

When people are looking for non-licensed caregivers, the process can be very confusing. Whether you choose to use a licensed home health agency, a non-licensed agency, or private hire, you should consider the following:

- ❑ **Contract/Written Agreement:** Be sure to have a contract or written agreement with the private care worker that specifies the anticipated schedule, planned duties, and payment arrangement.
- ❑ **Taxes/Workers Compensation:** Be sure to determine if you are responsible for paying taxes. If you hire someone directly, then you are the employer and you as an individual or your family are required to pay unemployment, social security and payroll taxes (and possibly worker's compensation). If you are using an agency, do not assume that all agencies pay employee related taxes. Be sure to inquire as to whether the agency that you are working with is paying the taxes.
- ❑ **Comprehensive Background Checks:** Be sure that the agency conducts comprehensive background checks, which at a minimum should include a criminal background check. Be sure to determine if the scope of the criminal background check is national or just statewide. Also, find out how far back the check goes and if it includes physical and drug screening, a personal and professional reference check, verification of appropriate education or training (if applicable), driving records (if applicable) and a review of appropriate registries (such as the sex offender registry or Certified Nurse Aide (CNA) registry). Clients or family members can contact either the Department of Public Health or the Department of Consumer Protection to determine if an agency has had any complaints filed against them. Please note that the CNA registry only lists those CNAs registered in CT who have worked for Skilled Nursing Facilities. Complaints from home health or other settings are not logged there.
- ❑ **Credentials:** Be sure to inquire if the agency is licensed or registered. If a home health agency is licensed, they must be licensed through the state's Department of Public Health. If a homemaker/companion agency is registered, they must be registered through the state's Department of Consumer Protection.
- ❑ **Education:** Be sure that agency staff are properly trained. Appropriate education and training is currently required for Certified Nurse Aides and Home Health Aides. Also inquire if non-licensed personal care assistants (PCAs) receive agency orientation and ongoing in-service education to ensure clinical competence and compliance with agency policy.
- ❑ **Back Up/On Call Services:** Be sure that there is a back-up plan in place for the provision of care if the personal care worker is unavailable. If you are using an agency, the plan should be provided through the agency. If you are working with a private hire, be sure to have pre-established arrangements if the regular caregiver is unavailable.
- ❑ **Oversight:** Be sure there is appropriate and frequent supervision of personal care workers as well as a back up plan in place if there is a problem with the contracted caregiver. Also, determine if there is a formal complaint process in place either through the agency or by contacting the appropriate officials.

Types of Agencies that Provide Non-Licensed Personal Caregivers:

Licensed Home Health Agency - Connecticut General Statute 19a-490(d): This agency is a full service agency that provides skilled services (nursing, rehabilitation services and social work) as well as homemaker/home health aide services and 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, this agency may choose to provide other non-licensed services, such as personal care assistants which are not regulated by DPH.

Licensed Homemaker/Home Health Aide Agency - Connecticut General Statute 19a-490(c): This agency can provide services to the private pay population and holds a license with the State of Connecticut surveyed by the Department of Public Health. They can provide companion, homemaker, home health aides and live in caregivers.

Registered Companion Homemaker Agency - Connecticut General Statute 20-670: This agency is registered 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 clients or Medicaid waiver clients.

Private Duty Registries: These are providers who act as referral sources or "match making 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 care management services. These clients are served under Medicaid waiver programs.



The Home Health Services Legislative Work Group was established in January 2010 with the support of Representative Betsy Ritter, Public Health Committee Co-Chair of the Connecticut General Assembly. The goal of the work group is to give consumers and providers a better understanding of the differences between each caregiver type, to clarify coordination of care between care providers, to maximize utilization of cost-effective and appropriate services, and to ensure safe, appropriate home care to Connecticut citizens.

Partners that comprise the work group:

The Connecticut Association for Home Care and Hospice (CAHCH) and several Home Health Providers

Department of Social Services (DSS)

Department of Public Health (DPH)

Department of Developmental Services (DDS)

Department of Mental Health and Addiction Services (DMHAS)

Department of Consumer Protection (DCP)

CT Community Care, Inc. (CCCI)

Agency on Aging of South Central CT (AASCC)

Commission on Aging

Consumers and a Consumer Advocate

Center for Medicare Advocacy (CMA)

Caring for Yourself or a Loved One: What Consumers Should Consider When Hiring A Personal Caregiver



This consumer guide provides guidance and confidence to give people with long-term care needs and their families a way to evaluate qualifications, credentials and options for home health and hospice care.

*Information prepared collaboratively by
The Home Health Legislative Workgroup of the Connecticut General Assembly
and The Connecticut Association for Home Care & Hospice.*

Current Home Care Services

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	Private Hire or Self Pay Personal Care Assistant (PCA)	Homemaker/Companion registered with and regulated by Department of Consumer Protection (DCP)	Personal Care Assistant (PCA) State Funded/Medicaid Waiver through Department of Social Services (DSS)	Recovery Assistant (DSS)/Department of Mental Health and Addiction Services (DMHAS) Mental Health Waiver	Personal Support through Department of Developmental Services (DDS)	Home Health Aide (HHA) Licensed and Regulated by the Department of Public Health (DPH)
Duties	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 enable the consumer to carry out activities of daily living (ADLs) like bathing, dressing and feeding; instrumental activities of daily living (IADLs) including housework, shopping, paying bills	Performing tasks if the participant (by reason of physical or psychiatric disability) is unable to perform them, or assisting, or cueing the participant to perform them: Meal planning shopping, housekeeping; Family, social, and recreational activities; use of natural community supports, use of routine medical/dental services and supportive companionship	Assistance necessary to meet the individual's day to day activity and daily living needs and to reasonably assure 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	Not required	Comprehensive background check-not yet defined by legislation	Criminal Background check required. If client chooses to hire PCA whose background check requires a waiver, client must sign acknowledgement and release form (W-989) prior to hiring the PCA.	Criminal Background check, but DSS/DMHAS could refuse payment based on findings	State of CT Criminal Background Check and DDS Registry Check	Not required but most agencies do. Medicare hospice requires 3 yrs. New legislation passed to define process for state and federal checks
Contractual/Care Plan Requirements	Not required	Required between client and Homemaker/ Companion agency	Developed by access agency care manager, DSS Social Worker and client.	Developed by DMHAS Community Support Clinician and client in the format of a Recovery Plan.	Developed by DDS Case Manager and the individual's Support Team	Developed by home health agency with patient input and agreement Physician orders are required for care
Inservice Training/ Competency	Client trains as needed	Client trains as needed	The client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Training competencies are established by DSS and vary according to waiver program.	Two Day Recovery Assistant Training/Certification: Developed and delivered by Advanced Behavioral Health (access agency) and DMHAS Must pass exam with an 80%	Prior to being alone with the individual: <ul style="list-style-type: none"> • Demonstrate competence in knowledge of DDS policies and procedures: incident reporting, client rights and confidentiality, abuse/neglect, prevention of sexual abuse, handling fire and other emergencies, knowledge of approved and prohibited physical management techniques • Demonstrate competence/knowledge in topics required to safely support the individual per 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 licensed agency staff
Orientation	Client orients	Client orients	Fiscal intermediary provides initial orientation to program/ Client orients PCA to the plan of care	Client/Provider orients in home	Individual or family orients	RN/LPN orients to the plan of care
Supervision Level/Frequency	Supervised by Client	Supervised by Client	The client is responsible for PCA supervision of daily tasks. RN or Social Worker does in person level of care review initially and every 6 months for CT Home Care Program for Elders (CHCPE), annually for other waivers	Supervised 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), licensed marriage and family therapist (LMFT)	Direct Hires Supervised by the individual or the employer of record. Agency Supervised by agency administrative staff	RN every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care
Complaint Process	Protective Services, Department of Developmental Services (DDS) as applicable	Through homemaker/companion agency, DCP and DDS as applicable	Through access agency, Protective Services or DSS Social Worker as applicable. For fraud complaints, through fiscal intermediary.	Through access agency and DMHAS clinician as applicable	Through care manager, resource administration, Access, or Ombudsperson as applicable	Through DPH, Protective Services, DDS as applicable