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 arrangements.
- **Taxes/Workers Compensation:** Be sure to determine if you are responsible for paying taxes.
- **Education:** Be sure that agency staff are properly trained. Appropriate education and training (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 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 (PACAs) receive agency orientation and ongoing in-service education to ensure choices are safe and compliant with agency policies.
- **Back-Up/On Call Services:** Be sure that there is a backup 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 the agency is working with a private hire, be sure to have pre-established arrangements if the regular caregiver is unavailable.
- **Overnight:** 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 assistance which are not regulated by DPH.
- **Licensed Homemaker/Home Health Aide Agency - Connecticut General Statute 19a-490(c):** This agency can provide services so the private pay population and hosts a license with the State of Connecticut surveyed by the Department of Public Health. They can provide companion, homemaker, home health sides 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 assistance, companions, homemakers, and live in caregivers to chronically and stable private pay clients or Medicaid waiver clients.
- **Private Duty Registry:** These are providers who act as referral sources or “match making services” for private personal care services. That may be provided by 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 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 Roach, Public Health Committee 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, as well as outlines 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 (DHMAS)
- Department of Consumer Protection (DCP)
- CT Community Care, Inc. (CCCI)
- Agency on Aging of South Central CT (AASC)
- Commission on Aging
- Consumers and a Consumer Advocate
- Center for Medicare Advocacy (CMA)
## Current Home Care Services

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<th>Category</th>
<th>Duties</th>
<th>Background Checks</th>
<th>Contractual/Care Plan Requirements</th>
<th>Inservice Training/Competency</th>
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<th>Supervision Level/Frequency</th>
<th>Complaint Process</th>
<th>Personal Support through Department of Developmental Services (DDS)</th>
<th>Home Health Aide (HHA) Licensed and Regulated by the Department of Public Health (DPH)</th>
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<tr>
<td>Homemaker/Companion (PCA)</td>
<td>Any duties necessary to promote independent living includes personal care, shopping, meal preparation, medication administration, wound care</td>
<td>Not required</td>
<td>Required between client and Homemaker/ Companion agency</td>
<td>Client trains as needed</td>
<td>Client trains as needed</td>
<td>Supervised by Client</td>
<td>Protective Services, Department of Developmental Services (DDS) as applicable</td>
<td>Certain Home Care Services</td>
<td>Ombudsperson as applicable</td>
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<tr>
<td>Personal Care (PCA)</td>
<td>Homemaking, shopping, laundry, meal preparation</td>
<td>Comprehensive background check not yet defined by legislation</td>
<td>Developed by access agency care manager, DDS Social Worker and client</td>
<td>The client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Training competencies are established by DDS and vary according to waiver program.</td>
<td>Fiscal intermediary provides initial orientation to program/ Client orient PCA to the plan of care</td>
<td>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)</td>
<td>Through homemakers/companion agency, DCP and DDS as applicable</td>
<td>Through access agency, Protective Services or DDS Social Worker as applicable. For fraud complaints, through fiscal intermediary.</td>
<td>RN every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care.</td>
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<tr>
<td>Personal Care Assistant (PCA)</td>
<td>Physical assistance to 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</td>
<td>Criminal Background check required. If client chooses to hire PCA whose background check requires a waiver, client must sign acknowledgment and release form (W-489) prior to hiring the PCA.</td>
<td>Developed by DMHAS Community Support Clinician and client in the format of a Recovery Plan.</td>
<td>Client/Provider orient in home</td>
<td>Individual or family orient</td>
<td>Supervised by agency administrative staff</td>
<td>Through access agency, Protective Services or DDS Social Worker as applicable. For fraud complaints, through fiscal intermediary.</td>
<td>Through care manager, resource administration, Access, or Ombudsperson as applicable</td>
<td>Through DPH, Protective Services, DDS as applicable</td>
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<td>State Funded/Medicaid Waiver through Department of Social Services (DSS)</td>
<td>State of CT Criminal Background Check and DDS Registry Check</td>
<td>Developed by DDS Case Manager and the individual’s Support Team</td>
<td>Two Day Recovery Assistant Training/Certification: Developed and delivered by Advanced Behavioral Health (access agency) and DMHAS Must pass exam with an 80%</td>
<td>Prior to being alone with the individual: • 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</td>
<td>Direct Hires Supervised by the individual or the employer of record.</td>
<td>Supervised by agency administrative staff</td>
<td>Through access agency and DMHAS clinicians as applicable</td>
<td>Through care manager, resource administration, Access, or Ombudsperson as applicable</td>
<td>Not required but most agencies do: Medicare hospice requires 3 yrs. New legislation passed to define process for state and federal checks</td>
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<td>Recovery Assistant (DSS)/Department of Mental Health and Addiction Services (DMHAS)</td>
<td>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 psychiatric/medications and supportive companionship</td>
<td>Criminal Background check, but DDS/DMHAS could refuse payment based on findings</td>
<td>Developed by DMHAS Support Clinician and worker.</td>
<td>State of CT Criminal Background Check and DDS Registry Check</td>
<td>State Park Administrative Officer</td>
<td>RN/LPN orient to the plan of care</td>
<td>Through homemaker/companion agency, DCP and DDS as applicable</td>
<td>Ombudsperson as applicable</td>
<td>RN every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care.</td>
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<td>Mentally Ill Waiver</td>
<td>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</td>
<td>Not required but most agencies do: Medicare hospice requires 3 yrs. New legislation passed to define process for state and federal checks</td>
<td>The client is responsible for PCA supervision of daily tasks.</td>
<td>Homemaker/HHA competency evaluation</td>
<td>Prior to being alone with the individual: • 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</td>
<td>RN/LPN orient to the plan of care</td>
<td>Homemaker/HHA competency evaluation</td>
<td>Ombudsperson as applicable</td>
<td>RN every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care.</td>
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<td>Department of Public Health (DPS)</td>
<td>Assist the individual with the application of skills 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</td>
<td>Initial training/certification: 75 hours through state approved training program; tested by qualified nurse.</td>
<td>The client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Training competencies are established by DDS and vary according to waiver program.</td>
<td>Client/Provider orient in home</td>
<td>Individual or family orient</td>
<td>Supervised by agency administrative staff</td>
<td>Through care manager, resource administration, Access, or Ombudsperson as applicable</td>
<td>Through DPH, Protective Services, DDS as applicable</td>
<td>RN every 14 days for a skilled plan of care; every 60 Days for non-skilled plan of care.</td>
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<td>Department of Consumer Protection (DCP)</td>
<td>Through access agency, Protective Services or DDS Social Worker as applicable. For fraud complaints, through fiscal intermediary.</td>
<td>Required between client and Homemaker/ Companion agency</td>
<td>Client trains as needed</td>
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<td>RN/LPN orient to the plan of care</td>
<td>Protective Services, Department of Developmental Services (DDS) as applicable</td>
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<td>Department of Developmental Services (DDS)</td>
<td>Any duties necessary to promote independent living includes personal care, shopping, meal preparation, medication administration, wound care</td>
<td>Comprehensive background check not yet defined by legislation</td>
<td>Developed by access agency care manager, DDS Social Worker and client.</td>
<td>The client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Training competencies are established by DDS and vary according to waiver program.</td>
<td>Fiscal intermediary provides initial orientation to program/ Client orient PCA to the plan of care</td>
<td>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)</td>
<td>Through access agency, Protective Services or DDS Social Worker as applicable. For fraud complaints, through fiscal intermediary.</td>
<td>Through care manager, resource administration, Access, or Ombudsperson as applicable</td>
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<td>Home Health Aide (HHA) Licensed and Regulated by the Department of Public Health (DPS)</td>
<td>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</td>
<td>Not required but most agencies do: Medicare hospice requires 3 yrs. New legislation passed to define process for state and federal checks</td>
<td>The client is responsible for hiring, training and establishing services and scheduled hours for the PCA. Training competencies are established by DDS and vary according to waiver program.</td>
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