



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

January 14, 2026

The Honorable Pamela Beidle, Chair  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

The Honorable Heather Bagnall  
House Health Committee  
240 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: Ch. 748 of the Acts of 2025 - Report on Establishing and Maintaining a Directory of Home Health Care Providers**

Dear Chairs Beidle and Bagnall:

In keeping with the requirements of House Bill (HB) 1478 (Ch. 748 of the Acts of 2025) - *Public Health - Report on Establishing a Directory of Home Health Care Providers*, the Maryland Department of Health (MDH), in consultation with the key stakeholders, including the Maryland Department of Aging, Maryland Health Care Commission and MDH's Office of Health Care Quality, trade associations of residential service agencies, consumer organizations, and employee organizations representing health care workers, respectfully submits this one-time report on establishing a directory of home health care providers; as well as, a cost impact analysis of establishing such a directory in Maryland.

This consolidated report addresses the following; 1) information on which other states have established home health care provider directories; 2) the types of information that would be appropriate to include in a home health care provider directory; 3) a review of home health care provider directories already established by counties in Maryland; 4) a review of existing home health care consumer resources and service programs already available through the Maryland Health Care Commission and the MDH's Office of Health Care Quality; and 5) recommendations on establishing and maintaining a home health care provider directory based on available federal and Maryland Medicaid funding for home health care directories.

If further information about this program is needed, please contact Meghan Lynch, Director of Government Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov)

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meghan Lynch'.

Meena Seshamani, M.D., Ph.D.  
Secretary

Cc: Perrie Briskin, Deputy Secretary, Health Care Financing and Medicaid  
Director Liz Schuelke, Chief of Staff, Health Care Financing and Medicaid  
Charles Crisp, Acting Deputy Director, Maryland Medicaid Program  
Alyssa Brown, Director, Office of Innovation, Research, and Development  
Jamie Smith, Director, Office of Long Terms Supports and Service  
Monchel Pridget, Acting Director, Office of Medicaid Benefits Management  
Meghan Lynch, Director of the Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)



## **Home Health Care Provider Directory Establishment**

Pursuant to Ch. 748 (2025)

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## **Executive Summary**

Pursuant to the requirements of HB 1478 (Ch. 748 of the Acts of 2025) *Public Health – Establishing a Directory of Home Health Care Providers*<sup>1</sup>, the Maryland Department of Health (MDH) respectfully submits this report on **Establishing a Directory of Home Health Care Providers**. This report outlines the MDH's comprehensive review of the needs for the development, implementation, and ongoing maintenance of an accessible online directory of home health care providers across Maryland. The report also includes details on MDH's consultations with key stakeholders, examining the existing structures, the data-sharing processes and practices between agencies and departments within Maryland, as well as identifying approaches for moving forward with the establishment and maintenance of such a directory.

Additionally, as per the requirements of the bill, this report includes a review of existing registry systems established in other states and within Maryland for home health care providers. This report intends to inform potential design and development of a home health care provider directory in Maryland.

## **Introduction**

This report encompasses MDH's review of home health care provider directories and structures established by other states as well as existing directories developed by MDH and other Maryland counties. The report also highlights the consumer resources and service programs offered through the Maryland Health Care Commission (MHCC) and the Office of Health Care Quality (OHCQ) and examines the types of information that would be appropriate to include in a directory for home health care providers. MDH established a workgroup of relevant stakeholders who addressed these key aspects as well as the feasibility, timelines, design methodology, and best practices for establishing a home health care provider directory. The stakeholder workgroup provided substantial recommendations for consideration.

The directory is envisioned as a tool to allow individuals looking for home health care services to identify the provider based on the criteria including language, experience and skills.

Additionally, the directory is expected to support statewide communication with home health care providers for promoting recruitment and retention efforts under the Maryland Medical Assistance Program (Maryland Medicaid), workforce development through access to relevant training and resources, and facilitating communication during public health or other emergencies.

This initiative is expected to improve access to care, strengthen the provider workforce, enhance transparency, and ultimately contribute to the health and well-being of Maryland residents who require home health care provider services.

## **Background**

The term “home health care” is a broad category that generally encompasses services delivered by various licensed professionals, including personal care aides, home health aides, nursing staff, and more. Residential Service Agencies (RSAs) employ or contract with individuals who

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<sup>1</sup> <https://mgaleg.maryland.gov/2025RS/bills/hb/hb1478t.pdf>

provide home health care services for compensation in the residence of that individual. The Office of Long Term Services and Supports (OLTSS) is responsible for enrolling RSAs as Medicaid providers, delivering provider orientation and ongoing policy training, and overseeing operations to ensure compliance with state and federal regulations as well as the Medicaid Provider Agreement while OHCQ maintains licensure and oversight.

In March 2025, during Maryland's Legislative Session, MDH submitted a letter of information to the Committees in response to HB 1478 which identified MDH's estimation of the fiscal impact of implementing the requirements of the initial bill. MDH estimated a fiscal impact of \$14.4M in Total Funds (\$7.2M General Funds, \$7.2M Federal Funds) over five years from Fiscal Year (FY) 26 through FY30, the majority of which was attributed to the cost of system design, development and implementation of the new directory. Other costs included in \$14.4M included cost of interface development for report collection on abuse and neglect from OHCQ, infrastructure development and maintenance as well as staffing costs to administer and maintain the directory and support the providers.

In the letter, MDH also noted that the existing "Provider Finder" directory does not meet the criteria established in the bill, which requires individual home health providers, not just home health agencies, be in the directory. Therefore, a new searchable system with the ability to navigate Home and Community-Based Services (HCBS), find home health care providers based on their information, facilitate their recruitment, retention, enrollment, benefits, and professional development as well as communication will need to be developed and implemented to meet the bill requirement.

The revised HB 1478 required MDH to submit a feasibility report on establishing and maintaining a statewide online directory for home health care providers for the purpose of:

1. allowing individuals seeking home health care services to identify a provider based on specified criteria including language proficiency, certifications, previous experience, or special skills; and
2. supporting statewide communication to home health care providers for:
  - a. retention and recruitment by helping individuals to become and remain enrolled as home and community-based services providers under the Maryland Medicaid;
  - b. workforce development by connecting home health care providers to training and workforce development opportunities that support consumers' specific health needs; and
  - c. facilitating communication with home health care providers in the event of a public health or other emergency.

### **Stakeholder Consultation through Workgroup Establishment**

As per the requirements of HB 1478, MDH has been legislated to develop this feasibility report in consultation with key stakeholders, including the Maryland Department of Aging, trade associations of residential service agencies, consumer organizations, and employee organizations representing health care workers.

MDH established a workgroup comprised of 16 members including representatives from various Maryland state agencies, including the Maryland Department of Aging (MDoA), OHCQ,

Maryland State Department of Education (MSDE), MDH's Office of Medicaid Provider Services, MDH's Office of Long Term Services & Support, MDH's Office of Innovation, Research and Development, the Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), and MHCC. Beyond state entities, the workgroup also included external stakeholders such as trade associations like the Maryland-National Capital Homecare Association (MNCHA) representing RSAs, consumer organizations like Disability Rights Maryland, and employee organizations representing healthcare workers, specifically 1199 SEIU. A detailed list of workgroup members can be found in Table 1 of the Appendix. Three (3) workgroup meetings were held to facilitate discussions among these diverse representatives, focusing on the requirements outlined in HB 1478 and these meetings concluded on October 7, 2025.

Topics discussed during the workgroup meetings included research on existing structures and platforms in Maryland and in other states, matching service registries as well as recommendations on inclusion of special functions, specific criteria, data sharing, infrastructure development and maintenance of a statewide directory. Representatives from an established online platform infrastructure were also invited to present to the workgroup which is currently present in three (3) states. The robust discussion among the workgroup members resulted in substantial recommendations which are highlighted later in the report.

## **Maryland's Existing Infrastructure**

### ***MDH's "Provider Finder"***

Launched in June 2024 as a fee-for-service public provider directory, MDH's Provider Finder allows anyone to search providers and sort by provider type, including home health agencies.<sup>2</sup> Recently the Provider Finder was expanded to include HealthChoice managed care organization (MCO) providers in September 2025, allowing users to filter searches by specific HealthChoice plans and see which providers accept their insurance. This is an easy-to-use online tool that helps Medicaid participants locate enrolled providers nearby.

Enhanced features like interactive maps, refined filters for language, gender, accessibility, and new patient availability, plus improved search and print options, make finding the right provider simple and efficient. As noted earlier, MDH's existing provider directory does not meet the criteria established in the bill and would have to be expanded or updated to meet the requirements of HB 1478.

A significant portion of direct care staff listed in MDH's directory are family members who must be employed by agencies, which in turn requires them to complete the training and certification needed to serve as personal care aides. These direct care staff are not tracked as family members in the directory, instead they are tracked as employees of the agencies. They also receive periodic training, including cardiopulmonary resuscitation (CPR) and first aid. MDH screens providers (owners, managers, and those with 5% or more controlling interest) against federal watch lists monthly and requires revalidation every five (5) years.

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<sup>2</sup> <https://health.maryland.gov/mmc/Pages/provider-finder.aspx>

*LTSSMaryland* which is Maryland's web-based, participant-centered system for service management and case management, mandates personal care providers to create staff profiles for their employees and adopts an electronic visit verification (EVV) system requiring personal care staff to clock in and out for various services. Based on a recent staff report, pulled from *LTSSMaryland* in September 2025, Maryland has a total of 1,675 providers and a deduplicated number of 88,718 staff members out of whom 37,019 are part-time and 24,173 are full-time staff members.

**Limitations:**

While Maryland Medicaid has a provider finder, it does not meet the HB 1478's requirements for searchable features at the direct service professional level. Updating the directory to implement the provisions of HB 1478 will have a high fiscal impact for Maryland Medicaid. Additionally, Maryland Medicaid expects an extensive timeframe, estimating it could take at least three (3) to four (4) years to implement these provisions. Maryland Medicaid notes that it does not currently have the technology or staffing infrastructure needed to carry out this effort and recommends relying on other existing resources instead.

***Maryland's Existing Home Health Care Resources***

Currently there is no comprehensive database for all home health care providers. Agency-level information is available through sources like Maryland Medicaid, OHCQ, MHCC, and MDaA registries, but individual-level data is limited. Maryland Medicaid primarily operates on a provider agency model, with individual providers typically only recognized in self-directed programs. Existing registries, such as the Board of Nursing include only certified aides and licensed nurses, leaving out some personal care aids and family caregivers from the directory.

Maryland has multiple resources to inform the development of a home health care provider registry. OHCQ licenses RSAs, Home Health Agencies, and Nurse Referral Service Agencies that provide or refer home health care services to sick and disabled individuals. OHCQ maintains public licensee directories on its website<sup>3</sup> with agency names, addresses, phone numbers, emails, contact persons, and jurisdiction. This information allows interested persons to contact agencies about services. The directories do not include information about individual providers or caregivers employed or contracted by the licensed agencies.

While MHCC receives some information from OHCQ for reporting and conducts annual surveys of home health agencies, there is no direct exchange of agency survey metrics between MHCC and OHCQ. Periodic meetings are held between MHCC and OHCQ to reconcile RSA directories, but no direct data-sharing mechanisms exist for individual home health workers, unlike for other provider types such as assisted living and ambulatory services. MHCC is prepared to support the public reporting of future home health provider performance data as it becomes available.

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<sup>3</sup> <https://app.smartsheet.com/b/publish?EQBCT=08adff96ac8c4d18a97bf909162a2250>

## Limitations:

Creating and maintaining a directory by regularly collecting employee/contractor data from licensed agencies would demand significant IT resources and staff for OHCQ. A major hurdle is that OHCQ issues non-expiring licenses, including for the three (3) provider types, making it difficult and resource-intensive to keep contact information and collect data regularly, as agencies have no need for consistent contact with OHCQ. OHCQ is investigating changing RSA regulations as a 2026 priority. Furthermore, collection of information from currently licensed agencies will miss individual, unaffiliated providers and caregivers, whose number is unknown, as no assessment of this group has ever been conducted.

## ***Maryland Counties' Existing Directory Review***

### *Howard County*

The Howard County Office on Aging and Independence provides individuals seeking in-home care services with access to home care provider registry. The website has a listing of individuals available to provide home-care in the county with information on their availability and service offerings. Additionally, the website includes a list of all agencies that provide in-home care services especially to assist with personal care (bathing, dressing, grooming), light housekeeping, and meal prep. The website provides additional information about payment assistance programs for eligible residents, applications, and tips for hiring home care providers.<sup>4</sup>

### *Montgomery County*

The Montgomery County Department of Health and Human Services provides access to a directory of providers, agencies, businesses and advocacy organizations called “Disability Network Directory<sup>5</sup>.<sup>5</sup>” Among the various provider types, the directory includes information on home care providers (both skilled and unskilled) and personal care attendants.<sup>6</sup>

### *Frederick County*

The Frederick County Government’s Division of Aging and Independence has published a “Resource Directory” (Blue Book - pgs. 58-67)<sup>7</sup> specifically for older adults, persons with disabilities, families, caregivers, and professionals, which includes information about home health care among other services. This online resource book is a form of directory with information available for clients to search home health care providers on their own based on the services, eligibility, and language preferences.

### *Carroll County*

The Carroll County’s Commission of Aging and Disabilities provides information about HCBS programs including their overview and enrollment process. The website provides information including access to community services that enable older adults and people with disabilities to live in their own homes, such as personal assistance services, nurse monitoring, and support

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<sup>4</sup> <https://www.howardcountymd.gov/HCO>

<sup>5</sup> <https://www.montgomerycountymd.gov/HHS-Program/ADS/Disability/DisabilityNetworkDirectory.html>

<sup>6</sup> <https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/DND/DNDHomeCareProviders.pdf>

<sup>7</sup> <https://frederickcountymd.gov/4651/Resource-Directory-Blue-Book---English-V>

planning.<sup>8</sup> Additionally, Carroll County has a published list of in-home aid agencies to support individuals looking for contact information and the types of services available at these agencies.<sup>9</sup>

#### *Baltimore City*

The Baltimore City Health Department's Aging Services offers in-home care support as part of their Senior Initiatives & Services. While not a directory, the website provides an overview of available services including the Senior Companion Program for homebound older adults and a Home Delivered Meals program.<sup>10</sup>

#### *Prince George's County*

The Prince George's County Aging and Disability Resource Center (ADRC) assists older adults, individuals with disabilities and family members with navigating long-term care services and support systems. In 2020, it published a PG County Senior Resource Guide with useful information on various services including skilled and non-medical home care services (pgs. 11-15).<sup>11</sup> In addition to the agency level contact information, the resource guide describes the type of service the agency specializes in for individuals to make informed decisions when choosing home health care.

MDH conducted a review of the remaining counties and found no additional directories. Several counties including Queen Anne's County, Garrett County, and Baltimore County provide contact information on their websites, and offer resources related to care coordination and home health care services.

### **State Review of Established Home Health Care Provider Directories**

MDH conducted comprehensive research on the established home care provider directories across states revealing a diverse array of approaches utilized by different states for providing information about home health care agencies and providers. Some state Medicaid Agencies offer general provider directories with filtering options for location, language, provider type, and enrollment. Others feature dedicated sections on their websites for locating home health care providers. Some state directories are available in downloadable and exportable Excel formats, which are updated monthly, while some states provide PDF documents with detailed information on home health care but not necessarily on provider agencies or individuals on their websites.

A majority of the states researched included agency-level information, typically limited to facility location and specialty. However, certain states, such as Massachusetts, provide individual-level information. Research has shown that several states utilize shared online platforms such as Direct Care Careers, Rewarding Work, Carina, QuickMatch and more to connect home health care consumers with workers and home health care agencies. These matching service registries, predominantly managed by non-profit organizations, require profiles and log-in accounts. They are all designed to help consumers locate and contact nearby agencies

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<sup>8</sup><https://www.carrollcountymd.gov/government/directory/citizen-services/aging-disabilities/services-and-programs/home-and-community-based-services-supports/#:~:text=View%20the%20Overview%20of%20Services.,enrolled%20in%20these%20Medicaid%20programs.>

<sup>9</sup><https://www.carrollcountymd.gov/media/2531/in-home-aid-agencies.pdf>

<sup>10</sup><https://health.baltimorecity.gov/node/179>

<sup>11</sup>[https://www.princegeorgescountymd.gov/sites/default/files/media-document/dcv24613\\_2019-prince-georges-senior-resource-guide.pdf](https://www.princegeorgescountymd.gov/sites/default/files/media-document/dcv24613_2019-prince-georges-senior-resource-guide.pdf)

and workers who possess the necessary skills, experience, and availability. Conversely, these platforms also assist workers in finding clients.

Based on the PHI report<sup>12</sup>, out of the 19 matching service registries maintained by non-profit organizations California uses QuickMatch across its regions and also uses [BETA] Care Provider Registry Submission; Connecticut, Massachusetts, and Kansas use Rewarding Work statewide; Maine uses the PA Registry statewide; New Mexico uses En Casa Care Connections statewide; N.Dakota uses Direct Care Careers statewide; Oregon and Washington use Carina statewide while Pennsylvania uses Direct Care Workers' Center Registry that is available in three (3) counties. Statewide listings, by county, of caregivers are screened by Granite State Independent Living throughout New Hampshire.

Some of the notable examples of state infrastructures with respect to home health care provider agencies and individual directories are highlighted in Table 2 in the Appendix.

### **Considerations and Recommendations**

Representatives from key stakeholder organizations including MNCHA, DDA, MDoA, BHA and Caring Across Maryland (a coalition of workers, care recipients, families, and advocates) provided insightful recommendations to MDH. The recommendations focused on identifying priorities related to the development and governance of the directory, data collection and integration, as well as stakeholders engagement to keep the directory updated. Stakeholder recommendations emphasized on the following:

#### ***Establishing an all-inclusive, coordinated and transparent care directory***

The statewide home health care provider directory design must ensure that the directory is inclusive of all home health care providers to include, but not limited to agency-vetted direct care workers, allied health professionals, behavioral health professionals, and must be consumer-friendly, and searchable. Collaboration with MHCC, OHCQ, MNCHA, and accrediting bodies (e.g., Community Health Accreditation Partners (CHAP), Joint Commission) must be encouraged to define quality and performance measures that enhance transparency and enable consumers to identify agencies that best meet their needs. The directory design must enable consumers to understand the differences between private care, agency-based care, and public programs, using accessible comparison tools and fact sheets.

#### ***Including all home health providers with correct terminology***

The directory must include clear and correct terminologies for the home health providers which encompasses home health agencies, direct care workers, RSAs and certified nursing assistants. Home health Agencies are the short-term, intermittent skilled Medicare-certified agencies in the State; they are distinct from the home care providers who are licensed as RSAs and provide primarily nonskilled care. Additionally, home health aides or personal care aides do not need to be licensed to practice and just require basic CPR and first aid training while in home health agencies include licensed practitioners. Currently many personal care aides are left out of state communications directed to healthcare workers as they are not listed on any of the current

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<sup>12</sup> <https://www.phinational.org/advocacy/matching-service-registries/>

directories for healthcare professionals. Therefore, it is essential to include them on the list of providers in the directory.

### ***Advancing centralization and accessibility of care information***

Maryland should continue to centralize care information through Maryland Access Point (MAP) and 211 Maryland as statewide resource hubs as applicable. A comprehensive inventory of 211's resource repository will ensure that the information is comprehensive, locally relevant, and inclusive of nonprofit and for-profit aging services. Standardization of 211 Maryland data gathering and updates is important with clear guidance to stakeholders for maintaining and sharing accurate information. A statewide public awareness campaign could be launched to promote MAP and 211 resources, using consistent, streamlined messaging and community partnerships to extend reach and engagement.

### ***Ensuring incorporation of key data elements***

The directory should minimally include the provider's name, email, phone number, address, and details of their training and certifications. Collecting additional information, such as languages spoken, would be beneficial, as it would enable the directory to serve as a matching service for consumers in the future. The directory should contain essential data, including areas served, available services, specialized training, and inspection records. Regularly updating information for personal care aides is required. To maintain relevance for consumers and capture turnover data, worker information should be collected quarterly or biannually.

### ***Enhancing consumer education and decision support***

Developing a "Caregiving Journey Map" infographic could help illustrate key phases of the caregiving process from early planning to end-of-life care. It can include guiding questions across health, legal, and financial domains to support informed decision-making. Integrating such educational tools into consumer-facing platforms such as MHCC's website will support in empowering individuals and families navigating care options.

### ***Aligning with long-term workforce and aging strategies***

Efforts to strengthen the care system should align with Maryland's Longevity Ready Maryland (LRM) plan, which highlights the importance of developing a direct care workforce registry to connect consumers, caregivers, and providers. Sustainable investment in workforce development, data infrastructure, and cross-agency collaboration is essential to address workforce shortages, support family caregivers, and maintain high-quality care across settings. Continued collaboration among MDa, MHCC, OHCQ, MDH, MNCHA, and community partners will be critical to advancing coordinated, data-driven, and consumer-focused solutions. The MDa supports exploring this registry concept as a future statewide initiative, recognizing that it will require partnership and leadership from larger entities such as MHCC or MDH due to resource constraints.

### ***Engaging with other states with established directories***

Collaboration with states with established statewide directories will enable gathering data for better understanding of the process, timelines and impact on resources to maintain such a directory. Online platforms maintained by non-profit organizations such as Advancing States - Direct Care Careers, Rewarding Work etc. providing statewide matching directories in other states must be explored. These may prove cost effective due to already established platforms and features. Issuing a Request For Proposal could be looked into to find an organization that can integrate a flexible, adaptable, and cost-effective platform—already in use by other states—with the existing infrastructure and systems currently utilized across State agencies.

### ***Implementing a phased approach***

Consideration should be given to a phased-in approach for the directory, starting with county-based directories run by local health or social services departments, which could later connect into a statewide system. Rural counties could pilot an individual-level directory using the Rural Health Transformation Grant, focusing on unregulated home care providers. Licensed agencies would also submit information on their caregivers. An example to follow could be the Fairfax County, Virginia's directory<sup>13</sup> which screens caregivers (background check, interview, reference check, TB screening) and includes their contact, credentials, service area, languages, tasks, and preferred age groups.

### **Conclusion**

Establishing a home health care directory, as outlined in HB 1478, is feasible by addressing specific constraints and capitalizing on existing infrastructure, consistent with the workgroup's recommendations. Given limitations related to infrastructure, funding, and extended timelines, Maryland Medicaid's Provider Finder may not be the optimal platform to host the directory's required features. Consequently, a more practical approach is to leverage existing external platforms for the directory's development.

To maximize a directory's utility, it should encompass all home health providers, not just those accepting Medicaid. This expanded scope may necessitate relocating the directory's oversight to another MDH office or state agency. OHCQ oversees medical providers broadly, and MHCC collects performance data for all licensed home health providers and can support any office within MDH or other state agency to provide relevant information for establishing such a directory. While this broader approach requires more extensive data collection, it will make the directory significantly more useful for the general public seeking home health services, not solely for Medicaid participants.

Maryland's caregiving system is rapidly approaching a crisis due to the complex and competing responsibilities managed by caregivers, coupled with persistent labor shortages in the direct care workforce that undermine the stability of care statewide. Other states have demonstrated that establishing matching directories is an effective strategy for connecting individuals, families, and home health care workers. Maryland should consider adopting this model by leveraging existing online platforms to facilitate better connections between care providers and consumers.

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<sup>13</sup> <https://seniornavigator.org/program/41497/home-care-registry-home-companion-services>.

In addition, Governor Wes Moore issued a Directive on December 8, 2025, directing MDH to establish and maintain a statewide Home Health Care Provider Registry. The findings and recommendations outlined in this report support the objectives of the Directive, and MDH will continue to take steps to implement these requirements efficiently as the next phase of this initiative.

## APPENDIX

**Table 1: Workgroup Members**

<b>Organization represented</b>	<b>Name</b>
MDH (OMPS, OLTSS, IRD)	Lucas Rodriguez, Charles Crisp, Jamie Smith, Alisa Jones, Meghan Kramer, Sania Rahman, Abigail Godwin, Lisa Toland
MDH Development Disabilities Administration (DDA)	Shawn Haines
Behavioral Health Administration (BHA)	Melissa Karcher
Maryland Health Care Commission (MHCC)	Theressa Lee, Jeanne-Marie Gawel, Stacy Howes
Maryland Department of Aging (MDoA)	Leslie Smith-Ray
Maryland State Department of Education (MSDE)	Mariam Eltoweissy
Office of Health Care Quality (OHCQ)	Oksana Likhova
Maryland National Capital Home Association (MNCHA)	Caitlin Houck
Disability Rights Maryland	Sandy Balan
1199 SEIU	Lorraine Arikat

**Table 2: State Review of Established Home Health Care Provider Directories**

<b>States</b>	<b>Type of Directory</b>	<b>Description</b>	<b>Search By</b>	<b>Level of Information</b>	<b>Users</b>
North Dakota	Home Health Agency	Home health agencies in North Dakota deliver	County/ City and	Agency level information	Consumers and

	<p>Registry<sup>14</sup> maintained by North Dakota Health and Human Services</p> <p>-----</p> <p>Direct Care Careers Matching Registry<sup>15</sup></p>	<p>nursing and associated services directly to the homes of the state's residents. The website provides a link to the registry as well as a list of home health agencies in a PDF format.</p> <p>-----</p> <p>The matching registry is available to connect agencies and individual qualified service providers who meet the competency requirements necessary to provide various services. This site also helps providers access training and connect individuals to a direct support professional.</p>	<p>Health Facility Type</p> <p>-----</p> <p>By Name, Location and Type of Services needed</p>		Providers
<b>West Virginia</b>	<p>In-Home Care Worker Registry<sup>16</sup> is a State Agency Registry as a result of the 2012 Legislative session</p> <p>Website also allows providers to register and access training resources <sup>17</sup></p>	<p>This registry assists individuals to find qualified in-home care workers and provides a website for individuals and service provider agencies to list their services, qualifications and availability to provide in-home care.</p>	<p>By Name or by Care Needed</p>	<p>Agency level information</p>	Consumers and Providers

<sup>14</sup>

<https://www.hhs.nd.gov/health/regulation-licensure-and-certification/health-facilities-unit/home-health-agencies>

<sup>15</sup> <https://www.directcarecareers.com/state/north-dakota>

<sup>16</sup> <https://apps.wv.gov/SeniorServices/Registry/Home/Search>

<sup>17</sup> <https://inhomecare.wv.gov/providers/Pages/default.aspx>

<b>Minnesota</b>	Minnesota Department of Human Services maintains the Provider Directory <sup>18</sup>	This provider directory can be used by consumers to find Home Health Care providers by entering into the provider type section.	By provider type like Registered Nurse, Licensed Practical Nurse and Skilled Nurse.	Information is limited to facility specialty, location and contact details.	Consumers
<b>Pennsylvania</b>	Pennsylvania Department of Human Services maintains the Provider Directory <sup>19</sup>	This is a general HCBS provider directory and personal care homes can be searched by entering it in the service code section.	By Program Office, Service Code, Region, Name etc.	Information is limited to agency location, contact details and licensure status	Consumers
	Direct Care Workers Matching Registry <sup>20</sup>	Maintained by Transitional Paths to Independent Living, this registry requires workers to register and login. Currently 360 workers are registered on this registry.	Consumers can search for workers based on location, gender, and availability	Worker profiles include experience, means of transportation, and other information about their preferences.	- Consumers and Providers
<b>Massachusetts</b>	The Executive Office of Elder Affairs (EOEA) manages the registry in a PDF updated quarterly <sup>21</sup>	The Massachusetts Home Care Worker Registry was created by a state law passed in 2017 <sup>23</sup> to provide the public with information about Home Care Workers who provide services to the State Home Care Program.	Requires Home care agencies to register and provider worker level information <sup>24</sup>	Worker level information including name, employer name and training/certification	Consumers

<sup>18</sup> <https://mhcpproviderdirectory.dhs.state.mn.us/Search>

<sup>19</sup> [Pennsylvania Department of Human Services Provider Directory Search Page](#)

<sup>20</sup> [Direct Care Workers' Center - PA Registry](#)

<sup>21</sup> <https://www.mass.gov/doc/home-care-worker-registry-public-information/download>

<sup>23</sup> [651 CMR 16.00: Home care worker registry | Mass.gov](#)

<sup>24</sup> [Home Care Worker Registry | Mass.gov](#)

	Mass PCA Directory is a matching service registry maintained by Massachusetts Personal Care Attendant Workforce Council statewide <sup>22</sup>	This is a state-funded registry where workers do not need to meet any requirements before creating their profiles, but they must undergo training and a background check before providing MassHealth-funded services.	Requires workers and consumers to register and provide information	Worker level information	Consumers and Providers
<b>North Carolina</b>	North Carolina Department of Health and Human Services' (NCD HHS) Division of Aging maintains an in-home aide registry by county <sup>25</sup>	NCDHHS also provides information on in-home aide services with a link to a directory which includes agency level information for home management, personal care, and respite care linked on the webpage.	Consumers can search for provider agencies based on location.	Agency level information	Consumers
<b>Wisconsin</b>	WisCaregiver Connections <sup>26</sup> is a matching registry maintained by the Wisconsin Department of Health Services in partnership with the University of Wisconsin Green Bay	This state funded free job matching registry allows direct care workers to connect to consumers who direct their care and to providers and agencies to find employment.	Requires employers and individuals looking for jobs to create profiles on the registry.	Information includes job postings; auto-match employers with job seekers; candidate profiles; credentialing details; training opportunities ; resource library, and more	Providers and Agencies

<sup>22</sup> [Mass PCA Directory](#)

<sup>25</sup> <https://www.ncdahs.gov/oha-provider-directory-fy-26/download?attachment>

<sup>26</sup> [Find a Job - CDCP - UW-Green Bay](#)

