

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### FACILITY LICENSING AND INVESTIGATIONS SECTION

## BLAST FAX 2024-17

TO: All Home Health Care Agencies

FROM: Jennifer Olsen Armstrong, MS, RD, Section Chief

CC: Commissioner Manisha Juthani, MD  
Adelita Orefice, MPM, JD, CHC, Chief of Staff, DPH  
Lorraine Cullen, MS, RRT, RRT-ACCS, Branch Chief, HQSB  
Cheryl Davis, R.N. Public Health Services Manager, FLIS  
Kim Hriceniak, R.N. Public Health Services Manager, FLIS  
James Augustyn, Public Health Services Manager, FLIS

DATE: November 21, 2024

SUBJECT: Home Health Care Agency Annual Reporting (due by January 1, 2025)

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With the recent passage of [Public Act 24-19](#), An Act Concerning the Health and Safety of Connecticut Residents, please be reminded that effective October 1, 2024:

Section 3 of the Public Act 24-19 requires:

(a) **Not later than January 1, 2025**, and annually thereafter, each home health care agency and home health aide agency, as such terms are defined in section 19a-490 of the general statutes, except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b of the general statutes, shall report, in a form and manner prescribed by the Commissioner of Public Health, each instance of verbal abuse that is perceived as a threat or danger by a staff member of such agency, physical abuse, sexual abuse or any other abuse by an agency client against a staff member of such agency and the actions taken by the agency to ensure the safety of the staff member.



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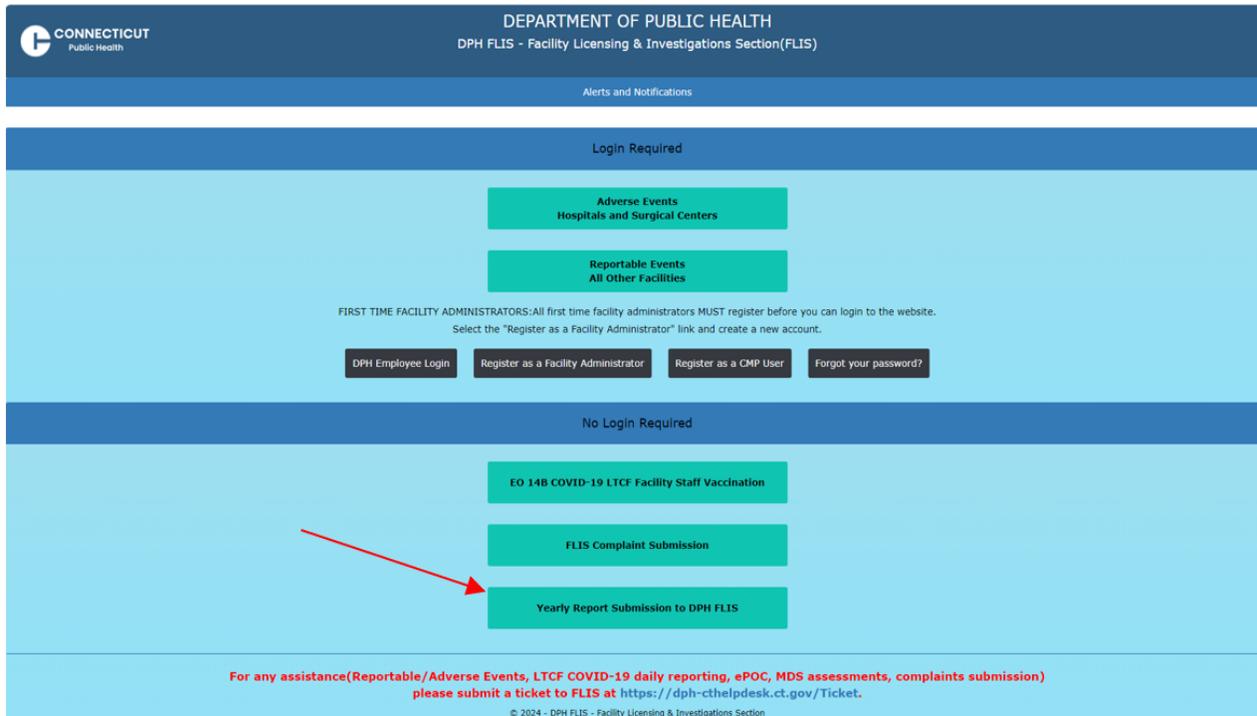
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We are writing to update you on changes (added questions) to the yearly report submission for home health care agency to DPH’s Facility Licensing and Investigations Section (FLIS) web-based submission. Please do not submit paper or faxed reports to the Department.

To complete this report please visit <https://dphflisevents.ct.gov/> and select “**Yearly Report Submission to DPH FLIS**”

Home page:



On the Yearly Report Submission to DPH FLIS Page: Select “**WorkPlace Violence**” for submission type and “**Home Health Care Agency**” for facility type and complete the additional fields.

\* - Required Field

**Submission Type**  \*

**Facility Type**  \*

**Facility Name**  \*

**Facility License Number**  \*(ex. CCNH.01234567)

**Email**  \*

**Telephone Number**  \*

Submission Type: Workplace Violence

Facility Type: Home Health Care Agency

**Has any workplace violence or abuse occurred in the previous calendar year?**  Yes  No \*

**IF YES**, select all that apply

**Physical Abuse by agency client to staff member**

**Number of instances**

**Sexual Abuse by client to staff member**

**Verbal Abuse by client that is perceived as a threat by a staff member**

**Number of instances**

**Any Other Abuse by an agency client against a staff member**

**Submitted By**  \*

**Submission Year(YYYY)**  \*

Please upload reports **detailing actions taken** by agency to ensure staff members safety for each instance reported.

You can only upload **GIF, JPG, PNG, DOC, and PDF** files.

Certification:

I warrant and declare under penalty of perjury that the information included in the foregoing certification is true in every respect. Submission of any material false statement in the certification is subject to the penalties of false statements pursuant to Connecticut General Statute section 19a-500.

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If there were any instances of workplace violence or abuse by client(s) against agency staff use the **upload** button to submit each instance including the actions taken by the agency to ensure the safety of the staff member. Please do not include the name of individuals or any other HIPAA protected information. Once finished, complete the certification and select **“Submit.”**

### Final Confirmation

CONNECTICUT  
Public Health

DEPARTMENT OF PUBLIC HEALTH  
DPH FLIS - Facility Licensing & Investigations Section (FLIS)

Yearly Report Submission to DPH FLIS Confirmation Page

Yearly Report Submission to DPH FLIS has been successfully submitted.

Your confirmation number is : DPHFLISYS-2024-35; **Submission Confirmation**

Back to Home Page Print

For assistance with submission please submit a ticket to the [DPH Helpdesk Portal](https://dph-cthelpdesk.ct.gov/Ticket) ( <https://dph-cthelpdesk.ct.gov/Ticket> )

For Questions, please contact Cheryl Davis Public Health Services Manager at [Cheryl.davis@ct.gov](mailto:Cheryl.davis@ct.gov) or Elizabeth Heiney Supervising Nurse Consultant at [Elizabeth.heiney@ct.gov](mailto:Elizabeth.heiney@ct.gov)