part of the continuum of care, particularly on discharge.

Senate Bill 275 would require RSAs to ensure that direct care and supervisory staff receive three hours of training regarding dementia and that those staff members also receive two hours of continuing education training regarding Alzheimer's disease and dementia each calendar year, unless the staff member has provided Alzheimer's disease or dementia-related direct care or supervisory services for at least 24 consecutive months before beginning employment. In addition, this legislation would require the individual providing the training to issue a certificate of completion to the individual who completes the training and would require each RSA to maintain records that indicate the type of training received by each individual who has received a certificate of completion.

We agree that staff members who provide direct care and those who are in supervisory roles with RSAs providing dementia-related services to individuals should have the appropriate training relative to dementia and that those who provide training should have suitable experience relative to dementia-related care.

While the intent of the bill appears to focus on RSAs providing dementia-focused services to individuals, the specific language of the bill is broader. Current language vaguely requires training that, "at a minimum", includes dementia training. This imposes an undefined requirement on RSAs for training other than dementia training without any rationale or parameters.

(more)

Not all RSAs should be subject to this bill. While this legislation does not apply to RSAs that only provide durable medical equipment, it fails to recognize that there are a variety of different types of other RSAs that provide different types of services. As currently drafted, this legislation would require dementia training even if not relevant to the services provided. It is important that the training requirements apply only to staff who routinely interact with individuals who have a dementia-related diagnosis.

That said, HFAM supports Senate Bill 275 with these specific amendments:

1. Page 3 lines 5-6 should read: BEGINNING JULY 1, 2022, EACH RESIDENTIAL SERVICE AGENCY PROVIDING DEMENTIA-FOCUSED SERVICES SHALL ENSURE THAT:
2. Page 3 line 11 should read: RESIDENTIAL SERVICE AGENCY BY [~~DELETE;~~ AT A MINIMUM,] PROVIDING 3 HOURS OF ONLINE

For these reasons, and with these edits, we request a favorable report with amendment on Senate Bill 275.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

MDGA_SenatorHester_FAV_SB0275.pdf

Uploaded by: Hester, Katie

Position: FWA

KATIE FRY HESTER
Legislative District 9
Carroll and Howard Counties

Education, Health, and
Environmental Affairs Committee

Chair, Joint Committee on
Cybersecurity, Information Technology
and Biotechnology



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 304
Annapolis, Maryland 21401
410-841-3671 • 301-858-3671
800-492-7122 Ext. 3671
KatieFry.Hester@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB275 - Maryland Department of Health - Residential Service Agencies - Training Requirements

February 4th, 2021

Chair Kelley, Vice-Chair Feldman and Members of the Senate Finance Committee:

Thank you for your consideration of Senate Bill 275. Alzheimer's and other forms of dementia impact so many of our constituents, and are illnesses that I know so many of you on this committee have a personal connection with. The legislation in front of you, including a small conforming amendment, raises the bar for the standard of care by requiring that residential service agencies in Maryland provide their direct care and administrative staff with three hours of initial training related to dementia care, and two hours of continuing education every year.

It also requires the home care industry to further invest in their workforce, so they are equipped with best practices and a better understanding of how to provide the complicated care required for individuals with dementia. The Alzheimer's Association of Maryland and the Maryland-National Capital Homecare Association (MNCHA), representing residential service agencies, have crafted a compromise bill that helps caregivers and families. This legislation will equip caregivers — 37 percent of whom receive public assistance, over 15 percent of whom lack health insurance, and who have a median annual income of just over \$22,000 in Maryland — with the essential training they need to care for our most vulnerable seniors.

In your fiscal note, you will see that the Department of Legislative Services writes that the cost to the State under this bill increases by “an indeterminate amount.” The Maryland Department of Health provided information, past the deadline for DLS to fully consider and include in your fiscal note, which assessed a 25 cent per hour Medicaid rate adjustment for home care agencies. DLS, in response, says that “the estimate seems to overstate the impact

on rates as it is consistent with an estimate for previous legislation that required double the amount of training.” I would raise for your attention that with this cost estimate, the Department’s actuaries are suggesting they would adjust Medicaid rates in a manner that does not reflect the decreased cost to providers in implementing this year’s legislation as a result of the provisions of this legislation requiring fewer training hours, more focused training topics, and greater flexibility for supervisors to provide the requisite training. For that reason, I would concur with DLS’ assessment that the Departments’ estimate is very likely an overstatement of the impact this bill will have on rates.

Today, one in three seniors suffer from Alzheimer’s disease or dementia. For the over 1,200 residential service agencies in Maryland providing staff to those vulnerable seniors, their staff currently have no mandated training in dementia care and are only visited by the State in the case of a complaint. There is a critical gap that needs to be filled in terms of oversight of quality of care, and this negotiated agreement between residential service agencies and groups representing the interests of our seniors and individuals with alzheimers and dementia is an excellent, mutually agreed upon solution. I would like to thank this committee for the work you have already done to improve the standard of care for over 110,000 Marylanders with Alzheimer’s and countless others with dementia, and **respectfully request a favorable report on Senate Bill 275.**

Sincerely,

A handwritten signature in cursive script that reads "Katie Fry Hester".

Senator Katie Fry Hester
Howard and Carroll Counties

SB0275-203627-01_Hester.pdf

Uploaded by: Hester, Katie

Position: FWA



SB0275/203627/1

<p>AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES</p> <p>02 FEB 21 10:11:30</p>

BY: Senator Hester
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 275
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, after “dementia” insert “, subject to certain exceptions”; in line 7, strike “prohibiting” and substitute “providing that”; in the same line, strike “from requiring” and substitute “is not required to provide”; in line 8, strike “to complete”; in the same line, after the first “training” insert “under certain circumstances”; and in the same line, strike “an individual” and substitute “a person”.

AMENDMENT NO. 2

On page 3, in line 5, strike “**BEGINNING**” and substitute “**EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, BEGINNING**”; in lines 7 and 8, strike “**EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, WITHIN**” and substitute “**WITHIN**”; strike beginning with “MAY” in line 30 down through “COMPLETE” in line 31 and substitute “**IS NOT REQUIRED TO PROVIDE**”; in line 31, after “TRAINING” insert “:

(1)”;

and in the same line, strike “DESCRIBED” and substitute “**DESCRIBED**”.

On page 4, in lines 1 and 4, strike “**(1)**” and “**(2)**”, respectively, and substitute “**(I)**” and “**(II)**”, respectively; in line 4, after “RECEIVED” insert “**FROM A RESIDENTIAL SERVICE AGENCY OR OTHER ENTITY**”; in line 5, after “SECTION” insert “; **OR**”

(2) DESCRIBED UNDER SUBSECTION (C)(1)(II) OF THIS SECTION IF THE INDIVIDUAL HAS COMPLETED THE TRAINING DESCRIBED UNDER

(Over)

SB0275/203627/1
Amendments to SB 275
Page 2 of 2

Hester

SUBSECTION (C)(1)(II) OF THIS SECTION IN THE IMMEDIATELY PRECEDING 12 MONTHS;

and in line 6, strike “**AN INDIVIDUAL**” and substitute “**A PERSON**”.

SB0275_FWA_MNCHA_Residential Services Agencies - T

Uploaded by: Kauffman, Danna

Position: FWA



Senate Bill 275: *Maryland Department of Health – Residential Service Agencies – Training Requirements*
Senate Finance Committee
February 4, 2021

Position: SUPPORT with Amendment (sponsor)

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 support Senate Bill 275 with amendments. Simply stated, the bill requires that the direct care staff and supervisory staff of residential service agencies receive three hours of initial training and two hours of annual training in dementia care.

During the 2020 interim, representatives from MNCHA worked with the sponsor and the Alzheimer’s Association to reach an agreement on this bill, which includes a delayed effective date of July 1, 2022. As part of this negotiation, substitute language was agreed upon relating to the “portability” of the training. This negotiation is reflected in the sponsor’s amendment. With these amendments, MNCHA supports Senate Bill 275 and believes that it will ensure that direct care workers and supervisory staff have the required skills and training to care for those clients with dementia. We urge a favorable vote.

For More Information:

Dawn Seek
Executive Director
Maryland-National Capital Homecare Association
Office: 410-980-6135

Danna Kauffman
Schwartz, Metz and Wise, P.A.
dkauffman@smwpa.com
410-244-7000

3 - SB 275 – Residential Agencies – Training Requi

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 4, 2021

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 275 – Maryland Department of Health – Residential Agencies – Training Requirements – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for SB 275 – Maryland Department of Health – Residential Agencies – Training Requirements.

SB 275 requires all staff who work within a residential service agency to receive three hours of training relating to dementia within 45 days of being hired. Additionally, the bill enacts new continuing education requirements for all staff who work in these programs. The bill would take effect October 1, 2021.

The bill would have a significant impact on State Medicaid rates. The Department sets Medicaid rates for their providers on an annual basis, with rate methodology inclusive of training and continuing education requirements. The Department estimates an approximate increase in residential service agency provider rates of \$0.25 per hour would be required to offset additional costs. Assuming the rate usage of 13.4 million hours will stay consistent, the Department estimates the cost of the rate increases will be \$836,000 per year, with a 4 percent annual rate increase starting in FY2023. The rate increase due to the required training would bring the total cost of residential services to \$128.4 million annually.

The Department estimates SB 275 would have a fiscal impact of \$627,430 TF (\$313,715 GF, \$313,715 FF) for FY 2022 and \$870,036 (\$435,018 GF, \$435,018 FF) for FY 2023.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or webster.ye@maryland.gov or Assistant Director of Governmental Affairs Emily Berg at emily.berg@maryland.gov or at the same number.

Sincerely,

Webster Ye
Assistant Secretary, Health Policy