



The Commission on
Women, Children, Seniors, Equity & Opportunity

CWCSEO

Connecticut General Assembly

**Testimony of the Commission on Women, Children, Seniors, Equity & Opportunity
Presented to the Homemaker Companion Task Force
November 4, 2022**

Good afternoon Chair Foley, Chair McGoldrick, and other distinguished members of the Homemaker Companion Task Force; my name is Michael Werner. I am the Lead Aging Policy Analyst for the Commission on Women, Children, Seniors, Equity & Opportunity.

Our Commission wishes to express support for the following concepts and recommendations for your deliberation and consideration:

(1) The Department of Consumer Protection's oversight of Homemaker Companion Agencies should be transferred to the Department of Public Health.

- a. The Department of Consumer Protection currently oversees non-medical homemaker companion agencies.
- b. The Department of Public Health is the more appropriate agency for this role and already has oversight over Health Care Agencies and service providers through their Facilities Licensing and Investigations Section (FLIS).
- c. **DCP and DPH should develop a transition plan to transfer the authorities, expertise and staff to provide more uniform enforcement to these similarly situated subject matter areas.**

(2) Upon transitioning the jurisdiction from the Department of Consumer Protection, The Department of Public Health should receive more resources to hire more staff investigators to handle the caseload associated with over 900 Homemaker Companion Agencies.

- a. DCP has only 2 investigators to handle a caseload of over 900 homemaker companion agencies. 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.
- b. Since 2021, there have been 49 reported complaints. Each case must be manually reviewed for reporting purposes.
- c. **DPH should house this investigative unit and properly resource it to be effective and coherent in its mission of ensuring quality and protecting health and wellness.**



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- (3) **The State of Connecticut should develop a new standard of certification for non-medical homemaker companions to be able to distinguish that they have experience working with individuals with significant cognitive impairments, memory care diagnosis, and or Alzheimer and Dementia care.**
- a. During the last legislative session the Aging Committee raised [S.B. 267](#) *AN ACT PROHIBITING HOMEMAKER-COMPANION AGENCIES FROM ADVERTISING PROVISION OF HEALTH AND MEDICAL SERVICES AND EXPANDING PENALTIES FOR VIOLATIONS OF CONDITIONS FOR AUTHORIZED OPERATION.*
 - b. This bill prohibited confusing advertising for homemaker companion services, which wrongfully imply health and medical services, for work, which does not otherwise rise to that scope. The bill further added an up to \$1,000 fine per violation.
 - c. Our Commission heard constituent complaints about this issue and shares the desire to add clarity for consumer-employers, families and agencies alike to be able to distinguish whether non-medical homemaker companions can express that they have experience working with individuals with significant cognitive impairment, and or memory care diagnosis, and or Alzheimer's Disease and Related Dementias (ADRD).
 - d. **The State of Connecticut should develop standards for training and certification for non-medical homemaker companions to voluntarily adopt, in order to legally market and distinguish themselves. Organizations like the Alzheimer's Association and the Department of Public Health could work in conjunction to determine the length, cost, and content of these trainings, which could range in experience from handling individuals with significant cognitive impairment and or memory loss to diagnosed ADRD individuals who do not require medical supports. This distinguishment could help clarify and allow for improved marketing practices.**
- (4) **The State of Connecticut should fully fund the Community Ombudsman program to have sufficient staff to pursue its mission and ensure quality services in the home care field.**
- a. During the 2022 legislative session the Human Services Committee raised [HB 5227](#) *AN ACT ESTABLISHING THE COMMUNITY OMBUDSMAN PROGRAM FOR HOME CARE. The original language of the bill called for the appointment of a Community Ombudsman supervisor and up to twelve regional community ombudsman and two administrative staff members.*
 - b. The bill was consolidated into and passed through [H.B. No. 5506](#) into §243 of [Public Act 22-118](#) *AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED*



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TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE.

- c. The Community Ombudsman program was further refined by §7 of [Public Act 22-146](#) AN ACT CONCERNING ADDITIONAL ADJUSTMENTS TO THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, A COMMUNITY OMBUDSMAN PROGRAM, CERTAIN MUNICIPAL RELATED PROVISIONS, SCHOOL BUILDING PROJECT GRANTS AND HIGH-DEDUCTIBLE HEALTH PLANS, leaving the program to be completed within available appropriations.*
- d. **Ultimately a single Community Ombudsman Supervisor was authorized to be hired, to be administratively housed within the Department of Aging and Disability Services and the State Long-Term Care Ombudsman Program. This supervisor will need a full team of regional community ombudsmen to be able to meaningfully complete the duties of the program and address some of the underlying purposes and concerns of this task force.***

The Commission is willing to assist in any way the legislature deems appropriate. Thank you for this opportunity to testify.