

*ASSOCIATION FOR CONNECTICUT HOME CARE AGENCIES
(Formerly Connecticut Homemaker & Companion Association)
P.O. Box 310824, Newington, CT 06131*

My name is Nancy Trawick-Smith and I am the President of Association for Connecticut Home Care Agencies (formerly the Connecticut Homemaker and Companion Association). I am also the Director of Community Companion and Homemaker Association, a non-profit home care agency in Willimantic. I am submitting the below testimony for the Legislative Program Review and Investigations Committee. The testimony specifically addresses the issue of Long Term Services and Supports in Home and Community Based Settings.

While the responsibility of the elderly falls increasingly on the shoulders of non-medical service providers (personal care attendants, homemaker, and companions) the need to raise the reimbursement rate for these services continues to be overlooked year after year. As rebalancing takes place we will need a large volume of capable non-medical home care workers to provide the daily care that individuals who are trying to remain in the community need. To attract workers to this field we cannot continue to make this an occupation that pays just a bit over minimum wage job. According to an article in September 18, 2016 New York Times, “jobs in the health care and social assistance sector ... are projected to grow nationally by 38% between 2012 and 2024... yet many health-related occupations are poorly paid.” The current reimbursement rate to home care agencies of companion service is \$14.68 per hour which is only 20% above the January 1, 2017 minimum wage when you take into consider payroll taxes, worker’s compensation etc. yet the companion is expected to monitor and supervise frail elderly individuals with dementia- individuals who often wander and are lost in their own homes, persons who have serious chronic diseases etc. They are expected to provide essential transportation to medical appointments with little or no mileage reimbursement. When an elderly individual transitions from the nursing home back to the community, that individual can conceivably need all day service seven days per week from a home care worker. This can involve scheduling as many as five different workers to cover those seven days a week of service. This is for only one individual. To truly rebalance we need to look seriously at how much we are reimbursing an hour of home care service. We cannot count on attracting capable home care workers with little or no raise in the reimbursement.

I want to thank the Program Review and Investigations Committee for agreeing to study this issue.

Nancy Trawick-Smith
President, Association for Connecticut Home Care Agencies
Director
Community Companion and Homemaking Services
nancytchs@snet.net
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