



**Testimony to the Homemaker Companion Task Force
Submitted by Mag Morelli, President of LeadingAge Connecticut**

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LeadingAge Connecticut is a statewide membership association representing not-for-profit provider organizations serving older adults across the continuum of aging services, including not-for-profit skilled nursing facilities, residential care homes, home health care agencies, hospice agencies, adult day centers, assisted living communities, senior housing and life plan communities. I am pleased to submit the following comments to the Homemaker Companion Task Force which are related to the task force's charge of studying potential changes in training and recruitment methods, potential public awareness and education strategies to facilitate choice of agency, and authorized services v. advertised services and need for limitations on advertising.

The continuum of aging services encompasses a variety of services, supports and levels of care that are provided in a variety of settings. The concept of a continuum is important to aging services. An effective continuum ensures that all levels of care, services and supports are available as needed and are provided at the right time and in the right setting. Non-medical homemaker and companion services are an important part of the continuum and they are often the first level of aging services that a consumer will access.

We recognize that entering the aging services marketplace can be very confusing for the consumer. Understanding the level of services needed and learning the nuances of the types of services available can be a very daunting task to any older adult or their loved one. A common goal should be to ensure that every consumer obtains a quality level of service that will meet their level of need. Achieving this goal will require all of us to put forth the effort to educate and inform the consumer. That is why we strongly support any initiative to assist the consumer in understanding the aging services continuum that is available to them in the state. This includes understanding that non-medical role of the homemaker and companion.

We also request that the task force consider the needs of the growing number of individuals affected by Alzheimer's disease and other dementias who are seeking quality non-medical services and support. A new nationally representative [study](#) from Columbia University found that 10% of older adults ages 65 and older in the United States have dementia and another 22% have mild cognitive impairments. The numbers speak for themselves and it is inevitable that a homemaker companion will be providing services within a household of a person living with dementia.

We understand that the homemaker and companion is not a licensed or certified health care professional, but the reality is that they will most likely be working with persons who are experiencing various levels memory loss and dementia related behaviors. Training this workforce to understand the disease and to learn the tools and technics available to better provide the non-medical long-term services and supports for their clients is essential – not only for the person living with dementia, but also for the individual who is serving as the companion or homemaker.

We want to be very clear that we are not talking about training this level of service to provide actual dementia related care. What we are requesting is that an agency be allowed to train and educate their workforce to better serve those living with dementia in their capacity as a homemaker or companion. And along with that, agencies should be able to communicate that they have trained and educated their staff so that the consumer can make an informed choice of choosing a homemaker or companion who is equipped with this education and training. And finally, we are not asking for a training mandate, but rather a training opportunity.

We thank you for this opportunity to comment and for your consideration of our opinion. It is a very large scope of study that this task force is undertaking and we appreciate your holding this public hearing which will hopefully gather both provider and consumer insight. Please consider LeadingAge Connecticut to be a resource to you as you continue your work.

Respectfully submitted,

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