

Act Number:	09-064	
Bill Number:	814	
Senate Pages:	1427-1429, 1479-1481, 2244, 2292-2294	10
House Pages:	3094-3099	6
Committee:	Aging: 311-312, 323-325, 363-367	10
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THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

And one final item at this point. Mr. President, calendar page 51, Calendar 356, Senate Bill 855, would move to place that item on the Consent Calendar.

THE CHAIR:

Motion is on consent. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Mr. Clerk.

THE CLERK:

Picking up where we left off, returning to calendar page 14. Calendar Number 328, File Number 422, Substitute for Senate Bill 814, An Act Concerning Personal Care Assistance Services Under the Connecticut Home Care Program for the Elderly, favorable report of the Committees Aging and Human Services. The Clerk is in possession of two amendments.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President. Mr. President, I move the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Acting on approval of the bill, ma'am, would you like to react further?

SENATOR PRAGUE:

I would.

THE CHAIR:

Please proceed.

SENATOR PRAGUE:

What this bill does is to put the services of the personal care attendants into the Connecticut Home Care Program. For some time now I have been trying to get these PCAs into both the Medicaid part of the state Home Care Program for Elders and into the state-funded part of our Home Care Program. PCAs are people who could be chosen by the patient, could be a friend, could be a neighbor, could be somebody that cares about them. This is a wonderful service and I am very happy to see this bill before the chamber.

The legislative intent, I also want to make it

clear that PCAs are also used for those who are disabled up to the age of 64. So all in all this will save the state some money, and I urge this chamber to adopt this.

THE CHAIR:

Thank you, Senator Prague.

The motion is on adoption, would anyone like to remark further?

If not --

Senator Prague.

SENATOR PRAGUE:

Mr. President, if there is no issue with this, I'd like to put it on the Consent Calendar.

THE CHAIR:

There's a motion on the floor for placing the item on consent. Seeing no objection, so ordered, ma'am.

SENATOR PRAGUE:

Thank you.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 16, Calendar Number 365, File Number 532, Senate Bill Number 384, An Act Promoting

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Agenda Number 3, Emergency Certified Bill 6716 and
House Bill -- correction, 6379.

Turning to the calendar, calendar page 2,
Calendar Number 475, Senate Resolution Number 19;
Calendar 476, Senate Resolution Number 20; Calendar
477, Senate Joint Resolution Number 74.

Calendar page 4, Calendar Number 139, Senate Bill
854.

Calendar page 6, Calendar 178, Senate Bill 873.

Calendar page 7, Calendar 194, Substitute for
Senate Bill 756.

Calendar page 8, Calendar 223, Substitute for
Senate Bill 46.

Calendar page 10, Calendar Number 240, House Bill
Number 6401.

Calendar page 12, Calendar Number 264, Substitute
for Senate Bill 1023.

Calendar page 14, Calendar 328, Substitute for
Senate Bill 814.

Calendar page 19, Calendar Number 400, House Bill
6351.

Calendar page 20, Calendar Number 402, Substitute
for House Bill 6193.

Calendar page 21, Calendar 408, House Bill 6322;

Calendar 409, Senate Bill 1013.

Calendar page 23, Calendar 423, Substitute for
Senate Bill 1010.

Calendar page 27, Calendar 443, Substitute Senate
Bill 1149; Calendar 447, Senate Bill 673; Calendar
448, Senate Bill 1029.

Calendar page 30, Calendar 459, House Bill 5138;
Calendar 461, House Bill 6406; Calendar 462,
Substitute for House Bill 6537.

Calendar page 39, Calendar Number 81, Substitute
for Senate Bill 760; Calendar 83, Senate Bill 762;
Calendar 99, Senate Bill 787.

Calendar page 40, Calendar 119, Substitute for
Senate Bill 778.

Calendar page 43, Calendar 171, Senate Bill 251.

Calendar page 46, Calendar Number 266, Senate
Bill Number 382.

Calendar page 51, Calendar Number 356.

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Mr. President, I believe that completes those
items previously placed on the first Consent Calendar.

The Senate is now voting by roll call on the
Consent Calendar, will all Senators please return to
the chamber. The Senate is now voting by roll call on
the Consent Calendar, will all Senators please return

to the chamber.

THE CHAIR:

The machine is open.

Members, please check the board to see if your vote is properly cast and properly recorded. If all members have voted, the machine will be locked.

Would the Clerk please take a tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1. Total number voting, 35; those voting yea, 35; those voting nay, 0; those absent/not voting, 1.

THE CHAIR:

Consent Calendar 1 is passed.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Mr. President, the two items that appeared on Senate Agenda Number 3, have just been passed on the Consent Calendar. I would move that the first item from Senate Agenda Number 3, House Bill 6716, the emergency certified bill, I move for immediate transmittal of that item to the Governor.

THE CHAIR:

Motion is for immediate transmittal to the

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Seeing no objection, so ordered.

SENATOR LOONEY:

Mr. President, Calendar page 38, Calendar 511, marked go; calendar page 38, Calendar 516, marked go; calendar page 39, Calendar 541, marked go. Calendar page 40, Calendar 556, Senate Bill 1061,

Mr. President, move to place that item on the consent calendar.

THE CHAIR:

There's a motion on the floor to place the item on the consent calendar. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Calendar page 41, Calendar 328, Senate Bill 814, move to place this item on the consent calendar.

THE CHAIR:

Motion on the floor to place the item on consent. Seeing no objection, so ordered.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Now moving to the foot of the calendar, we have a few items to remove from the foot. First, Mr. President, Calendar page 44, Calendar 199, Senate Bill 705, Mr. President,

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Yes. Thank you, Mr. President. If the Clerk might move now to call the consent calendar, and read the items on that calendar and then call the calendar.

THE CHAIR:

Mr. Clerk, please call for a roll call vote on the consent calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber. Immediate roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber.

Mr. President, those items placed on the 1st Consent Calendar begin on calendar page 1, Calendar 647, Senate Resolution Number 27; calendar page 2, Calendar 648, Senate Joint Resolution Number 77; calendar page 5, Calendar 381, substitute for Senate Bill 1079; calendar page 22, Calendar Number 114 substitute for Senate Bill 894; calendar page 23, Calendar 138, substitute for Senate Bill 817; calendar 144, substitute for Senate Bill 849; calendar page 29, Calendar Number 274, Senate Bill 824; calendar page 31, Calendar 321, Senate Bill 271; calendar 323, Senate Bill 497; and calendar 365,

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Senate Bill 384; calendar page 32, Calendar 367,
substitute for Senate Bill 785; calendar page 37,
Calendar 490, Senate Bill 898; calendar page 40,
Calendar 556, Senate Bill 1061; calendar 558,
substitute for Senate Bill 1063; and calendar page 41,
Calendar 328, substitute for Senate Bill 814.

Mr. President, that completes those items placed on
the 1st Consent Calendar.

THE CHAIR:

Please call for the consent calendar. The
machine will be open. Oh, Senator Looney. Yes, sir.

SENATOR LOONEY:.

Yes. Mr. President, just for purpose of
clarification. I believed I had earlier marked on
calendar page 21, 2 items on the consent. Initially
we had removed -- placed calendar 103, but I believe
we also had Calendar 82 on page 21, Senate Bill 761.

THE CHAIR:

No, sir. Those are not noted here on our
calendar.

SENATOR LOONEY:

Okay. We'd like to place that item on the
consent calendar, Mr. President, calendar page 21,
Calendar 82, Senate Bill 761.

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THE CHAIR:

There's a motion to place that item on the consent here. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CLERK:

The Senate is now voting by roll call on the consent calendar. Will all senators please return to the chamber. The Senate is voting by roll call on the consent calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar
Number 1.

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The consent calendar passes.

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Speaker Donovan in the Chair.

SPEAKER DONOVAN:

Will the Clerk please call Calendar Number 543.

THE CLERK:

On page 22, Calendar 543, substitute for Senate Bill Number 814, AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER THE CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY, favorable report of the Committee on Human Services.

SPEAKER DONOVAN:

Distinguished Representative from Middletown, Representative Serra, you have the floor, sir.

REP. SERRA (33rd):

Thank you, Mr. Speaker. And Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

Question is on acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. You may remark, sir.

REP. SERRA (33rd):

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Thank you, Mr. Speaker. Mr. Speaker, this bill requires the Department of Social Services to provide personal care assistance services under the Connecticut Home Care program, if services are not available under the Medicare plan and if they are more cost-effective than the Medicare state plan service.

Given the requirement of this bill, there is a potential for the state to reduce savings -- to realize savings, Mr. Speaker. The extent of these savings would be dependent upon the cost and utilization of the public care assistance program.

Mr. Speaker, with that, I ask that the Clerk has an amendment, LCO 6345, and that it be called and I be allowed to summarize.

SPEAKER DONOVAN:

The Clerk please call LCO 6345, and ask please call the amendment, which will be -- excuse me, which will be designated House Amendment Schedule A.

THE CLERK:

LCO number 6345, House A offered by
Representative Serra, Senator Prague et al.

SPEAKER DONOVAN:

The Representative seeks leave of the chamber to summarize. Is there objection? Is there objection?

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Representative, you may proceed with summarization.

REP. SERRA (33rd):

Thank you, Mr. Speaker. Mr. Speaker, what the amendment does is a couple of things. It pushes out the year from July 1, 2000 to April 1, 2010, for the Department of Social Services to compile information that they must seek a federal waiver since the Medicare is 50 percent federal and 50 percent state. It also clarifies the cost-effectiveness on an individual basis as to how this is being utilized. And the third, we require that the feds have to approve this because it's a policy change in the Medicare program. With that, Mr. Speaker I ask for the adoption of the amendment.

SPEAKER DONOVAN:

The question before the chamber is adoption of House Amendment Schedule A. Will you remark on the amendment? Will you remark on the amendment, Schedule A? If not, let me try your minds. All those in favor of the amendment, please signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Remark further on the bill as amended?

Representative Serra.

REP. SERRA (33rd):

Thank you, Mr. Speaker. I think with the amendment, that the state of Connecticut has the potential for a tremendous amount of savings and that we assist our seniors with this public care assistance program and I urge for its adoption, Mr. Speaker.

Thank you.

SPEAKER DONOVAN:

Remark further on the bill? Representative Frey.

REP. FREY (111th):

Thank you, Mr. Speaker. Is the chairman of the committee on aging mentioned, this is a win-win situation for the state and hopefully the federal government will approve the waiver, so we'll be able to implement this program starting in the year 2010.

It's the desire of most people, as they age or become infirm, to stay home and this will enable more people to stay in their own homes with the hiring of personal care assistants. There is a potential cost savings to the state. It costs about \$110 for an 8-hour day of personal care assistance versus over

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\$300 a day for a nursing home. So we should see significant savings, or we're hopeful in that event anyways. So I would urge passage. Thank you.

SPEAKER DONOVAN:

Thank you, Representative. Will you remark further on the bill? Remark further on the bill as amended? Remark further on the bill as amended? If not, staff and guests come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber, please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? If all members have voted, please check the board to make sure your vote has been properly cast. If all the members have voted, the machine will be locked. Clerk will please take a tally. Clerk please announce the tally.

THE CLERK:

Senate Bill 814 as amended by House A.	
Total Number Voting	144
Necessary for Passage	73

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Those voting Yea	144
Those voting Nay	0
Those absent and not voting	7

SPEAKER DONOVAN:

Bill as amended is passed.

Clerk please call Calendar Number 535.

THE CLERK:

On page 47, Calendar 535, Senate Bill Number 382,
AN ACT CONCERNING THE BOUNDARY LINE BETWEEN THE TOWN
OF WATERTOWN AND THE CITY OF WATERBURY, favorable
report of the Committee on Judiciary.

SPEAKER DONOVAN:

The distinguished Representative from Waterbury,
Representative Berger.

REP. BERGER (73rd):

Thank you, Mr. Speaker. I move for acceptance of
the joint committee's favorable report and passage in
concurrence with the Senate.

SPEAKER DONOVAN:

The question is on -- is acceptance of the joint
committee's favorable report and passage of the bill.
Will you remark?

REP. BERGER (73rd):

Yes. Thank you, Mr. Speaker. The bill before us

**JOINT
STANDING
COMMITTEE
HEARINGS**

**SELECT
COMMITTEE
ON AGING
PART 2
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2009

Morning.

DEB POLIN: Good morning. For the record my name is Deb Polin. I'm the legislative director of the Connecticut Commission on Aging and I'm 35 years old, and I'm not embarrassed about it. I wanted to just state upfront that I wholeheartedly agree with you, Senator Prague, that beauty comes in all ages; and wanted to take this opportunity to invite you to go through the concourse and see our display of Super-centenarians, individuals 110 years of age and older. We've brought that display back and it's really something to look at. All through the concourse we have these big life-sized photos of -- of people 110 and older that were taken by Jerry Friedman, a photographer from Connecticut. And you should go take a look at it. So that's my plug for that today.

I just wanted to take an opportunity to comment on a couple of bills before you today. You have my written testimony, so I'll be as brief as possible.

The first is Senate Bill 489, An Act Concerning a Single Point of Entry for Long-Term Care. And I believe this bill came before this committee last year and we supported it then as well.

Our state's long-term needs assessment that was conducted about a year and half ago found a great need for information for people with long-term care needs and their caregivers. In fact, a top recommendation of that report was the creation for a single point of entry or no wrong door or aging and disability resource center, whatever wording you want to use for that.

SB814
HB5600
SB244
HB5299
HB5300
HB5676

We do have a pilot program of an ADRC, Aging and Disability Resource Center, in the south central region of our state. It began in the fall. It's run in collaboration with the Area Agency on Aging of South Central Connecticut and the Independent Living Center in that area. My understanding that DSS is getting ready to open a second ADRC in the western region of the state later on this spring.

These ADRCs will serve individuals of all ages with long-term care needs, and we would certainly support having a statewide initiative for this. I just also wanted to point out that this bill adds in that the single point of entry information would be included on the state's long-term care website and the Commission on Aging works on maintaining that website in collaboration with the Office of Policy and Management and we just wanted to put it out on the record that we would be able to add that information on to the website and keep it updated within our existing resources.

The second bill I wanted to comment on is Senate Bill 814, An Act Concerning Personal Care Assistance Services under the Connecticut Home Care Program for the Elderly. We are in support of this bill as well. Personal care assistance services are an affordable way to provide care. They allow individuals to self-direct, to have a little bit more choice and independence in the type of care that they receive, and adding this into the Home Care Program would be a way to allow individuals to hold on to their aides who maybe don't work with an agency when the individual goes on the Home Care Program. So we're in support of that bill.

House Bill 5600, An Act Concerning Access to

they're only doing this every three years or it's based on every three years worth of information I should say. So that's how backlogged the information would be in terms of what's being printed. It's also based on -- the staffing levels are based on I believe it's two weeks prior to the inspection, and there's some issues related to that. There are some safeguards we're told regarding looking at facilities based on acuity levels so that they're not comparing apples and oranges. To some degree we haven't seen that really play out thoroughly in Connecticut. We've seen some -- some homes that we, as the program would say, are, you know, have different acuity and received a five star rating, that we would say probably their acuity is not as significant as other homes.

SENATOR PRAGUE: (Inaudible.)

NANCY SHAFFER: The health inspections. They base it on the health inspections. They base it on self-reporting of the nursing home.

SENATOR PRAGUE: (Inaudible.)

NANCY SHAFFER: You're welcome. My pleasure.
Thank you.

REP. SERRA: Any other questions from the committee?

Thank you.

Next up is Brian Ellsworth.

BRIAN ELLSWORTH: Good morning Senator Prague, Representative Serra, members of the Select Committee on Aging. My name is Brian Ellsworth. I am president and CEO of the Connecticut Association for Home Care and

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Hospice, whose members serve over a 100,000 elderly, disabled and terminally ill Connecticut citizens. Among my other credentials is I am a recent member of AARP, as of about 10 days ago.

There is no doubt -- the association is pleased to provide comments on SB 814, which proposes to add personal care assistance to the list of services under the Connecticut Home Care Program for Elders.

There is no doubt that PCAs have proven to be a viable option for younger, self-directed individuals with disabilities. However, the association is concerned about the wholesale expansion of Medicaid-funded PCA services to the elderly as proposed in SB 814, unless there are adequate protections in place, including, training, supervision, pre-employment screening and requirements to ensure -- that ensure that elderly clients are self-directing and making an informed choice about having a PCA.

Regarding training and supervision, PCAs for the elderly should be subject to educational training and supervisory requirements, and a registered nurse should provide such oversight. The lack of oversight of PCAs is a cause for concern of the safety and well-being of the vulnerable elderly.

Regarding pre-employment screening, PCAs should be required to undergo a, quote, comprehensive background check, as required for employees of homemaker-companion agencies. The association recently issued guidelines entitled "Best Practices in Hiring Personal Caregivers," which is -- a summary of which is attached to my testimony. These guidelines call for comprehensive background checks that

should include, at a minimum, a criminal background check for each state listed on the job application where the applicant has worked or lived for the last three years. Components of these Best Practice guidelines are applicable to all types of caregivers, including PCAs.

Regarding limiting to self-directing clients, we ask that the bill be amended to state that the personal care assistant option only be available to persons who meet the Connecticut Home Care Program for the Elders' long-standing criteria for self-direction. PCAs should only be available to those elderly citizens who are willing and able to manage all of the elements of this option and are capable of making an informed choice about doing so.

Finally, there is regulatory clarification needed. We seek regulatory clarification from the Department of Public Health regarding situations where home health agencies are caring for a patient at the same time a PCA is present. Regulations must be developed to clarify roles in order to avoid confusion of responsibilities between a home health care agency and PCAs.

The association would be pleased to work with all stakeholders to ensure that necessary changes are made prior to wholesale expansion of PCAs to the elderly. Thank you for consideration of our comments. I would be pleased to answer any questions you may have.

REP. SERRA: Any questions from the committee?

Thank you.

BRIAN ELLSWORTH: Thank you.

alzheimer's association

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(860) 828-2828 www.alz.org/ct

Good morning Senator Prague, Representative Serra, and distinguished members of the Select Committee on Aging. My name is Christy Kovel and I am the Senior Director of Public Policy and Communication for the Connecticut Chapter of the Alzheimer's Association.

I am here today to provide comments in support of Raised Bill No. 814, An Act Concerning Personal Care Assistance Services Under the Connecticut Home Care Program for the Elderly.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals, and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 Day a week Helpline.

The primary role of a Personal Care Assistant (PCA) is to "fill in the gaps" so that the highest level of independence and socialization can be achieved. Caring for a loved one with Alzheimer's disease is a 24/7 job, and seventy percent of those individuals with Alzheimer's disease are cared for at home. PCA's provide much needed support to caregivers who often are exhausted from the demands of caring for a loved one who has Alzheimer's disease.

PCA's provide a personalized service by providing hands-on care with five primary activities of daily living: bathing, dressing, eating, transferring and toileting. In addition, a PCA helps with social activities such as escorting while visiting friends, going on walks and outings, making light meals, and providing overall companionship.

-over-

The average cost of a PCA is \$13.80 an hour (gross) which would cost \$110.40 for an eight hour day. The average cost of a nursing home in Connecticut is \$311.00 per day. We support the addition of Personal Care Assistance services under the Connecticut Home Care Program for the Elderly as another cost effective option in supporting the home and community based care system for the older adults in our state who want to remain at home.

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Connecticut Association for
**HOME CARE
& HOSPICE**

Leadership | Education | Advocacy | Information | Collaboration

TESTIMONY
BEFORE THE SELECT COMMITTEE ON AGING REGARDING
AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER THE
CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY.
S.B. 814

February 19, 2009

Senator Prague, Representative Serra, and members of the Select Committee on Aging, my name is Brian Ellsworth and I am President & CEO of the Connecticut Association for Home Care & Hospice (CAHCH), whose members serve over 100,000 elderly, disabled, and terminally ill Connecticut citizens. The Association is pleased to provide comments on S.B. 814, which proposes to add Personal Care Assistants (PCAs) to the list of services under the CT Home Care Program for Elders.

There is no doubt that PCAs have proven to be a viable option for younger, self-directed individuals with disabilities. However, the Association is **concerned** about the wholesale expansion of Medicaid-funded PCA services to the elderly as proposed in S.B. 814, unless there are adequate protections in place, including: training, supervision, pre-employment screening and requirements that ensure that elderly clients are self-directing and making an informed choice about having a PCA.

Training & supervision. PCAs for the elderly should be subject to educational training and supervisory requirements, and a registered nurse (RN) should provide such oversight. For instance, an RN supervises a home health aide every 14 days for patients receiving skilled care and every 60 days for patients receiving unskilled care. The lack of oversight of PCAs is a cause for concern of the safety and well being of the vulnerable elderly.

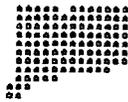
Pre-employment screening. PCAs should be required to undergo a "comprehensive background check" as required for employees of homemaker-companion agencies. The Association recently issued guidelines entitled "Best Practices in Hiring Unlicensed Personal Caregivers" (summary

attached), which call for comprehensive background checks that should include, at a minimum, a criminal background check for each state listed on the job application where the applicant has worked or lived for the last 3 years. Components of these Best Practice guidelines are applicable to all types of caregivers, including PCAs.

Limit to self-directing clients. We ask that the bill be amended to state that the personal care assistant option only be available to persons who meet the CT Home Care Program for the Elders' long-standing criteria for self-direction. PCAs should only be available to those elderly citizens who are willing and able to manage all of the elements of this option (e.g., hiring/firing caregivers) and are capable of making an informed choice about doing so.

Regulatory clarification needed. Finally, we seek regulatory clarification from the Department of Public Health regarding situations where home health agencies are caring for a patient at the same time that a PCA is present. Regulations must be developed to clarify roles in order to avoid confusion of responsibilities between a home health agency and PCAs.

The Association would be pleased to work with all stakeholders to ensure that necessary changes are made prior to wholesale expansion of PCAs to the elderly. Thank you for consideration of our comments. I would be pleased to answer any questions you may have.



Summary: Best Practices in Hiring Non-Licensed Personal Caregivers

The CT Association for Home & Hospice Care (CAHCH) has developed “Best Practices in the Hiring of Non-Licensed Personal Caregivers” as part of an effort to develop standards to ensure that agencies are taking reasonable and prudent steps to hire the highest quality workforce to provide care to patients. These best practices provide industry standardization and protection for a vulnerable population and give patients/families a benchmark to evaluate qualifications and credentials. These best practices are intended for all individuals who need personal care, including those coming out of nursing homes under Money Follows the Person. As the need for home care services for patients increases, we need to ensure that the caregivers who are hired to care for our loved ones are qualified and competent.

- ❑ **Comprehensive Background Checks:** CAHCH supports comprehensive background checks for caregivers through the use of private and affordable background check systems for all providers. Comprehensive background checks for all providers includes all entities that hire or contract employees to provide personal care in patient homes, including but not limited to licensed and certified home health and hospice agencies, nursing registries, homemaker companion agencies (already required).
- ❑ **Criminal Background Check:** Comprehensive background checks should include, at a minimum, a criminal background check for each state listed on the job application where the applicant has worked or lived for at least the last 3 years.
- ❑ **Additional Checks:** In addition to a criminal background check, a comprehensive background check may include, but not be limited to personal and professional references, verification of appropriate education or training (if applicable), driving record (if applicable), and review of appropriate registries and pre-employment drug screening.
- ❑ **Education:** Appropriate education and training is currently required for Certified Nurse Aides and Home Health Aides. For other non-licensed personal care providers (i.e. PCAs), it is recommended that each agency set a standard for orientation and ongoing in-service education to ensure clinical competence and compliance with agency policy.
- ❑ **Back Up/On Call Services:** Clients should insure that there is a plan in place for the provision of care if the personal care worker is unavailable (this can be provided through the agency or through other pre-established arrangements).
- ❑ **Oversight:** Appropriate supervision of personal care workers is necessary. In addition, future recommendations include caregiver oversight and a complaint process for the population of disabled adults who are not otherwise protected (such as an ombudsman) along with oversight to insure appropriate verification of services, payment and use of funding.

CAHCH is also developing community education resources to provide patients and family members with a guideline to assist in determining which agency or personal care worker has implemented these best practices. Please contact CAHCH at 203-265-9931 or info@cahch.org for further information.