11/4/2022

To Committee Members of the Homemaker/Companion Task Force

I have had a geriatric care management/patient advocacy practice for more than 15 years. Through the years I've utilized many of the homecare agencies in the state to much of my disappointment. It was clear there were little rules to follow and no oversite. There were convicted felons who owned businesses, there were staff that were paid under the table and there clearly was no oversite or management of the staff that were placed into the homes of our most vulnerable population, the elderly. They would just be "dumped" into a home only to move onto the next victim.

Cheap isn't always best and yet there is one organization in the state that their tag line is "we will undercut any other agency". That being said, that is just what they did, while making millions off the backs of our seniors and treating staff poorly as well as not paying them even minimum wage. They continue to have a company and continue to do what they please covertly.

Although the labor laws clearly identify how a live in caregiver should be treated there is presently live in caregivers in assisted living communities that are in a studio apartment with a blow-up bed in the kitchen to care for a client. This is being allowed by the community and allowed by the state.

Franchises are also a part of this mess with one particular franchise who has been well known amongst most of those who have agencies to continue to tout that his wife is a gerontologist and that his staff are med-certified in order to delivery narcotics to hospice patients in their homes.

I'm sure there are many, many, more stories that can be shared by others on how some agencies continue to practice without having their registrations revoked or punished in some way.

This by far is only the tip of the iceberg of what is going on with homecare companies in our state. So how do we resolve an out-of-control population of "business" people who continue to do what they please without any repercussions.

So how do we resolve this? Although I am not a fan of over control through state agencies, but I am a fan of some control and oversite of these particular businesses.

1. Please look at how other states provide that provide homecare, many are actually licensed with requirements. Minimally I believe the people owning them should have some background in the field, training and education. Virginia for instance licenses their homecare agencies through the Department of Social Services. They have to have an RN on staff to develop care plans, cannot have their office out of their homes and train all the aides through a variety of venues.
   https://law.lis.virginia.gov/admincode/title12/agency5/chapter381/

2. Please consider adding a medical component to the agencies. Although there should not be overall medical management as insurances covers most medical necessities of patients there are some things they don't cover.
3. The rules and regulations for homecare are archaic and need to be revised and the Homecare/Home Health Aide "licensing" is too cumbersome for anyone to manage which is why there is no one in the state with that particular license, that includes a "nurse and a CNA" in the home together at any one time. (see homemaker/home health regulations attached) But understand there is a conflict within this statute that clearly interferes with what homemaker and companion agencies presently are)
4. Medication management is one of those things. Please see the picture of how an elderly client of ours was managing her medications. And she was a diabetic. She had two daughters who were remotely involved and a physician. She would tell her daughters that she went to her appointments when she didn't and no one followed through from the doctor's office. She would always say everything was "fine". And clearly how she managed her medications it was not "fine".
5. I believe with a Registered Nurse overseeing a client's care needs it will improve the quality of homecare while making sure clients are getting all the care they need and get to their physicians as they should, understanding their plan of care and making sure it is implemented. Our present systems of oversite are mostly telephonic and only telephonic after a VNA is done with a case. You absolutely need "boots on the ground" to manage this population properly. This might mean it would need to be done through DPH (which in itself could be a nightmare) or done in collaboration with DPH (which I am in favor of more so)
6. The agencies that are constantly being seen as being out of compliance need to have those events identifiable online. When there is a sanction against a licensed person in the health department it is noted within their licensure with a copy of the non-compliance or issue accessible to the public. There continues to be agencies that are constantly in "trouble" yet the public has no idea of their issues as there is no tracking available to the public of the issues they may have had.

7. Closing those agencies that continue to be a problem. This has never happened even though there have been agencies that continue to be
8. sanctioned time and time again for issues within their company.
9. I also believe the task force should extend it's time to open up discussion in the community with online public hearing that is publicized. There are stories and suggestions I believe you will extrapolate from these hearings. Please publicize them well.

I am saddened that our most vulnerable population is so taken advantage of in this state because of the lack of oversite and rules regulating those providing that care. Education, access and supervision are very important but not enough to restrict businesses from providing care. The present rules regarding the homemaker/aide is not a viable solution due to the costs involved with running it, which will transfer over to the consumer.

Thank you for the time you to all task force members for contributing your time and knowledge to this very important topic. I am readily available to discuss further and can be reached at 860 798 1910 or sharon@ptadvocate4u.com

Sincerely,

Sharon M. Gauthier RN/MSN/MPH/CDP

PAFY, Inc.

www.patientadvocateforyou.com

cc: File

Attachments: picture of meds

Regulations for Homemaker/home health aide

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Sec. 19-13-D69. Services

Services offered by the agency shall comply with the following.

(a) **Nursing Service:**

(1) An agency shall have written policies governing the delivery of nursing service.

(2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse.

(3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record:

(A) Admission of patients for service and development of the patient care plan;

(B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services;

(C) Coordination of services with the patient, family and others involved in the care plan;

(D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained;

(E) Identification of patient and family needs for other home health services and referral for same when appropriate,

(F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff;

(G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other than those activities listed in section 19-13-D69 (d) (3) of these regulations, is delegated to a homemaker-home health aide, the patient's clinical record clearly supports that the primary care nurse or designated professional staff member has:

(i) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and

(ii) Determined that this activity can be delegated safely to a homemaker-home health aide.

(H) Development of a written plan of care and instructions for homemaker-home health aide services;

(I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary

(J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed by a registered nurse, while the homemaker-home health aide is providing services in the patient's home.

(4) An agency may employ licensed practical nurses under the direction of a registered nurse to provide nursing care, to assist the patient in learning self-care techniques and to prepare clinical and progress notes.

(b) **Therapy Services:**

(1) An agency shall have written policies governing the delivery of therapy services.

(2) All therapy services shall be provided by or under the supervision of a therapist

licensed to practice in Connecticut.

(3) The responsibilities of each therapist within his/her respective area of practice include the following, which shall be documented in the patient's clinical record:

(A) Comprehensive evaluation of patient's level of function and participation in development of the total patient care plan;

(B) Identification of patient and family needs for other home health services and referral for same when needed;

(C) Participation in case management conferences;

(D) Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;

(E) Supervision of therapy assistants; and

(F) Supervision of homemaker-home health aides when such personnel are participating in the patient's therapy regime.

(4) A therapy supervisor shall be provided for each therapy service, except when therapy staff meet supervisory requirements. In such event, the agency shall provide peer consultation for that therapy staff.

(A) Each supervisor shall be employed directly by the agency, or as a contractor.

(B) When the direct service therapy staff is five (5) full-time or full-time equivalent persons, the agency shall provide a full-time supervisor for that therapy staff. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Physical or occupational therapy assistants who function at all times under the direction of a registered physical therapist or occupational therapist, as appropriate, may be employed to carry out treatment regimes as assigned by the registered physical therapist or occupational therapist. The agency shall employ at least one (1) registered physical therapist or occupational therapist for every six (6) assistants or less.

(A) The responsibilities of the therapy assistant may include but not necessarily be limited to the following:

(i) After an initial visit has been made by the registered physical therapist or occupational therapist for evaluation of the patient and establishment of a patient care plan, the therapy assistant may provide ongoing therapy services in accordance with the established plan.

(ii) At least every thirty (30) days, the therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record, and shall include a review of the current patient care plan and any appropriate modifications to the treatment regime.

(iii) The therapy assistant, with prior approval of the registered physical therapist or occupational therapist, may adjust a specific treatment regime in accordance with changes in the patient's status.

(iv) The therapy assistant may contribute to the review of the medical or dental plan of treatment required by subsection (b) of section 19-13- D73 of the regulations of Connecticut states agencies, pre-discharge planning and preparation of the discharge summary.

(B) A registered physical therapist or occupational therapist shall be accessible by phone and available to make a home visit at all times when the therapy assistant is on assignment in a patient's home.

(c) **Social Work Services:**

(1) An agency shall have written policies governing the delivery of social work services.

(2) All social work services shall be provided by or under the supervision of a qualified social worker.

(3) Functions of the social worker include the following which shall be documented in the patient's clinical record:

(A) Comprehensive evaluation of psychosocial status as related to the patient's illness and environment;

(B) Participation in development of the total patient care plan;

(C) Participation in case conferences with the health care team;

(D) Identification of patient and family needs for other home health services and referral for same when appropriate;

(E) Referral of patient or family to appropriate community resources.

(4) A qualified social work supervisor shall be employed directly by the agency or as a contractor, except when social work staff meet supervisory requirements. In such event, the agency shall provide peer consultation for social work staff.

When the direct service social work staff is five (5) full-time or full-time equivalent persons, the agency must provide a full-time supervisor. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Social work assistants who function at all times under the supervision of a qualified social worker may be employed to carry out the social work activities and assignments. The agency shall employ at least one (1) qualified social worker for every six (6) social work assistants or less.

(d) **Homemaker-Home Health Aide Service:**

(1) An agency shall have written policies governing the delivery of homemaker-home health aide services.

(2) On and after January 1, 1993, no person shall furnish home health aide services on behalf of a home health care agency unless such person has successfully completed a training and competency evaluation program approved by the department.

(A) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency evaluation program for homemaker-home health aides. The standard curriculum of the training program shall include the following elements which shall be presented in both lecture and clinical settings:

(i) Communication skills;

(ii) Observation, reporting and documentation of patient status and the care or services furnished;

(iii) Reading and recording temperature, pulse and respiration;

(iv) Basic infection control procedures;

(v) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;

(vi) Maintenance of a clean, safe and healthy environment;

(vii) Recognizing emergencies and knowledge of emergency procedures;

(viii) The physical, emotional, and developmental needs of and ways to work with the

populations served by the home health care agency, including the need for respect for the patient, his or her privacy and his or her property;

(ix) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;

(x) Safe transfer techniques and ambulation;

(xi) Normal range of motion and positioning;

(xii) Adequate nutrition and fluid intake;

(xiii) Any other task that the home health care agency may choose to have the homemaker-home health aide perform.

(B) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.

(C) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (A) (iii), (ix), (x), and (xi) of this subdivision shall be evaluated through observation of the aide's performance of the tasks. The other subject areas in subparagraph (a) of this subdivision shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.

(D) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory." The homemaker-home health aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated "unsatisfactory" and passes a subsequent evaluation with a "satisfactory" rating.

(E) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the homemaker-home health aide has an "unsatisfactory" rating in more than one of the required areas listed in subparagraph (A) of this subdivision.

(F) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.

(G) The state department of education, the board of trustees of community-technical colleges and an Adult Continuing Education Program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner.

(H) Home health care agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency

evaluation requirements of OBRA as amended and/or one or more condition of participation of title 42, part 484 of the code of federal regulations within any of the twenty-four (24) months before the training is to begin.

(I) Qualifications of homemaker-home health aide training instructors

(i) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.

(ii) Personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subparagraph (I) (i) of this subdivision. All trainers shall be licensed, registered and/or certified in their field.

(iii) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subparagraph (I) (i) of this subdivision may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.

(iv) The training of homemaker-home health aides may be performed under the general supervision of the supervisor of clinical services. The supervisor of clinical services is prohibited from performing the actual training of homemaker-home health aides.

(J) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subparagraph (G) of this subdivision shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.

(K) On and after January 1, 1993, any home health care agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate that the requirements of this subsection are met.

(L) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.

(M) Any person employed as a homemaker-home health aide prior to January 1, 1993 shall be deemed to have completed a training and competency evaluation program pursuant to subdivision 19-13-D69 (d) (2) of the regulations of Connecticut State Agencies.

(N) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state department of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(O) Any person who completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this

subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(P) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(Q) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this section provided the home health care agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subparagraph (2) (A) of this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(R) The home health care agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the home health care agency.

(S) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.

(3) When designated by the supervising primary care nurse, duties of the homemaker-home health aide may include:

(A) Assisting the patient with personal care activities including bathing, oral hygiene, feeding and dressing;

(B) Assisting the patient with exercises, ambulation, transfer activities and medications that are ordinarily self administered;

(C) Performing normal household services essential to patient care at home, including shopping, meal preparation, laundry and housecleaning.

(4) Supervision of homemaker-home health aides.

(A) A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when homemaker-home health aides are on assignment in a patient’s home.

(B) The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the homemaker-home health aide.

(C) An agency shall designate a full-time registered nurse, who may have other responsibilities, to be responsible for supervision of the homemaker-home health aide program and staff when that staff is twenty-four (24) or less persons, but when the number of homemaker-home health aides employed is twenty-five (25) or more persons, the agency shall employ a full-time supervisor whose primary responsibility shall be management of

the homemaker-home health aide program. If this supervisor is not a registered nurse, the agency shall designate one full-time registered nurse, who may have other responsibilities, to assist with homemaker-home health aide program and staff supervision.

(D) An agency shall maintain at least the following staffing pattern during the regular workweek: One (1) full-time registered nurse for every fifteen (15), or less, full-time equivalent homemaker-home health aides on duty.

(Effective December 28, 1992; Amended August 29, 1996; Amended August 31, 1998; Amended July 3, 2007)