January 9, 2023

To: Members of the Joint Standing Committee on Aging

Senator Jan Hochadel, Co-Chair
Representative Jane Garibay, Co-Chair
Senator Patricia Billie Miller, Vice-Chair
Representative Mary Fortier, Vice-Chair
Senator Lisa Seminara, Ranking Member
Representative Mitch Bolinsky, Ranking Member
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Representative Jay Case
Representative Michael DiGiovancarlo
Representative Marty Foncello
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Senator Rick Lopes
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Representative Farley Santos
Representative Tony Scott
Representative Dave Yaccarino

From: Members of the Homemaker Companion Task Force

Re: Homemaker Companion Task Force

In accordance with Special Act 22-12: An Act Concerning A Study Of Homemaker-Companion Agency Issues, we hereby submit to the joint standing committee of the General Assembly having cognizance of matters related to aging, the final report of the Homemaker Companion Task Force. The task force hopes the Aging Committee will consider these recommendations during its deliberations in the 2023 legislative session.

Connecticut General Assembly

Report of the Homemaker Companion Task Force

Special Act 22-12: An Act Concerning A Study Of Homemaker-Companion Agency Issues

Submitted: January 9, 2023

Task Force Membership

Mark McGoldrick (Co-Chair, Owner of Comfort Keepers and Chair of the CT Chapter of the Home Care Association of America), Appointed by Speaker of the House Matt Ritter

Anne Foley (Co-Chair, former Undersecretary to the Office of Policy and Management), Appointed by Senate Majority Leader Bob Duff

Tracy Wodatch (Pres/CEO of the CT Association for Healthcare at Home), Appointed by House Majority Leader Jason Rojas

Michael Savoie (Owner, Executive Home Care), Appointed by Senate Minority Leader Kevin Kelly

Chris Wanner (Daughter of parents receiving Home Care), Appointed by Speaker of the House Matt Ritter

Sheldon Toubman (Litigation Attorney at Disability Rights CT, longtime Medicaid advocate), Appointed by Aging Committee Co-Chair Jane Garibay

Anna Doroghazi (Policy and Outreach Director, AARP), Appointed by Aging Committee Co-Chair Patricia Billie Miller

Lewis Bower (Owner, Keep Me Home Care and Companions), Appointed by Senate President Pro Tempore Martin Looney

Christy Kovel (Director of Public Policy, Alzheimer's Association CT Chapter), Appointed by Senate President Pro Tempore Martin Looney

Maria Cerino (Owner, Seniors Helping Seniors), Appointed by House Minority Leader Vincent Candelora

Leslie O'Brien (Legislative Program Director, Department of Consumer Protection), Designated in Act

Mairead Painter (State Long-term Care Ombudsman and Co-Chair of both the Elder Justice Coalition and the Right Size Rebalancing Steering Committee), Designated in Act

Administrative Staff:

Cameron Clarke, Aging Committee

This report is dedicated in honor and memory of Mark McGoldrick,

co-chair of this task force until his untimely passing on December 13,

with gratitude from task force members for his vision and steadfast leadership

in our efforts to enhance the experience of in-home support services for all Connecticut residents.

INTRODUCTION TO REPORT BY HOMEMAKER-COMPANION TASK FORCE

In its 2022 session, the Connecticut General Assembly passed Special Act No. 22-12 (available at AN ACT CONCERNING A STUDY OF HOMEMAKER-COMPANION AGENCY ISSUES), which established a 12-member task force to study issues related to Homemaker-Companion Agencies (HCAs), as defined in Conn. Gen. Stat. § 20-670. The current definitions of the services provided by these agencies are:

- *Companion Services* – "nonmedical, basic supervision services to ensure the well-being and safety of a person in such person's home"
- *Homemaker services* – "nonmedical, supportive services that ensure a safe and healthy environment for a person in such person's home, such services to include assistance with personal hygiene, cooking, household cleaning, laundry and other household chores."

The task force's creation was due largely to reports of problems with quality and lack of oversight of HCAs despite the statutory registration and light regulatory scheme through the Department of Consumer Protection (DCP) in Conn. Gen. Stat. §§ 20-670 through 20-679b, and DCP Regulations of Connecticut State Agencies §§ 20-670-1 through 4 (available at eRegulations: Chapter 400o Homemaker-Companion Agencies). In some cases, there have been allegations of neglect, and even abuse, of vulnerable individuals by providers working for these agencies, lack of supervision of these providers by the employing agencies and lack of timely response to complaints filed with the regulatory agency. More generally, there have been concerns raised regarding lack of training of providers and with advertising by the agencies (concerns both that some HCAs may be misleading consumers and, from the industry perspective, that HCAs are not allowed to mention relevant training of their staff). There has also been significant confusion among clients and family members about which state agency is responsible for regulating which kinds of entities providing care or services in the home, which also include home health care agencies and other entities.

Lastly, as developed further in the meetings of the task force and through the testimony at its one public hearing, there has been an about 137% expansion of the number of HCAs over the past 10 years (from 380 to over 900), while there has been no increase in state regulatory staff overseeing these agencies. With this data, the task force concluded that the state agency is significantly challenged to provide oversight of the HCA industry within existing resources.

The Task Force was charged with looking at issues under Special Act 22-12 which included, but were not limited to:

(1) Whether any changes are necessary in qualification and registration criteria for such agencies,

(2) the system for resolving complaints about such agencies and whether such system is adequate,

(3) training and recruitment methods of such agencies and whether any changes are needed in such methods,

(4) public awareness and education strategies that may be needed to ensure clients can locate and choose agencies providing quality services,

(5) services such agencies are authorized to provide, services such agencies advertise and whether additional limitations are needed on services such agencies may advertise, and

(6) best practices nation-wide to ensure quality services by such agencies

The task force looked at the means by which both DCP in Connecticut and other states regulate these entities, and also how other Connecticut state agencies regulate related entities, like home health care agencies. We looked at the scheme for regulating these related agencies by the Department of Public Health (DPH) under Section 19a-490 of the Connecticut General Statutes. DPH staff also presented to the task force on the workings of their regulatory scheme and oversight, as well as on issues with inadequate resources for that agency in conducting its existing regulatory activities. A public hearing also was held which provided invaluable insight into the consumer experience with these agencies.

The governing legislation provides that the task force is to produce a report on its findings and recommendations by January 1, 2023 and thereafter the task force shall terminate. Sadly, on December 13, 2022, in the middle of the work of developing recommendations and this report, the co-chair Mark McGoldrick passed away unexpectedly. In light of this tragic development, the deadline for submission has been extended by agreement with the Aging Committee.

MEETING PROCEEDINGS AND PRESENTATIONS

The Task Force met six times in 2022 and once in 2023 on the following dates: September 30th, October 21st, November 4th and 18th, and December 2nd and 16th, and January 9th. All agendas, minutes, presentations and testimonies can be found on the Aging Committee webpage for the Homemaker-Companion Task Force (Homemaker-Companion Task Force).

The following summarizes the meetings and process. The initial meeting on September 30th served primarily as the introductory meeting for members to highlight their expertise and reasons for being appointed to the Task Force. Co-Chairs Anne Foley and Mark McGoldrick highlighted the charge of the Task Force along with expected timelines, outcome recommendations and plans for future meetings. Senator Miller, sponsor of the bill creating the task force, reinforced the importance of the Task Force's assignment, asking them to focus

on the needs of those requiring home and community-based services or care through HCAs to ensure their health and welfare.

On October 21st, both DCP and DPH offered presentations to inform the Task Force of current oversight, regulations, staffing, and concerns, both for HCAs regulated by DCP and related entities regulated by DPH.

- **DCP Presentation** (Homemaker Companion Agencies: Regulation and Compliance) by Leslie O'Brien and her colleagues at DCP, Pamela Brown and Wendy McWade, included:
  - Definitions of HCAs, homemakers, companions, employees and registries along with examples of services provided;
  - The registration requirements for HCAs including a $375 registration and annual renewal fee, State and National Criminal History Record Check, and need to maintain a $10,000 surety bond or insurance.
  - New legislation regarding such registration including:
    - Tightened background check requirements;
    - Prohibition of HCAs from hiring employees with certain past criminal convictions;
    - Prohibition of HCA owners or employees from acting as power of attorney for clients;
    - Prohibition of non-compete clauses and no hire provisions; and
    - Required HCA Registries to provide certain disclosures, including notification that clients are responsible for tax documentation and payments.
  - Legislation NOT enacted:
    - Would have prohibited HCAs from using words that suggest health services in their names (DCP proposal); and
    - Would have required HCA employees to get trained and register with DCP.
  - The significant rise in HCAs in CT (380 in 2012 to 903 in 2022, an about 137% increase), and the lack of equivalent increase in DCP's HCA regulatory staff. DCP has just two full-time investigators for HCAs (the same number as they had in 2012).
    - With limited staff, DCP is able to perform about four audits of HCAs per week (with current staff that equals roughly 200 agencies per year)
  - DCP created Consumer Education materials available on their website via A Consumer's Guide to Homemaker-Companion Agencies which is available in six different languages.
  - The complaint and investigation process:
    - Complaints must be in writing and can be filed online at https://portal.ct.gov/dcp

        - DCP receives complaints from clients, family members, employees, state agencies and other HCAs
        - Total complaints since 2021: 49 primarily focused on business conduct, not health and safety issues
        - Once complaint received, it's assigned to an investigator who through research and interview will ultimately do one of the following:
            - Refer to DCP Legal Division for further action;
            - Refer to Law Enforcement or other State Agencies;
            - Bring HCA into compliance; or
            - Come to a Settlement Agreement or Hearing with possible Monetary Penalties.
    - Lastly, Advertising Guidelines were created by DCP and are posted on their website: Advertising Guidelines for HCAs
    - Relevant demographic data provided by DCP in their presentation has been included in Appendix C of this report.
    - A sample job description of for a DCP Special Investigator appears in Appendix E of this report.

- **DPH Presentation** (DPH Presentation to Homemaker Companion Task Force) by DPH Facility Licensing & Investigations Section (FLIS) staff Barbara Cass and Jill Kennedy included:
    - Home Health Care Agencies (HHAs) and Homemaker-Home Health Aide licensing requirements highlighting differences with HCAs.
        - HHAs are a medical model and provide medical skilled services under practitioner orders.
        - HHAs provide registered nurse (RN) oversight and supervision of the plan of care, and support services provided with a scheduled frequency.
    - Home health aides provide care to the patients such as reading and recording temperature, pulse and respiration, as well as assistance with activities of daily living such as bathing, transfers, fluid intake and nutrition. They are trained to recognize and required to report changes to the RN.
    - HHA care staff are required to have State and Federal background checks as an individual who provides direct patient care as defined and in accordance with Connecticut General Statutes Sec. 19a-491c.
    - Home Health Aide is an unlicensed person who has successfully completed a training and competency evaluation program for homemaker-home health aides approved by DPH.
    - Joint reviews/investigations between DCP and DPH have been conducted when there is the suggestion of an entity exceeding its authority/scope, such as an HCA which advertises nursing services.

- Review of other states licensing of HCAs:
  - 14 states do not license or have oversight over HCAs, but these 14 do require their HHAs to be certified by CMS under conditions of participation (regulations)—includes VT and MA.
  - Of other states reviewed, many have a tiered licensing program under their Department of Health —for example, Class A is Home Health Care Agency and Class B is Home Care Agency.
  - Most states refer to the Class B level as Home Care; whereas, Connecticut refers to it as Homemaker-Companion Agency.
    - Most Home Care agencies are required to have an executive director (ED) or other “qualified individual” with a minimum of one year experience to own/be ED of the business
    - Fees range from $800 to $2,000
- Due to significant retirements in 2022, 48% of the DPH FLIS staff has been depleted—they are actively hiring to fill positions but don’t have enough currently to manage the 2,000 facilities across the continuum. Therefore, DPH would not be able to currently oversee HCAs without added staff and training.

Public Hearing: On November 4th, the HCA Task Force held a public hearing during their regularly scheduled meeting. In total, 17 written pieces of testimony were submitted from a mix of providers, provider associations, advocates and consumers. Of the 17, there were six who publicly testified (again, a mix of providers and consumers). The Task Force heard a variety of concerns and recommendations addressing the categories identified in Special Act 22-12 which are listed below.

ISSUES AND CONCERNS PRESENTED TO TASK FORCE

Based on both the DCP and DPH presentations, the pieces of testimony provided during the public hearing process, and the discussions at the remaining Task Force meetings, the Task Force created an issues and concerns list categorized via the six areas outlined in Special Act 22-12. They then created recommendations based on these issues and concerns that were vetted through several of the final meetings of the task force.

DCP has indicated the need for additional resources for any Task Force recommendations that expand DCP’s regulatory oversight or HCA scope of services. The need for additional resources

to conduct and strengthen regulatory oversight in this industry is a challenge that the Task Force recognized and supported. In addition, DPH currently does not have the staff to regulate the current number of HCAs in Connecticut should regulatory oversight be transferred to DPH.

Additional information gathered from other states and their processes to regulate or oversee this level of services is included in Appendix D to this report, entitled "Supplemental Background Information Addressing Home Care/Homemaker-Companion Agencies." The service categories used in other states as outlined in the materials do not necessarily align with the terms in use in Connecticut, and the task force does not endorse anything in these materials, but they are provided for informational purposes.

In Appendix A is the list of salient issues and concerns by category, as raised by at least one witness at the public hearing and considered by the task force.

RECOMMENDATIONS

Green highlighted recommendations would require allocation of resources.

Existing system must be adequately resourced

Qualification and Registration Criteria

- Enhance Stringency of Registration Process
  - Ensure HCAs are performing required background checks by requiring signed affidavit upon initial application or renewal
  - Study whether time-in/time-out tracking would be appropriate

- Expand Permitted Services
  - Clarify the scope of services permitted to include non-medical personal care assistance with activities of daily living., including medication reminders, transfers and ambulation, bathing, etc.
  - Rename Homemaker Companion Agencies to Non-Medical Home Care (or Service) Agencies to better reflect the nature of the business. *DCP opposes any name change that includes the word "care".*
  - Personal Care Assistant (PCA) role should be clearly defined

- Require enhanced monitoring of caregivers by HCA.
  - HCA oversight staff should be required to visit client more frequently

  - The service agreement must include a person-centered plan of care and services with expectations regarding visits, team meetings, or check-ins, developed with the client/client representative

- Provide state oversight of quality of services.
  - Enhance regulatory resources for state agency oversight (see Appendix B)
  - Fully fund the Community Ombudsman program in the Department of Aging and Disability Services.
  - State should conduct more frequent unannounced compliance audits (prioritizing background checks)

- Daily notes should be written down and available for review by state and consumers.

- State should develop and make available a model service agreement

Complaint Resolution

- Complaints should receive an immediate acknowledgement and timely resolution.
  - Additional resources are necessary (See Appendix B). DCP has only two investigators to handle a caseload of over 900 HCAs. They currently do not have a computer system to give them the ability to quickly and easily generate reports regarding the quantity of complaints and dispositions of such cases. The state investigative unit should be properly resourced for it to be effective and coherent in its mission of ensuring quality and protecting health and wellness.
  - The state agency should report to committees on cognizance regarding resolution of complaints

- Statutes should require revocation of certification in certain instances.
  - Statute should not permit sanctions, but require sanctions, including revocation of certification, for HCAs that violate certain regulations.
  - Establish a robust enforcement process with findings, plan of correction, receivership, etc., for which revocation could be approached. This would require a more thorough review of DSS and DPH receivership models.
  - Revocation of certification should be mandatory under certain circumstances, such as repeat offenders.

- Clarify complaint process for consumers.
  - A direct pathway, such as mediation, to resolve issues between clients and HCAs should be established.
  - State should produce and distribute guidelines that detail process for victims, for example https://portal.ct.gov/DCP/Education-and-Outreach/Education/A-Consumers-Guide-To-Homemaker-Companion-Agencies, including the elder

justice hotline at Attorney General's Office and protective services for elderly at Department of Social Services

Training and Recruitment of Homemakers and Companions

- Training of employees should be required and uniform.
    - Training employees should be mandatory. Require HCA employees to get trained and receive certification for homemaker services and companion services.
    - The state should provide a uniform HCA training program.
    - HCAs should assure clients that their homemaker-companion's training and experience level is suited to meet the client's needs.
    - Additional training (aside from aforementioned HCA training) for PCAs should be required and uniform
    - Training should incorporate education on providing non-medical services to persons with memory loss

- Optional additional training to provide non-medical services to individuals experiencing memory loss or cognitive impairment.
    - Recognize HCAs willing to be trained and certified in strategies that lead to higher quality of care for dementia clients.
    - The state should develop standards for training and certification for homemaker companions to voluntarily adopt. The Alzheimer's Association and the state could determine the length, cost, and content of training.
    - The state should develop a new standard of certification for homemaker companions to be able to distinguish that they have experience working with individuals with significant cognitive impairment.

Public Awareness and Education Strategies

- Enhance information for consumers.
    - Enhance transparency; clearly and concisely describe the services available.
    - Update the state website
    - Require HCAs to have websites, including consumer brochure
    - Re-create a consumer brochure (original from 2012) which clarified the provider types, roles, agencies, more consumer-friendly

Advertising

- Strengthen advertising guidelines and state interpretation of advertising.

  - Prohibit HCAs from using words that suggest health services in their names (DCP proposal). During last legislative session, the Aging Committee raised SB 267 AA Prohibiting HCAs from Advertising Provision of Health and Medical Services and Expanding Penalties for Violations of Conditions for Authorized Operation. This bill prohibited confusing advertising which implied health and medical services and added a fine.
  - Fines imposed for violating advertising regulations (after corrective action process has been implemented)

- Address the new DCP guidelines prohibiting advertising of any type of memory, Alzheimer's or dementia care.
  - Clarify what can be stated in HCA advertising
  - Improve understanding and compliance of new requirements
  - Allow ads to say employees are trained.

Best Practices Nationwide

  - DCP's oversight of HCAs should be transferred to DPH. The two agencies should develop a transition plan with input from the industry including fiscal plan of necessary resources to transfer the authorities, expertise, and staff to provide more uniform enforcement to these similarly situated subject matter areas.

  - DPH should receive more resources to hire more staff investigators to handle the caseload associated with over 900 HCAs

  - DPH should regulate non-medical homemaker companion agencies as a new type of service, in the manner it regulates other entities.

The task force particularly prioritizes the following recommendations:

- Transition oversight of Homemaker Companion Agencies from DCP to DPH

- Adequate resources provided for the existing system

- Adopt stricter registration processes and requirements

ISSUES RAISED (APPENDIX A)

Please note that any recommendations identified below do not reflect recommendations of the Homemaker Companion Task Force but rather an attempt to capture and categorize suggestions made to the task force through oral and written testimony.

Confusion about Connecticut's Homecare Industry

- Confusion regarding oversight. The Department of Consumer Protection (DCP) currently regulates homemaker companion agencies (HCAs), but the Department of Public Health (DPH) has oversight over health care agencies and service providers through their Facilities Licensing and Investigations Section (FLIS).
  - DCP's oversight of HCAs should be transferred to DPH. The two agencies should develop a transition plan to transfer the authorities, expertise, and staff to provide more uniform enforcement to these similarly situated subject matter areas.
  - DPH should receive more resources to hire more staff investigators to handle the caseload associated with over 900 HCAs.

- Lack of clarity regarding services that can be provided under existing statute. Confusion regarding scope of authority for home health aides, certified nurse aides, personal care attendants/assistants, and homemaker companion? *Even in the testimony received, responders referred to personal care functions such as feeding, bathing, dressing, and toileting*.
  - DPH should regulate homemaker companion as they do the other services
  - Statutes regulating HCAs should be reevaluated to potentially expand the scope of services provided to include services such as personal care. Would allowing HCAs to render personal care services change the non-medical nature of their services?
  - Allow PCAs in HCAs

- Lack of information for consumer.
  - There should be a quality rating system by the state of each agency
  - Enhance transparency; clearly and concisely describe the services available.

Quality of Services

- A number of client experiences were shared regarding homemakers or companions who failed to provide quality care. Experiences included a homemaker or companion who fell asleep as the client died, lack of a care plan, care plan containing notes on wrong client, homemakers or companions showing up late, no substitute homemakers or companions provided, disgruntled employees, substitutes not being informed regarding responsibilities, care plan not being followed, clients gotten out of bed late, clients not supervised, homemakers washing their clothes and linens using client's washer, sexually

inappropriate behavior, empty beer bottles, HCAs unresponsiveness to complaints, unskilled and incompetent homemakers and companions, abusive yelling, stolen or destroyed personal property, refusal to speak or interact, display of hostile temperament toward medical professionals, failure to react during cardiac arrest, robbery, abuse, and financial exploitation. One particular HCA was mentioned multiple times.

- Lack of monitoring staff by HCA. HCA oversight staff are required to visit client once every six months? HCAs are not required to meet their homemakers or companions in person?
  - HCAs should be required to meet their homemakers and companions in person to determine their temperament, personality, and communication skills.
  - HCAs should be required to tell the homemaker or companion about the client's needs.
  - HCAs should assure clients that their homemaker or companion's training and experience level is suited to meet the client's needs.

- Lack of assurance regarding quality of services.
  - The state should fully fund the Community Ombudsman program to have sufficient staff to pursue its mission and ensure quality services in the home care field. In 2022, HB 5227 AA Establishing the Community Ombudsman Program for Home Care called for the appointment of a Community Ombudsman supervisor and up to 12 regional community ombudsman and 2 administrative staff. The language was passed in Section 243 of PA 22-118 but was amended in Section 7 of PA 22-146 leaving the program to be complete within available appropriations. Ultimately, a single Community Ombudsman Supervisor was authorized to be hired in the state Long-Term Care Ombudsman Program. The supervisor will need a full team of regional community ombudsmen to be able to meaningfully complete the duties of the program.
  - Rating system by the state of each agency and employee
  - Enhance regulatory resources

- Are agencies performing required background checks? One piece of testimony noted a known felon who had recent multiple arrests was sent as a homemaker or companion.
  - Require signed affidavit to ensure agencies are performing these checks.

- Employees' observations should be written down and available for review by state and consumers

Complaint Resolution

- System needs to provide for an immediate response and resolution of the complaint. Clients are waiting a long time for resolution.

- Additional resources are necessary. DCP has only two investigators to handle a caseload of over 900 HCAs. They currently do not have a computer system to give them the ability to quickly and easily generate reports regarding the quantity of complaints and dispositions of such cases. Since 2021, there have been 49 reported complaints. Each case must be manually reviewed for reporting purposes. The investigative unit (whether housed at DCP or DPH) should be properly resourced for it to be effective and coherent in its mission of ensuring quality and protecting health and wellness.

- DCP does not exercise permissive authority to revoke registration of HCAs.
  - Language in DCP statute should not be permissive, but required
  - DCP should shut down (remove registration) agencies that are violators.
  - Revocation of registration should be mandatory under certain circumstances.

- Very few clients recognize DCP as the department of cognizance for appeals, complaints or issues related to HCAs. DSS plays a significant role in credentialing providers for Medicaid waivers which adds to the confusion with another agency's perceived authority to seek resolution for a complaint. Lines of jurisdiction and coordination are not clear for each state agency involved.
  - How to file a complaint should be part of every HCA contract.

- Complexity can be overwhelming and many victims are embarrassed to come forward
  - A direct pathway to resolve issues between clients and HCAs should be established.
  - Guidelines available for someone who is a victim? Elder justice hotline at AGs.
  - Complaints should go to protective services for the elderly at DSS. HCA and employees should be mandatory reporters to DSS.

Training of Homemakers and Companions

- Training is not required and not uniform. Unlike home health aides (HHAs) and certified nurses aides (CNAs), Connecticut law does not provide standards or require training for homemakers or companions. Anyone who meets the background check requirements can be hired and placed in the home of older adults and individuals with disabilities without experience, training or supervision.
  - Training employees should be mandatory. Require HCA employees to get trained and registered with the state.
  - The state should provide a uniform HCA training program.
  - HCAs should be required to direct the homemaker or companion to respect, be amenable to and adhere to the training provided by the client or the client’s family.
  - Homemakers and companions should be trained by the HCA in performing "Western" standards of personal hygiene, basic understanding of movement

disorders and responsiveness to coughing and choking, and the importance of communicating with the client.

- Memory care. Not medical care but homemaker companion services for individuals with memory loss or dementia-related diagnoses.
  - Recognize HCAs willing to be trained and certified in strategies that lead to higher quality of care for dementia clients.
  - The state should develop standards for training and certification for homemaker companions to voluntarily adopt. The Alzheimer's Association and DPH could determine the length, cost, and content of training. Over 35% of clients in the Medicaid waiver have a diagnosis that includes dementia; training could support state rebalancing efforts and enhance quality care.
  - The state should develop a new standard of certification for homemaker companions to be able to distinguish that they have experience working with individuals with significant cognitive impairment.

Public Awareness and Education Strategies

- Lack of information for consumer.
  - There should be a quality rating system by the state of each agency
  - Enhance transparency; clearly and concisely describe the services available.

Advertising

- Confusion distinguishing non-medical homemaker companion services from health and medical services. Advertising guidelines or DCP interpretation of advertising is too lax.
  - Prohibit HCAs from using words that suggest health services in their names (DCP proposal). During last legislative session, the Aging Committee raised SB 267 AA Prohibiting HCAs from Advertising Provision of Health and Medical Services and Expanding Penalties for Violations of Conditions for Authorized Operation. This bill prohibited confusing advertising which implied health and medical services and added a fine.
  - Do not allow advertising for PCAs

- Memory care. Earlier this year, DCP adopted advertising guidelines prohibiting advertising any type of memory, Alzheimer's or dementia care. The Home Care Association of America Connecticut had only a limited opportunity to comment on the guidelines.
  - Clarify what can be stated in HCA advertising
  - Improve understanding and compliance of new requirements
  - Allow ads to say caregivers are trained.

DCP FISCAL NOTE (APPENDIX B)

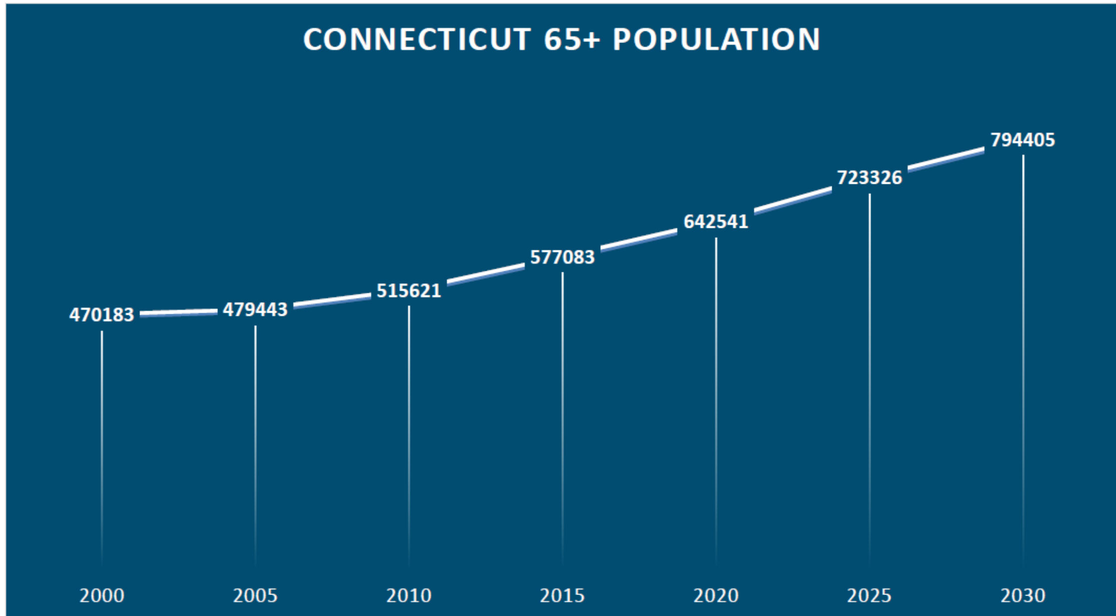
	Fiscal Note - HCA Legal Div Proposed 010423				**FY24**	**Fringe Benefits (95%)**	**Totals**		
			FY23						
	Salary		**Biweekly**	**# of**		-			
Account	**Group**	**Classification**	**Salary Rate**	**Positions**			-		
							-		
50110	AR25	Supervising Special Investigator (7770AR)	$3,138.70	1	$ 85,126	$ 80,870	$ 165,996		**Added AI & COLA increases as per union contracts**
50110	AR21	Special Investigator (General) (7804AR)	$2,653.30	6	$ 431,769	$ 410,180	$ 841,949		
50110	CL16	Secretary 2 (7539CL)	$2,014.76	1	$ 54,643	$ 51,911	$ 106,554		
50110	PS04	Inspection Aide (4879PS)	$1,711.12	1	$ 46,408	$ 44,088	$ 90,496		
50110	MP64	State Program Manager (4799MP)	$3,599.16	1	$ 97,615	$ 92,734	$ 190,349		
50110	AR28	Staff Attorney 2 (0088AR)	$3,631.08	1	$ 98,480	$ 93,556	$ 192,037		
50110	AR22	Paralegal Specialist (6142AR)	$2,725.94	1	$ 73,932	$ 70,235	$ 144,167		
50110	VR99	Durational Project Manager 6-months (0415VR)	$6,095.50	1	$ 74,975	$ -	$ 74,975		
				13	**$ 962,948**	**$ 914,800**	**$ 1,877,748**	**PS Total**	
		Other Expenses & Equipment	**Monthly Rate**						
54153		Laptop/Computer/iPad - wifi enabled	$2,000	13	$ 26,000		$ -		
53820		Cell Phone (7 @ $50.05/mo)	$350	12	$ 4,203		$ 4,203		
53011		State Vehicle Rental - 7 vehicle @ $404/mo	$2,828	12	$ 33,936		$ 33,936		
53020		Gasoline (est. 48 gals @$3 per gal/month)	$1,008	12	$ 12,096		$ 12,096		
54060		Miscellaneous Office Supplies	$200	13	$ 2,600		$ 2,600		
50750		Training (10 @ $1000.00 /yr)	$1,000	10	$ 10,000		$ 10,000		
53820		TEAMS Phone Line (External Svc 5 @ $34/mo)	$170	12	$ 2,040		$ 2,040		
					$ 90,875		**$ 64,875**	**OE Total**	
					$ 1,053,823		**$ 1,942,623**	**Grand Total**	

	Fiscal Note - Special Investigator(s)					**FY24**	**Fringe Benefits (95%)**	**Totals**		
			FY23							
	Salary		**Biweekly**	**# of**			**-**			
Account	**Group**	**Classification**	**Salary Rate**	**Positions**				**-**		
								-		
										Added AI & COLA increases as per union contracts
50110	AR21	Special Investigator (General) (7804AR)	$2,653.30	1		$ 71,961	$ 68,363	$ 140,325		
				1		**$ 71,961**	**$ 68,363**	**$ 140,325**	**PS Total**	
		Other Expenses & Equipment	**Monthly Rate**							
54153		Laptop/Computer/iPad - wifi enabled	$2,000	1		$ 2,000		$ -		
53820		Cell Phone (1 @ $50.05/mo)	$51	12		$ 606		$ 606		
53011		State Vehicle Rental - 1 vehicle @ $404/mo	$404	12		$ 4,848		$ 4,848		
53020		Gasoline (est. 48 gals @$3 per gal/month)	$144	12		$ 1,728		$ 1,728		
54060		Miscellaneous Office Supplies	$200	1		$ 200		$ 200		
						$ 9,382		**$ 7,382**	**OE Total**	
						$ 81,343		**$ 147,707**	**Grand Total**	

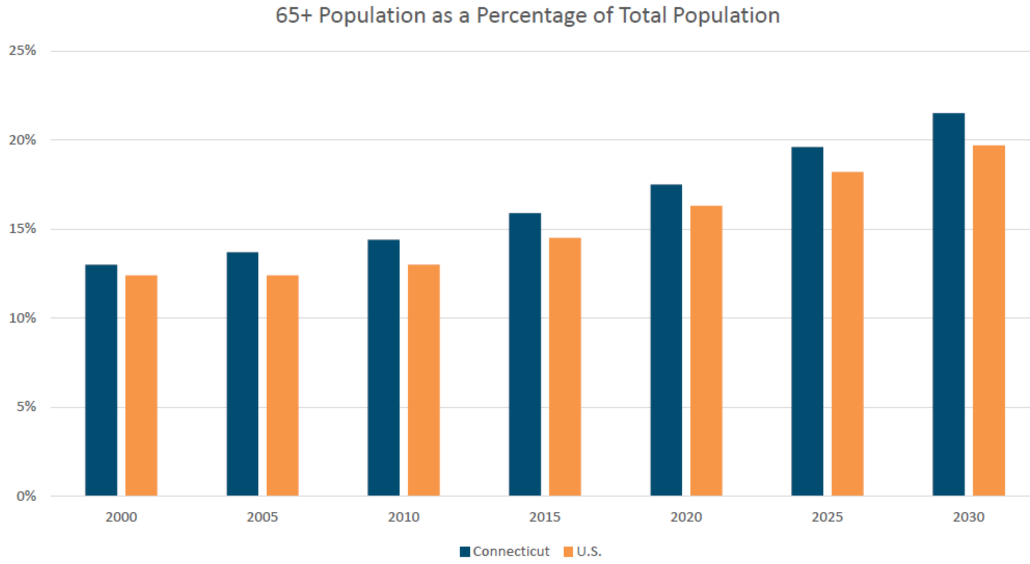
	Fiscal Note - HCA Legal Div Proposed for Recommendation				**FY24**	**Fringe Benefits (95%)**	**Totals**		
			FY23						
	Salary		**Biweekly**	**# of**		**-**			
<u>Account</u>	**<u>Group</u>**	**<u>Classification</u>**	**<u>Salary Rate</u>**	**<u>Positions</u>**			**-**		
							-		
									Added AI & COLA increases as per union contracts
50110	AR21	Special Investigator (General) (7804AR)	$2,653.30	6	$ 431,769	$ 410,180	$ 841,949		
				6	**$ 431,769**	**$ 410,180**	**$ 841,949**	**PS Total**	
		<u>Other Expenses & Equipment</u>	**<u>Monthly Rate</u>**						
54153		Laptop/Computer/iPad - wifi enabled	$2,000	6	$ 12,000		$ -		
53820		Cell Phone (6 @ $50.05/mo)	$300	12	$ 3,604		$ 3,604		
53011		State Vehicle Rental - 6 vehicle @ $404/mo	$2,424	12	$ 29,088		$ 29,088		
53020		Gasoline (est. 48 gals @$3 per gal/month)	$864	12	$ 10,368		$ 10,368		
54060		Miscellaneous Office Supplies	$200	6	$ 1,200		$ 1,200		
					$ 56,260		**$ 44,260**	**OE Total**	
					$ 488,028		**$ 886,209**	**Grand Total**	

DEMOGRAPHIC DATA PROVIDED BY DCP (APPENDIX C)

Connecticut's Aging Population



Connecticut's Aging Population



SUPPLEMENTAL BACKGROUND INFORMATION ADDRESSING HOME CARE/HOMEMAKER-COMPANION AGENCIES (APPENDIX D)

Home Care Alliance of Massachusetts: Home Care Agency Accreditation

- This document outlines a voluntary accreditation process in Massachusetts for their Private Care Agencies which are not licensed. The Alliance created this accreditation as an option for agencies to be acknowledged as a quality provider meeting 15 established standards. The process has been in place since 2010. While there are approximately 400 private care agencies in MA, there are about 100 accredited through this process.

HCAOA: State of Home Care Industry at a Crossroads, January 2022

- This is a current report outlining the state of home care across the country with data points and charts. Of particular interest is a map of the US showing which states have licensure/regulations for home care. There is also the chart below outlining the differences between home care, home health and hospice:

Differentiating Home Care

In America, there are three types of care consumers can receive in their homes: home care, home health and hospice. Even among doctors and discharge planners, home care is often confused with home health or hospice care, but it is typically provided before these services are needed or after an acute care incident, injury or a chronic disease diagnosis to monitor conditions so older adults and individuals with disabilities can remain at home as they age. Home care services do not require referrals from health care professionals; they are sometimes referred by hospitals and more often sought by families when taking care of an ill or aging loved one who requires additional assistance from a trained caregiver.

Home-Based Care

	Home Care	Home Health	Hospice
WHAT TYPE OF CARE?	• Long-term, continuous care • Assistance with activities of daily living (such as bathing, dressing, medication reminders, etc.); • Care for people with chronic conditions	• Brief and intermittent care, "episodic" • Medical care provided in a patient's home, such as nursing, therapy, wound care	• End-of-life care • Palliative care
WHO DECIDES?	• Individuals and families • No homebound requirement or physician order requirement	• Health care professionals • Must be homebound • Physician order and plan of care required	• Health care professionals • Prognosis of six months or less required to qualify
WHO PROVIDES?	• In states where home care is licensed, professional caregivers are vetted, trained, and insured by home care agencies	• Health care professionals including home health aides, registered nurses, physical, occupational, and speech therapists, social workers	• Hospice nurses, social workers and hospice aides
WHO PAYS?	• Individuals and families (primarily) • Private insurance • Medicaid • VA • Medicare Advantage	• Medicare • Medicaid	• Medicare • Medicaid • VA

EXAMPLE JOB DESCRIPTION FOR DCP SPECIAL INVESTIGATOR (APPENDIX E)

DCP JOB OPPORTUNITY

CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Special Investigator (General)

Recruitment #220120-7804AR-001

DCP is seeking a qualified individual for the position of Special Investigator within the Gaming Division.

Roles and Responsibilities:

The Special Investigator will report directly to the Director of the Gaming Division to support all aspects of programmatic efforts including, but not limited to, conducting investigations of licensee complaints in concert with division criminal investigators, assembling investigative reports for DCP legal hearings, supporting,

and conducting internal and external liaison with other DCP Gaming and agency employees, industry stakeholders, licensees, the general public, and others. Will also conduct special investigations such as contact tracing, overtime/standby irregularities, other forms of internal waste, fraud and abuse and any additional duties assigned by the Director of Gaming.

This position requires investigating breaches of license by licensee, breaches of regulation and breaches in legislation that may lead to denial or revocation of licensure or other consequences.
The Special Investigator will manage their own caseload, perform administrative support duties, as well as working as part of a team, you will conduct interviews with witnesses and suspects, gather information and evidence and collate and analyze material.

Position Details:

This is a full time, 40 hours per week, Monday through Friday.

More Information Can Be Found Here.