

Residential Service Agency (RSA) Targeted Regulation Change

10.07.05

September 9, 2026

Rationale for Changes in the Working Draft:

Item #1 - .02 Definitions (Existing regulation and providing clarity)

Rationale: The proposed revisions clarify key terms, align the regulations with current statutory requirements, and provide greater consistency in how Residential Service Agency requirements are interpreted and enforced. The changes distinguish between personal care, home health aide services, medication-related services, skilled services, and skilled nursing care so that agencies, staff, and OHCQ have a mutual understanding of applicable supervision, qualifications, and scope-of-practice requirements.

The revisions also clarify terminology used in OHCQ's existing enforcement process without creating new enforcement authority.

Importantly, the amendments clarify that an RSA license does not authorize an entity to operate an assisted living program. An entity that provides services in a manner that meets the statutory definition of an assisted living program is subject to assisted living licensure requirements, regardless of whether it holds an RSA license. This clarification will strengthen OHCQ's ability to address situations in which an RSA or other entity is effectively operating an unlicensed assisted living program and will help prevent the RSA licensing framework from being used to circumvent assisted living requirements.

Overall, the revisions promote clearer regulatory expectations, appropriate clinical oversight, consistent enforcement, and stronger protections for individuals receiving services in their homes.

Item #2 - .04 Licensing Procedures. (New requirements)

Rationale: Requires that RSA applicants attend an orientation class sponsored by OHCQ. The orientation training would be offered monthly and in person, similar to the Assisted Living Provider Training. This would give applicants an opportunity to ask questions and receive consistent guidance directly from OHCQ on the licensing process and requirements. Requires RSA applicants to be in good standing with the Maryland State Department of Assessment and Taxation. Aligns the regulation with the statute by including provisions of HG 19-4A-11 employee protection laws in the Labor and Employment Article and the use of personal care aides by Residential Service Agencies. Specifies that RSAs with out of state parent agencies must have at least one in-State branch office to meet the criteria, "open for inspection".

COMAR 10.07.05.07A(2) currently requires the licensed agencies to be open to inspection by the Department during regular hours indicated on the application. COMAR 10.07.05.07B(1) requires licensed agencies to make their offices available for inspection during off hours as well. OHCQ surveyors would not be able to conduct an in-person survey of an agency outside of Maryland, unless there is a branch office available within Maryland.

Specifies the reasons and parameters for which the Department may administratively withdraw an incomplete application and establishes clear standards for the application process including timeliness with completion and thoroughness with required documentation.

- The majority of applicants are currently submitting incomplete applications requiring multiple revisions and feedback by OHCQ, diverting OHCQ resources from mission critical tasks. This workload detracts from reviewing incoming applications in a timely manner.

OHCQ may subject an RSA application to administrative withdrawal if required information such as acceptable policies and procedures, the application form, business plan, worker compensation insurance information and workers classification certification, and SDAT good standing is not provided within three reviews of the same application by OHCQ staff, or if the applicant is not reachable.

Item #3 - .05 Changes in an Agency that Affect the Operating License (New requirement)

Rationale: The proposed language does not create a separate enforcement system. Rather, it establishes clear ongoing licensure requirements and allows OHCQ to use its existing enforcement process when an RSA fails to maintain the information, operational status, or business standing necessary for continued licensure. The changes will improve the accuracy of OHCQ's licensed-provider records, strengthen regulatory accountability, and better protect individuals receiving services from RSAs.

This common sense language requires licensed agencies to maintain up to date (1) contact information (i.e. business name, contact name, email address, phone number, and address); and (2) operational status as a condition for continued licensure. This language clarifies that OHCQ can utilize the existing enforcement process when an RSA ceases the provision of services temporarily without notification to OHCQ for 180 days (or longer), or is non-compliant with SDAT requirements.

Item #4 - .07 Inspection by the Department (existing authority, providing clarity)

Rationale: This language labels the existing enforcement process used by OHCQ following survey activity. No new authority is being requested. The language defines terms like statements of deficiency, plans of correction, informal dispute resolution and the immediate jeopardy process.

Item #5 - .08 Administration.

Rationale: This language updates and clarifies the type and content of policies that must be developed by the RSA and provided to OHCQ upon inspection. In order to make it clear to the RSA providers which policies they are required to have, we have revised the list to be inclusive of policies that would cover all current RSA regulatory requirements. This is an important client safety regulation and will improve OHCQ oversight of quality of care provided by the RSA.

Item #6 .11 Training.

Rationale: This language updates the regulations to match statute regarding 19-4A-03.1 that was amended as a result of *SB0275/HB0141 - Maryland Department of Health – Residential Service Agencies – Training Requirements (2021)* which requires specific staff training for clients with dementia. Clarifies that CPR training is taught by a certified instructor and includes a hands-on component. Strengthens infection control teaching content. Specifies the frequency of staff training requirements. Clarifies that documentation of training received by the agency's employees and contractors shall be maintained as part of the personnel files.

Item #7 .12 Services Provided

Rationale: Clarify that (1) the initial client assessment may not be conducted virtually and (2) the initial assessment by an RN shall be completed prior to the provision of services.

Item #8 .15 Maintenance of Records

Rationale: Update the length of time a client's records must be stored to 7 years, consistent with the law (HG 4-403).

Item #1 - Updating Definitions

COMAR 10.07.05

.02 Definitions

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) — (11) (text unchanged)

(12) “Home health care” includes any of the following services:

(a) Audiology and speech pathology;

(b) Dietary and nutritional services;

[(c) Drug services;]

[(d)] *(c) Home health aide services under the supervision of a registered nurse, with medication management;*

(d) Home health aide services under the supervision of a registered nurse, without medication management;

(e) Home medical equipment services;

[(e) Laboratory;]

[(f)] *(f) Medical social work services;*

[(g) Nursing;]

[(h)] *(g) Occupational therapy;*

[(i)] *(h) Physical therapy;*

[(j)] *(i) Provision of invasive medical equipment; and*

[(k) Home medical equipment services.]

(j) Skilled nursing care.

(13) - (14) (text unchanged)

(15) "Immediate corrective action" means all actions the Residential Service Agency has taken or will take to immediately address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely.

(16) "Immediate jeopardy" means a situation in which immediate corrective action is necessary because the Residential Service Agency's noncompliance with one or more licensure

requirements has already caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to clients served by the Residential Service Agency .

[(15)] (17) (text unchanged)

[(16)] (18) (text unchanged)

[(17)] (19) (text unchanged)

[(18)] (20) (text unchanged)

[(19)] (21) (text unchanged)

[(20)] (22) (text unchanged)

[(21)] (23) (text unchanged)

[(22)] (24) (text unchanged)

(25) “Need for immediate corrective action” means that immediate corrective action is necessary to remove the jeopardy.

(26) “Noncompliance” means the Residential Service Agency is non-compliant with one or more licensure requirements of this chapter.

(27) “Office of Health Care Quality (OHCQ)” means the Office of Health Care Quality of the Maryland Department of Health (“the Department”) that determines compliance and non-compliance with state licensure, and in some instances, federal certification requirements in health care facilities and community-based programs throughout the State.

(28) “Personal care aide” means an individual who provides a service that an individual normally would perform personally, but for which the individual needs help from another because of advanced age, infirmity, or physical or mental limitation.

[(23)] (29) (text unchanged)

[(24)] (30) (text unchanged)

(31) “Removal of the immediate jeopardy” means that the Residential Service Agency has implemented the removal plan, and the OHCQ has verified that all corrective actions the

Residential Service Agency took were effective in removing the likelihood that serious injury, serious harm, serious impairment, or death would occur or recur.

[(25)] (32) Residential Service Agency.

(a) (text unchanged)

(b) “Residential service agency” does not include:

(i) — (viii) (text unchanged)

(ix) A business entity consisting of a group of individuals licensed under the same title of [Health Occupations Article, Annotated Code of Maryland](#), which provides only that same, single, licensed health care service to its clients;[or]

(x) A residential rehabilitation services provider approved under regulations adopted under Health-General Article, §10-901, Annotated Code of Maryland[.];

(xi) An assisted living program that is licensed under Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland; and

(xii) An individual, partnership, firm, association, corporation, or other entity of any kind that is required to be licensed as an assisted living program under Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland.

“Serious injury, harm, or death” means a situation which has already caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to clients served by the Residential Service Agency-

[(26)] (33) (text unchanged)

[(27)] (34) (text unchanged)

[(28)] (35) (text unchanged)

[(29)] (36) “Skilled services” means services provided by or under the supervision of a registered nurse **[and]** in accordance with the **[plan of treatment.] plan of care and includes, but is not limited to activities of daily living.**

(37) “Statement of Deficiencies” means the written notice of violation that the OHCQ issues to the Residential Service Agency that contains a listing of deficiencies cited that require correction.

(38) “Supervisory staff” means an individual who supervises direct care staff in the individual’s clinical role.

[(30)] (39) (text unchanged)

Item #2 - .04 Licensing Procedures.

10.07.05 - Residential Service Agencies

.04 Licensing Procedures.

A. Application for License.

(1) To obtain and maintain a license, an applicant shall meet all of the requirements of:

(a) This chapter; and

(b) Other applicable federal, State, and local laws and regulations.

(2) An applicant shall attend the Residential Services Agency Orientation course developed by the Department prior to submission of the initial Residential Services Agency application.

[(2)] (3) An applicant shall submit:

(a) —(i) text unchanged)

(j) Proof of Workers’ Compensation for all employees as required by the Maryland Workers’ Compensation Commission; **[and]**

(k) A nonrefundable license fee of \$1,000 made payable to the Department for a 3-year licensing fee~~[(.)]~~; *and*

(l) A letter of good standing from the Maryland State Department of Assessments and Taxation (SDAT) Business Express.

B. Additional Requirements for [Initial Licensure.] *Initial and Continuing Licensure.*

(1) — (3) (text unchanged)

(4) Consistent with Article 19, HG 19-4A-11, §(a)—(d) Annotated Code of Maryland, the Department shall review all applications for initial and continuing licensure to determine whether the applicant satisfies the compliance requirements of the employee protection laws in the Labor and Employment Article and the use of personal care aides by Residential Service Agencies.

(a) On an annual basis, the Secretary shall provide to each initial applicant and licensed residential service agency the most current version of the guidance document produced by the Office of the Attorney General, in consultation with the Department and the Maryland Department of Labor, concerning the application of employee protection laws in the Labor and Employment Article, to the use of personal care aides by residential service agencies.

(b) Applicants for initial and continuing licensure shall use the guidance document to describe relevant definitions of “employ”, “employee”, “employer”, and “independent contractor” as it pertains to:

(i) the Residential Service Agency’s workforce;

(ii) The concept of independent contractor misclassification and the potential for legal liability including monetary damages for employees; and

(iii) Steps a residential service agency may take to ensure compliance with the Labor and Employment Article.

(5) As a condition of obtaining an initial license from the Department to operate as a residential service agency and every 3 years thereafter, a residential service agency shall certify to the Department, on a form developed by the Department and through the signature of an individual with authority over the residential service agency’s pay or employment practices, that:

(a) The individual has read and understood the guidance document under B(4) (a) of this regulation; and

(b)) The residential service agency will comply with the relevant requirements of the Labor and Employment Article.

(6) The form developed by the Department for use under §B(5) of this regulation shall include a checkbox which allows a residential service agency that receives Medicaid reimbursement for

the provision of home care or similar services by a personal care aide to indicate whether the residential service agency uses personal care aides designated as independent contractors.

(7) (a) On or before October 1 each year, each residential service agency receiving Medicaid reimbursement for the provision of home care or similar services by a personal care aide shall report to the Department, in the manner specified by the Department, the number of personal care aides classified by the residential service agency as:

(i) Employees; and

(ii) Independent contractors.

(b) A Residential Services Agency not in compliance with B. 7 (a) of this regulation is subject to enforcement procedures in this chapter including notice of violations, fines, and revocation of license.

C. The Department shall review all applications for licensure to determine whether the applicant:

(1) Can provide appropriate services to sick or disabled individuals who require care in the individuals' residence; and

(2) Meets the regulatory requirements of this chapter.

D. Administrative Withdrawal.

(1) This section applies to the following application types:

(a) Initial license application;

(b) Change of Ownership (CHOW) license application;

(c) Additional Services application; and

(d) Any continuing licensure review or renewal, if applicable.

(2) The Department may withdraw an application for licensure when the the Department cannot make a determination on the application due to incomplete information or missing required documentation; and

(a) The Department has attempted to contact the applicant, using the contact information provided to complete the application, to obtain the missing documentation and the applicant is not available within three documented attempts; or

(b) The applicant has not supplied the Department with completed information after three documented attempts to inform the applicant that the application is incomplete or that additional documentation is required.

(3) The Department shall notify the applicant when an application for licensure has been administratively withdrawn.

(4) An applicant whose application is withdrawn in accordance with this regulation may submit a new application in accordance with §A of this regulation.

(5) An applicant whose application is withdrawn in accordance with this regulation may not submit more than two Residential Service Agency applications in 1 calendar year.

(6) An administrative withdrawal of an application is not a denial and may not be appealed in accordance with §H of this regulation.

(7) The Department has the discretion to require a Residential Service Agency applicant to retake the Department-sponsored orientation class required under §A(2) of this regulation.

[D.] E. In addition to any other rights of inspection, before approving or denying an application for licensure, the Department may conduct an announced or unannounced on-site inspection of the agency.

F. If the parent agency of the residential service agency is located outside the State, the Department shall issue a license if the requirements of this regulation are met and if at least one branch office is located within the State.

[E.] G. Based on information provided to the Department by the applicant, the Secretary shall:

(1) — (3) (text unchanged)

[F.] H. The Secretary may not require the use of a management firm for a period in excess of 24 months.

[G.] *I.* A person aggrieved by a decision of the Secretary under this regulation to deny a license application may appeal the Secretary's action by filing a request for a hearing consistent with [Regulation .28 of this chapter](#).

[H.] *J.* Duration of License. A license is valid for 3 years from the date of issuance, unless:

- (1) Surrendered, suspended, or revoked; or
- (2) It is a provisional license as described in [§\[J\] L. of this regulation](#).

[I.] *K.* License Renewal. A licensee shall submit to the Department:

- (1)—(5) (text unchanged)

[J.] *L.* Licenses for Less than 1 Year.

- (1) —(2) (text unchanged)

M. Maryland Department of Assessments and Taxation.

(a) A licensed Residential Service Agency shall remain in good standing with the Maryland Department of Assessments and Taxation.

(b) If the Residential Service Agency fails to return to good standing 60 calendar days after receipt of notification of noncompliance from the Maryland Department of Assessments and Taxation or another government agency, the Residential Service Agency is subject to enforcement procedures in this chapter including notice of violations, fines, and revocation of license.

[K.] *N.* If an agency fails to comply with the regulations of this chapter and the Department needs to conduct more than one on-site preclosure visit, the Department may:

- (1) Charge \$250 per additional on-site visit; or
- (2) Deny the license.

Item #3

10.07.05

.05 Changes in an Agency That Affect the Operating License.

A. General Information Related to Licensure.

(1) A licensee shall notify the Department within 14 calendar days of any change in the information the licensee had submitted with the most recent application.

(a) Application information includes, but is not limited to the owner's name, owner's address, primary contact's email address, and primary contact's phone number.

(b) Failure to timely notify the Department of any change in the information the licensee had submitted with the most recent application is subject to the existing enforcement process including Notice of Violations and fines.

(2) A license is valid only in the name of the licensee to whom it is issued and may not be subject to sale, assignment, or other transfer.

(3) A license is valid only for the premises for which it was originally issued.

B. Name Change.

(1) A Residential Service Agency shall have a revised license from the Department to change its name or the name under which the program is doing business.

(2) To request a name change, a Residential Service Agency shall:

(a) Submit the request for a name change on the form developed by and in the manner established by the Department; and

(b) Attach the attachments required by the Department, including but not limited to:

(i) A letter of good standing from the Maryland State Department of Assessments and Taxation (SDAT) Business Express; and

(ii) Proof of Workers Compensation coverage, if applicable.

(3) Upon processing, the Department shall issue a new license to the Residential Service Agency that includes the new name of the licensee.

(4) Upon receipt of a new license, all use of the previously issued Residential Service Agency license shall cease.

C. Change of Location.

(1) Prior to operating a Residential Service Agency at a new location, the applicant shall have a Residential Service Agency's license issued by the Department.

(2) To request an Residential Service Agency license for a new location, an applicant shall:

(a) Submit a request for a location change for a Residential Service Agency on the form developed by and in the manner established by the Department; and

(b) Submit all attachments required by the Department.

(3) If approved, the Department shall issue a license to the Residential Service Agency at the new location.

(4) Upon receipt of a new license, all use of the previously issued Residential Service Agency license shall cease.

[A.] *D. Change of Services [or Name.]*

(1) During the licensure period, a licensee may not[:

(a) Provide] *provide* services for which it has not been approved to provide[:or] .

[(b) Change the name under which the program is doing business without the Department's approval.]

(2) When the licensee wants to provide additional services which require a license under this chapter, before offering the services, the licensee shall submit to the Department:

(a) A new application and written request for a new license citing the additional services the agency wants to provide;

(b) Policies and procedures pertaining to the additional services the agency wants to provide; and

(c) An application fee as required by Health-General Article, §19-4A-03(c), Annotated Code of Maryland.

[(3)] *2.* When there is a change in name or address of the licensee, but no change of ownership, an amended license is required and the licensee shall pay \$50 for the issuance of an amended license.

[(4)] *E. Sale or Transfer of an Agency.*

(a) —(b) (text unchanged)

[B.] F. Voluntary Closure or Change of Residential Service Agency Ownership.

(1) —(7) (text unchanged)

[C. Changes to Licensure Information. A licensee shall immediately notify the Department of any change in the information the licensee had submitted with the most recent application.]

[D.] G. License — Sale, Assignment, or Transfer. The license is valid in the name of the licensee to whom it is issued, and is not subject to sale, assignment, or other transfer.

H. Cessation of Services.

(1) The Residential Service Agency shall notify the Department within 30 calendar days if there is a temporary cessation of services to clients not to exceed 180 calendar days. The notice shall contain the reason for temporary cessation of business, the method by which the agency's clients were notified of the temporary cessation of business, the date the temporary pause in services began and the projected date of resuming provision of services.

(2) The Residential Service Agency is subject to existing enforcement mechanisms including notice of violation, fines, and license revocation if no services are provided to clients for a period of 180 consecutive calendar days and no notice has been provided to the Department, as provided in §H (1) of this regulation.

[E.] I. If an agency fails to comply with §§A—[D] H. of this regulation, the Department may impose a fine of up to \$500 for each violation.

[F. A license is void if the agency ceases to operate.]

Item #4 - .07 Inspection by the Department

COMAR 10.07.05

.07 Inspection by the Department

A. Residential Service Agency to be Open for Inspection.

(1) The Department or its designee may conduct announced or unannounced licensure inspections or complaint investigations to ensure compliance with the requirements of this chapter.

(2) The agency *located in Maryland* shall be open for inspection by the Department *at the physical address listed on the Residential Service Agency's license* during all hours identified in the agency's application as routine business hours.

(3) An agency with a primary office located outside of Maryland shall be open for inspection by the Department at the Maryland branch office's physical address, during all hours identified in the agency's application as routine business hours.

B. Access to Agency and Sites Where Services Are Offered. Upon the request of the Department, an agency shall:

(1) Make its offices available for inspection during other than its routine business hours;

(2) Assist the Department in gaining access to sites where services are provided for the purpose of conducting inspections to:

(a) Ensure that the agency is in compliance with the regulations of this chapter; and

(b) Enable the Department to investigate and resolve complaints filed against the agency.

C. Records and Reports.

(1) Inspection.

(a) A licensee shall maintain records and reports to support compliance with the regulations of this chapter. All *paper and electronic* records and reports shall be open to inspection by the Department.

(b) Except for the records permitted to be stored off site, a licensee or licensee's designee shall immediately, upon request, provide copies of records and reports, including medical records of clients, to the Department. [The Department shall, if requested, reimburse the licensee for the cost of copying records and reports.]

(2) Maintenance.

(a) The residential service agency shall maintain files on site pertaining to:

(i) Current clients;

(ii) Clients that have been discharged within the last 12 months;

(iii) Current staff;

(iv) Staff that have been discharged within the last year; and

(v) Quality assurance activities.

(b) All other records may be stored off site, but shall be available for inspection within 24 hours of the Department's request.

D. An agency shall make available upon request to clients, client representatives, potential clients, or federal, State, or local regulatory or law enforcement agencies any statements of deficiencies, reports, and plans of corrections.

E. Notice of Violations, *Statement of Deficiencies, and Plan of Correction.*

(1) If a complaint investigation or survey inspection identifies a regulatory violation, the Secretary shall issue a notice *of violation or Statement of Deficiencies:*

(a) Citing the violation or deficiency;

(b) Requiring the residential service agency to submit an acceptable plan of correction within 10 calendar days of receipt of the notice of violation or deficiency;

(c) Advising the residential service agency that failure to correct cited violations or deficiencies may result in sanctions; and

(d) Offering the residential service agency the opportunity for an informal dispute resolution conference (IDR).

(2) The plan of correction referred to in §E(1)(b) of this regulation shall include:

- (a) How the Residential Service Agency will correct each deficiency;*
- (b) How the Residential Service Agency will prevent the deficient practice from recurring;*
- (c) Who will be responsible for ensuring the deficiency will not reoccur; and*
- (d) [the] The date by which the licensee shall complete the correction of each deficiency.*

*(3) Failure to return an acceptable plan of correction within [the allotted timeframe] **ten calendar days of receiving the statement of deficiencies** may result in a sanction.*

***[(3)** When a licensee requests an IDR as provided in [§F of this regulation](#), the licensee shall file a plan of correction within the required time, except to the extent that the licensee contests specific findings. If the licensee contests specific findings, absent the Department's directive, a licensee may delay submitting its plan of correction with respect to those specific findings until 5 days after the licensee is provided oral or written notice of the outcome of the IDR.]*

(4) A request for an IDR, as provided in §F of this regulation, does not change the Residential Service Agency's requirement to submit a plan of correction for all deficiencies within 10 calendar days after receipt of the statement of deficiencies.

F. Informal Dispute Resolution (IDR).

(1) A licensee may request an informal dispute resolution conference (IDR) to question violations or deficiencies within 10 days of receiving the statement of deficiencies. The written request for an IDR shall fully describe the disagreement with the statement of deficiencies and be accompanied by any supporting documentation.

*(2) At the discretion of the [Office of Health Care Quality] **Department**, the IDR may be held in person, by telephone, *by video conferencing*, or in writing. In-person IDRs are informal in nature and are not attended by counsel *representing the Residential Service Agency or the Department*.*

(3) There is no appeal of the Department's decision in an IDR. The IDR serves as the Residential Service Agency's appeal process.

***[(3)] (4)** The IDR process may not delay the effective date of any enforcement action.*

G. Immediate Jeopardy.

(1) Declaration of Immediate Jeopardy.

(a) An immediate jeopardy shall be declared when the OHCQ identifies a situation in which immediate corrective action is necessary because the Residential Service Agency's noncompliance with one or more licensure requirements has already caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to individuals served by the Residential Service Agency.

(b) The OHCQ shall provide the Residential Service Agency with a written notice that includes a description of the situation that constitutes an immediate jeopardy.

(2) Immediate Jeopardy Removal Plan.

(a) Following declaration of an Immediate Jeopardy, the Residential Service Agency shall submit a written Immediate Jeopardy Removal Plan to OHCQ as soon as the Residential Service Agency has identified the immediate steps it will take to ensure that no clients are suffering or are likely to suffer serious injury, serious harm, serious impairment, or death as a result of the Residential Service Agency's noncompliance.

(b) An acceptable Immediate Jeopardy Removal Plan includes:

(i) The immediate corrective action(s) the Residential Service Agency will take to address the noncompliance that has resulted in declaration of an Immediate Jeopardy and detailing how the Residential Service Agency will keep clients safe and free from serious harm or death caused by the noncompliance;

(ii) The immediate corrective action(s) the Residential Service Agency will take to ensure serious harm will not occur or recur; and

(iii) The date by which the Residential Service Agency asserts the likelihood for serious harm to any client no longer exists.

(3) OHCQ's Approval of the Immediate Jeopardy Removal Plan.

(a) The OHCQ shall review the Residential Service Agency's Immediate Jeopardy Removal Plan to determine that the plan, if implemented appropriately, will remove the likelihood that serious harm will occur, or recur.

(b) If the determination is made that the Immediate Jeopardy Removal Plan, if implemented appropriately, will remove the likelihood that serious harm and/or death will occur or recur, OHCQ shall approve the Immediate Jeopardy Removal Plan.

(c) Upon OHCQ's approval of the Immediate Jeopardy Removal Plan, the Residential Service Agency shall immediately begin implementation of the immediate corrective actions described in the Immediate Jeopardy Removal Plan.

(4) Immediate Jeopardy Removal.

(a) The OHCQ surveyors shall confirm that Immediate Jeopardy has been removed through an onsite verification of the implementation of an approved Immediate Jeopardy Removal Plan.

(b) Immediate Jeopardy is considered to be removed when OHCQ surveyors verify that the approved removal plan is fully implemented, and no client is currently experiencing serious injury, serious harm, or serious impairment; and/or serious injury, serious harm, serious impairment, or death is not likely.

(c) If the Immediate Jeopardy Removal Plan is not fully implemented, the Immediate Jeopardy will continue until the removal plan is fully implemented and the likelihood of serious injury, serious harm, serious impairment, or death no longer exists

(5). Plan of Correction after Immediate Jeopardy. If an Immediate Jeopardy is identified during a survey, the respective Plan of Correction shall completely correct all noncompliance associated with the Immediate Jeopardy.

Item #5 - .08 Administration.

COMAR 10.07.05

.08 Administration

A. Governing Authority.

(1) — (2) (text unchanged)

B. Policies and Procedures.

(1) An agency shall develop and implement policies and procedures, including but not limited to:

(a) Administration, including:

(i) —(v) (text unchanged)

(vi) Billing and service records, maintenance of charges, and similar items, except for those clients receiving services through a managed-care health benefits plan or third party payor, in which case records are maintained as required by the third party payor; *and*

(vii) Quality assurance program; *[and]*

[(viii) Clinical management, including assessment, plans, delegation, and supervision;]

(b) Personnel, including:

(i) Job descriptions and educational qualifications for all employees and contractors;

(ii) [Skill assessments] *Completion and documentation of skill assessment* of all employees and contractors; *[and]*

(iii) Health requirements for employees and contractors;

(iv) Pre-employment screening; and

(vi) Initial and annual staff training requirements;

(c) [Patient] *Client* care, including:

(i) Provision of home health care services and criteria for determining the need for skilled services;

(ii) A description of how the RSA will manage the care of the client including but not limited to the initial assessment, the plan of care, and the process by which the registered nurse will delegate to, and supervise direct care staff;

[(ii)] *(iii)* Administration of drugs;

[(iii)] *(iv)* Enteral and parenteral nutrition procedures;

[(iv)] *(v)* Frequency of client monitoring; [and]

[(v)] *(vi)* Training and retraining of clients or their family members, when indicated;

(vii) Use of patient equipment and durable medical equipment, as applicable;

(viii) Ventilator management and protocols, if applicable;

(ix) Clinical record management; and

(x) On-call services;

[(d) Informed consent when:]

(d) Client rights, including:

(i) Notification that the client rights shall be provided to all clients prior to or upon admission assessment;

(ii) Right to be free from mental, verbal, sexual, and physical abuse, neglect, and financial exploitation;

(iii) Complaint procedures;

(iv) Client representative and advanced care planning;

(v) Informed consent when:

(i) A client or client representative with legal authority to make legal decisions, signs an informed consent form consenting to changes to the agency's recommended plan of care; or

(ii) A client signs an informed consent form consenting to assistance by a nonlicensed individual with treatments of a routine nature, or with the self-administration of medications; and

(e) */Environment and/ Client* safety, including:

(i) Preparation and storage of enteral formulas, intravenous therapies, other supplies, equipment, and similar items;

(ii) Infection control procedures;

(iii) Disposal of biomedical waste;

(iv) Maintenance of equipment;

(v) *Client medical* emergency procedures; *and*

(vi) Non-medical emergency procedures.

(2) The Department may waive the requirement of a policy and procedure that is required in [§B of this regulation](#) upon the agency's written explanation as to why the policy and procedure is inappropriate or unnecessary to the agency's specific operation.

(3) An agency that provides invasive equipment or supplies, such as intravenous therapy, shall arrange for 24-hour-a-day equipment maintenance service in case of equipment failure.

Item #6 .11 Training.

COMAR 10.07.05

.11 Training

A. An agency shall ensure that individuals that are referred are trained appropriately to provide care that is needed by the agency's clients *[.] and that documentation of training received by the agency's employees and contractors shall be maintained as part of the personnel files.*

B. Sources other than the agency may provide training, as approved in writing by the Office of Health Care Quality.

C. At a minimum, training for individuals providing care in clients' homes shall include:

(1) Instruction and supervised practice in relevant personal care services of the sick or disabled at home;

(2) Identification of situations that require referral to a registered nurse, including significant changes in a client's condition;

(3) Record keeping;

(4) Ethical behavior [and confidentiality of information], *client's rights, and confidentiality of information;*

(5) *[CPR;] Basic cardiopulmonary resuscitation (CPR) training, including a hands-on component, taught by a CPR instructor certified by a nationally recognized organization;*

(6) *[Standard precautions for infection control; and] Infection control measures, including but not limited to standard precautions and transmission-based precautions, hand hygiene, and personal protective equipment use and any other applicable standards of Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC);*

(7) Prevention of abuse *[and neglect.] neglect, and financial exploitation; and*

(8) The Residential Service Agency's Emergency Preparedness Plan.

C. Frequency of Training

(1) Training required under § A and B of this regulation shall be provided, at minimum:

- (a) Within 45 days of hire;*
- (b) Prior to client referral and before any direct care services are provided by residential service agency's staff; and*
- (c) Except for as provided in §C(2) of this regulation, annually.*

(2) Cardiopulmonary Resuscitation (CPR) Training. Agency staff who provide home health care services to clients must maintain current CPR certification for healthcare providers through the biennial CPR training that includes hands-on practice and in-person skills assessment by a CPR instructor certified by a nationally recognized organization

D. Care of Individuals with Dementia.

(1) This section does not apply to a residential service agency that only provides durable medical equipment.

(2) Except as provided within §(D)(1) of this regulation , each Residential Service Agency shall ensure that:

(a) Within 45 days after an individual's start of employment as part of the residential service agency's direct care or supervisory staff, the individual is trained to provide the care required by the clients of the residential service agency by, at a minimum, providing 3 hours of online or in-person training regarding dementia, including training regarding:

(i) An overview of Alzheimer's disease and dementia;

(ii) Person-centered care;

(iii) The assessment and care planning process;

(iv) Activities of daily living; and

(v) Alzheimer's disease and dementia-related behaviors and communication.

(b) Each member of the residential service agency's direct care or supervisory staff shall receive 2 hours of online or in-person continuing education training regarding Alzheimer's disease and dementia each calendar year.

(3) The training required under §D(2) of this regulation may be provided by a supervisory staff member who is responsible for developing an individual's plan of care and assigning appropriate personnel.

(4) A residential service agency is not required to provide the training described under §D(2)(a) of this regulation if the individual has:

(a) Provided Alzheimer's disease or dementia-related direct care or supervisory services for at least 24 consecutive months before beginning employment with the residential service agency; and

(b) Received from a residential service agency or other entity a certificate of completion issued under §D(5) of this regulation; or

(c) Completed the training described under §D(2)(a) of this regulation in the immediately preceding 12 months.

(5) A person providing the training described under §D(2) of this regulation shall issue a certificate of completion to each individual who completes the training.

(6) Each residential service agency shall maintain records that indicate the type of training received by each individual who has received a certificate of completion issued under §D(5) of this regulation while employed by the residential service agency.

Item #7 .12 Services Provided

COMAR 10.07.05

.12 Services Provided.

A. An agency shall take reasonable measures to ensure that all individuals who are referred to provide services to clients do so in accordance with Maryland laws and regulations, including but not limited to the [Health Occupations Article, Annotated Code of Maryland](#).

B. Provision of Services.

(1) In Person Assessment.

(a) A registered nurse shall assess *in person* each new client who requires skilled services and assistance with the activities of daily living.

(b) The initial assessment required in §B(1)(a) of this regulation may not be provided virtually.

(c) The initial assessment required under §B(1)(a) of this regulation shall be completed and documented by the registered nurse prior to any services being provided to clients.

(2) The registered nurse shall also:

(a) Participate in developing the client's plan of care and in assigning appropriate personnel;

(b) Determine whether the client requires the services of a certified nursing assistant, or whether services may be provided by an individual who is not certified; and

(c) Participate in training and retraining the individuals who will provide the care, when indicated.

C. —G. (text unchanged)

Item #8 .15 Maintenance of Records

COMAR 10.07.05

.15 Maintenance of Records.

A. The agency shall maintain a client's record for [5] 7 years after the client is discharged. For a client younger than 18 years old, the agency shall maintain the client's record after discharge [until the resident is 21 years old, or for 5 years after the record is made, whichever is later, except as otherwise] *until the patient attains the age of majority plus 7 years, as* provided in Health-General Article, §4-403, Annotated Code of Maryland.

B.— D. (text unchanged)