



## **HCAOA and Connecticut Chapter Government Relations Report**

May 13, 2024

The 2024 short, three-month regular legislative session of the Connecticut General Assembly ended last week, on May 8. During the session, the Chapter was very engaged in legislative-lobbying and advocacy, monitoring legislation, advocating for its legislative and public policy priorities, testifying on bills, participating in grass roots advocacy, and meeting regularly with lawmakers and state officials.

This is a report concerning recent Connecticut Chapter legislative-lobbying, public policy and government relations activities; meetings, programs and events; and other Chapter initiatives. It is an update to the Feb. 27, 2024, report.

### **HCAOA Connecticut legislative initiatives and public policy priorities**

#### *Caregiver registry*

[House Bill 5001](#), An Act Supporting Connecticut Seniors and the Improvement of Nursing and Home-Based Care, which was introduced on behalf of House leadership and co-sponsored by almost 50 lawmakers, was approved by the legislature.

House Bill 5001 requires the commissioner of Social Services to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services. Legislators included all caregivers in the registry, which the Chapter didn't support. HCAOA Connecticut worked independently and as a member of a coalition of home-based care organizations to oppose expanding the registry to all HCAs. Chapter leaders testified on the bill and met with many lawmakers; we drafted an alert to members, contacted individual members and solicited their testimony, and published articles in *Home Care Insider*. We were very clear in our message: HCAOA Connecticut did not oppose a registry of home care providers, if properly implemented and carefully managed, that connects persons seeking home and community-based services with qualified home care providers, but that if the bill established a caregiver registry, HCAOA Connecticut would oppose it. The bill was a high priority for the Speaker of the House, had bipartisan support, was

advocated by labor, and was sure to pass in some form, making it particularly challenging.

However, in the end, an amendment supported by HCAOA Connecticut was adopted authorizing several exemptions from the registry, including allowing caregivers to assert that extraordinary personal circumstances require an exemption to protect their health, safety or welfare. Caregivers must assert the exemption directly to their employer in a form and manner prescribed by the DSS commissioner and they are not required to submit proof that they qualify for the exemption. We are already at work on drafting such a form for consideration by DSS. During debate on the bill, numerous questions were asked by lawmakers, several at the behest of the Chapter, for purposes of legislative history.

#### *Medicaid reimbursement*

The Governor's proposed adjustments to the state budget, which were presented to the legislature in February, did not include an increase in Medicaid reimbursement. Minimum wage rose 4.6% to \$15.69 on Jan. 1, 2024, and is scheduled to increase again next year, thus, putting additional pressure on home care providers whose clients participate in Medicaid and the Connecticut medical assistance programs. The Governor strongly maintained the fiscal constraints he placed on the state budget and the Appropriations Committee, for the first time in recent memory, did not approve its own budget. Thus, the two-year budget passed in 2023 remains in place without any changes to Medicaid reimbursement.

The Chapter advocated vigorously for an increase of almost 5% in Medicaid reimbursement rates, retroactive to Jan. 1, to offset the increased costs and a budgetary mechanism that ties Medicaid reimbursement rate increases to annual increases in minimum wage. This would help ensure agencies are able to pay reasonable wages to the state's direct caregiver workforce providers.

We drafted testimony for the Chapter in support of an increase in Medicaid reimbursement and submitted it to the Appropriations Committee for the public hearing on the budget. Also, we prepared an alert to Chapter members, asking them to submit written testimony to the committee and to their legislators. Unfortunately, it didn't achieve the response we anticipated. We met with lawmakers and informed them that this was a significant priority for HCAOA and the home care industry and that it would help caregivers and consumers.

Chapter leaders stepped up and submitted testimony or testified live before the committee but, in the future, we will need to engage more members to participate in support of an increase.

Many nonprofit organizations and others also worked vigorously to obtain an increase in Medicaid funding. Instead of reopening the budget, lawmakers funded certain programs, but not Medicaid home care, by allocating federal ARPA funds in [House Bill 5523](#).

#### *Caregiver safety*

During the session, the Chapter met with leadership of the Aging and Public Health committees to discuss HCAOA's legislative and public policy priorities for 2024, including caregiver safety, and offer to serve as a resource to them.

Following the tragic murder of a visiting nurse in a home in eastern Connecticut last Fall, the issue of caregiver safety became a high priority for lawmakers and was addressed in Senate majority leadership's [Senate Bill 1](#). The bill, which was approved by the legislature, generally requires home health care and home health aide agencies, but not nonmedical HCAs, to collect certain information during client intake (on the client and the service location) and give it to employees assigned to the client; perform monthly safety assessments with direct care staff and comply with certain workplace safety-related training requirements; and conditions Medicaid reimbursement on compliance with the training requirement.

We monitored SB 1 closely and served as a resource to lawmakers, sharing training materials, PowerPoint presentations from insurance programs, and other resources and information to help inform them and shape policies to address the issue. The challenge for the Chapter was that the bill did not directly apply to nonmedical HCAs, but members may be subject to its provisions as the industry transitions from registration and oversight to the Department of Public Health.

#### *Miscellaneous legislation and policies*

The Chapter actively participated in, monitored or tracked several other bills and policies affecting the home care industry, including the following. Several of these initiatives are likely to return in a future session of the General Assembly.

- [House Bill 5366](#), An Act Concerning Covenants Not to Compete in the Home Care Industry, allowed HCAs to have, as once was customary in the industry (and many industries), time-limited and narrow agreements with their employees they have interviewed, trained and placed in client's homes, that prevent private contracts with agency clients that owners have developed and cultivated. The bill was a Chapter initiative and priority; it was approved by the Human Services Committee but drew opposition from some lawmakers and was not enacted.
- [House Bill 5296](#), An Act Expanding the Connecticut Home-Care Program for the Elderly. The bill, which required the Department of Social Services to compensate family caregivers, including spouses, who provide personal care assistance services to enrollees of the CHCPE program, was approved

by the Human Services Committee but died in the Appropriations Committee.

- [Senate Bill 365](#), An Act Concerning Safety in the Health Care Workforce, required certain health care facilities and home care entities that participate in Medicaid to adopt and implement workplace violence prevention standards. The bill did not pass, however, see Senate Bill 1 above.

#### *Transition of oversight of industry from DCP to DPH*

The Chapter in 2023 established an advisory committee to review state laws and regulations concerning training standards, use of the term ‘care’, and regulation and oversight of the home care industry. The state will begin transitioning registration and oversight of home care agencies from the Department of Consumer Protection to the Department of Public Health in the coming months and year, or possibly longer. The committee met periodically with the goal of building consensus and preparing a report for the Office of Policy and Management.

We have helped facilitate committee meetings with notices, agendas, minutes and reporting. We facilitated and participated in a meeting with our counterparts in Connecticut Association for Healthcare at Home (CAHCH), Alzheimer’s Association of Connecticut (ALZ), and AARP Connecticut, to determine areas of consensus, work together as a coalition, and carry additional weight with officials. We have been in contact with lawmakers and OPM officials about the Chapter serving as a resource to help the consultant, as the state process gets underway. We have kept lawmakers informed and asked to continue to participate and play a role in the transition process.

An [amendment](#) to the Department of Public Health agency bill moved from Aug. 1 to Dec. 1, 2024, the date by which OPM must report to the legislature its plan to transfer registration and oversight of HCAs from DCP to DPH. The timeline of milestones between now and then, including stakeholder meetings with the consultant and a report from the consultant to OPM, may change as the process is already behind schedule and there is a great deal of work ahead, but the Chapter is very engaged and monitoring the process closely.

#### **Publications**

The Chapter completed its report of the transition plan advisory committee’s findings and recommendations concerning the transition of regulation of the industry from the DCP to DPH. On April 4, the Chapter submitted the report to the HCAOA board of directors and policy committee for their consideration and approval. Given that a great deal of time, work and preparation was put into the report by Chapter leaders and members; it still needs to be considered by membership of the Chapter; the consultant is awaiting the report; and other

organizations the Chapter would like to have support the report (CAHCH, ALZ and AARP), are already in contact with the Office of Policy and Management about the transition plan, the Chapter hopes to have the report considered and approved shortly.

We regularly draft and submit articles for publication in HCAOA's *Home Care Insider*. We recently drafted and submitted to HCAOA a survey of members concerning solicitation of Medicaid clients by the new fiscal intermediary and guidelines used to perform safety checks by HCAs.

### **Meetings, programs and events**

The Chapter is working with HCAOA staff, lawmakers and officials from several state agencies, and others to plan the annual home care conference. The program, which will feature several state officials, will cover new policies affecting home care agencies adopted in the 2024 legislative session, an update on Medicaid reimbursement, labor and employment issues affecting HCAs, what to expect for the transition and future of the industry, and more. All invitations to speakers and officials invited to participate in the program have been sent. The full-day program is scheduled for June 11 at Doubletree Hotel by Hilton Bristol.

Based on feedback from most lawmakers and officials invited and the challenge in preparing and administering the program during the legislative session, HCAOA may want to consider pushing the date back to later in the year, say, August or September.