



TESTIMONY BEFORE THE LABOR AND PUBLIC EMPLOYEES COMMITTEE

SB 330 AAC THE EMPLOYERS OF INDIVIDUALS PROVIDING
HOMEMAKER SERVICES, COMPANION SERVICES AND HOMEMAKER-HOME
HEALTH AIDE SERVICES.

March 8, 2012

Senator Prague, Representative Zalaski and members of the Labor and Public Employees Committee, my name is Tracy Wodatch and I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Home Care & Hospice (CAHCH). I am also a Registered Nurse with nearly 30 years of experience in both the institutional setting as well as home care. Our member agencies enable chronically ill and disabled individuals to receive cost-effective healthcare in the comfort of their own homes – the setting that they, and their family members, prefer most.

My testimony addresses SB 330 An Act Concerning the Employers of Individuals Providing Homemaker Services, Companion Services and Homemaker-Home Health Aide Services—CAHCH opposes this bill as written and asks that you consider the current trends in the direct care needs of consumers of such services in the community.

Connecticut is changing its culture and philosophy with respect to caring for its disabled and elderly residents requiring long term services. The Money Follows the Person (MFP) initiative primarily concerned with Medicaid dollars is a significant driver of this change and is intended to rebalance the long-term care system so that individuals have the maximum independence and freedom of choice in where they live and receive services.

In addition, there are over 50,000 direct care workers providing daily services and supports to these residents (PHI National 2011). The demand for paid direct care workers in CT is expected to grow by 23% between 2008 and 2018 (PHI National 2011). It is expected that these workers will be focused in community-based settings versus institutions.

This data supports the need for **available** direct care workers. Enacting SB 330 may negatively impact this accessible work force as well as consumer access to the variety of choices currently available. If the goal is “maximum independence and freedom of choice”, consumers should not have certain choices taken away from them. Effective 2011, home care registries must register with DCP and are required to disclose information pertaining to employee/employer responsibilities. This disclosure serves to educate the consumer toward making an informed choice. SB 330 would take away this

option from the consumer by forcing registries with independent contractors to pay for their taxes and worker's compensation. This will increase the price of the registries making them less affordable for the consumer.

Lastly, CAHCH along with the Home Health Legislative Work Group under the direction of Representative Betsy Ritter has recently released a brochure guiding consumers to make informed choices about their personal service needs. I have attached the grid that outlines and clarifies the types of providers as well as the types of services provided including consumer versus provider responsibilities. CAHCH supports consumer choice and hopes with proper information, the consumer will continue to have the options allowing them the freedom desired to live in the community.

Thank you for the opportunity to address your committee and please contact me with any questions, Wodatch@cahch.org .

Tracy Wodatch

Vice President of the CT Association of Home Care and Hospice

Types of In-Home Personal Services 2012

Category	I	II	III	IV	V	VI
	Personal Care Assistant (PCA)	Homemaker/ Companion	Personal Care Assistant (PCA)	Recovery Assistant (RA)	Personal Support	Home Health Aide (HHA)
	Registry (Dept of Consumer Protection DCP) Private Hire, or Self Pay	Department of Consumer Protection (DCP)	Medicaid Waivers Department of Social Services (DSS)	Medicaid Waivers Department of Social Services (DSS)	Medicaid Waivers Department of Developmental Services(DDS)	Department of Public Health (DPH)
Types of Services	Any duties necessary to promote independent living includes personal care, shopping, meal preparation, medication administration, wound care.	Homemaking, shopping, laundry, meal preparation	Physical assistance to help the consumer carry out activities of daily living like bathing, dressing and feeding; and/or instrumental activities of daily living including housework, shopping, paying bills.	Performing tasks if the individual is unable to perform, or assisting/cueing individual to perform: meal planning, shopping, housekeeping, family, social, and recreational activities; use of natural community supports, routine medical/dental services and supportive companionship	Assistance needed to meet the individual's day to day activity and daily living needs to ensure adequate support at home and in the community.	Hands on assistance with personal care, exercises, assist with medication self administration; any other task the RN chooses to have the aide perform as allowed by the regulations.
Background Checks	Required for Registry per new 2011 legislation Suggested for Private Hire or Self Pay	Required per new 2011 legislation	Required. Client may choose to hire PCA whose background check requires a waiver by signing a release of liability.	Required but DSS/DMHAS could refuse payment based on findings	Criminal Background Check and DDS Registry Check required	Required per new 2011 legislation-most agencies do. Medicare hospice requires 3 yrs.
Contract/Written Agreement	Suggested	Required between client and Homemaker/ Companion agency	Developed by access agency care manager, DSS Social Worker and individual	Developed by DMHAS Community Support Clinician and client as a Recovery Plan	Developed by DDS Case Manager and the individual's Support Team.	Developed by home health agency with client input and agreement. Physician orders are required for care.

Types of In-Home Personal Services 2012

Training	Client trains as needed and desired	Client trains as needed and desired	Client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Minimal qualifications are established by DSS and are consistent across DSS waiver programs.	Two day Recovery Assistant Training/ Certification-- Developed and delivered by the fiscal intermediary and DMHAS. Must pass exam with at least an 80%.	Prior to being alone with the client <ul style="list-style-type: none"> demonstrate knowledge of DDS policies and procedures; demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan Medication Administration-- if required 	Initial training/certification: 75 hours through state approved training program; trained by qualified nurse. Orientation: 10 hours orientation And completion of state Homemaker/HHA competency evaluation Annually: 12 hours per year Ongoing can be trained by licensed agency staff
Supervision	Supervised by Client	Supervised by Client	Fiscal intermediary provides initial orientation to program/Client orient and supervises PCA to the plan of care RN or Social Worker does in-person level of care review (Every 6 months for CHCPE, annually for other waivers)	Client/provider orient in home. Ongoing supervision by the licensed professional of the healing arts (LPHA), licensed clinical social worker (LCSW), registered nurse (RN), advanced practice registered nurse (APRN), licensed professional counselor(LPC), or licensed marriage and family therapist (LMFT)	Client or family orient Direct Hires are supervised by the individual or the employer of record. Agency-based hire—supervised by agency administrative staff	RN/LPN orient to the plan of care RN supervises the every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care
Complaint Process	Protective Services, DDS or DCP as applicable	HM/Comp agency and DCP, DDS as applicable	Access agency, DSS, or Protective Services; Fiscal Intermediary for fraud complaints	Fiscal Intermediary and /or DMHAS clinician as applicable	DDS, Resource Administration, Fiscal Intermediary, or Ombudsperson as applicable	DPH, Protective Services, DDS as applicable

Types of In-Home Personal Services 2012

Types of Resources for In-Home Assistance

Licensed Home Health Care Agency-CGS 19a-490(d): This agency is a full service agency that provides skilled services (nursing, therapy services and social work) as well as homemaker-home health aide services. These agencies may also provide specialty services such as hospice, behavioral health, and telemonitoring. Services may be paid for by Medicare, Medicaid, Private Insurance, or private pay. This agency holds a license with the State of Connecticut and is surveyed by the Department of Public Health. However, these agencies may choose to provide other non-licensed services, such as PCAs which are not regulated by DPH.

Licensed Homemaker/Home Health Aide Agency-CGS 19a-490 (e): This agency can provide services to the private pay population. This agency holds a license with the State of Connecticut and is surveyed by the Department of Public Health. They can provide companions, homemakers, home health aides and live in caregivers. Services may be paid for privately, by Medicaid and some long term care insurances.

Registered Companion Homemaker Agency-CGS 20-670: This agency is a registered business with the Department of Consumer Protection. Effective October 1, 2006 an agency that provides these services must be registered as an employer. This agency can provide personal care assistants, companions, homemakers, and live in caregivers to chronic and stable private pay or Medicaid clients.

Private Duty Registries: These are providers who act as referral sources or "matchmaking services" for private pay personal care. Services that may be provided are nursing, personal care assistants, companions and homemakers. The client may or may not be responsible for taxes and liability insurance, unemployment, social security, and workers compensation.

Privately Hired Caregivers- The client is the employer for these individuals who provide private pay personal care. The client is responsible to pay unemployment, social security, workers compensation, taxes and liability insurance.

Self-Directed Care: The client is the employer for these individuals, but utilizes a fiscal intermediary for payroll and all applicable taxes/insurances. The client may also choose to use an agency for case management services. These clients are serviced under Medicaid or Medicaid Waiver programs.