

**2012 PERFORMANCE REVIEW REPORT TO THE
GOVERNOR AND THE GENERAL COURT**

BY

**THE PERSONAL CARE ATTENDANT QUALITY HOME
CARE WORKFORCE COUNCIL**

PCA QUALITY HOME CARE WORKFORCE COUNCIL

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EXECUTIVE SUMMARY

This third performance review report is being filed by the Personal Care Attendant (PCA) Quality Home Care Workforce Council (the Council), pursuant to *M.G.L. c.118E §75*.

The information provided in this report comes from a variety of sources, including: Council meetings and open forums; statistical and financial data provided by staff from MassHealth and the Executive Office of Health and Human Services; surveys of consumers and PCAs conducted by Rewarding Work Resources Inc. and surveys and reports conducted by Personal Care Management (PCM) Agencies.

A workforce of more than 32,000 PCAs provides MassHealth PCA consumers, who are the employers of their PCAs, with the in-home care that means the difference between institutionalization and consumers leading independent lives in their own communities. MassHealth expenditures for the PCA program totaled just over \$462.3 million dollars in FY 12, far less than the cost of institutionalized care for the almost 23,000 consumers in the PCA program.

MassHealth consumers of PCA services remain very satisfied with the PCA program and the assistance they receive. The above sources of information strongly support the fact that the PCA program is the most important element that permits consumers to live in their communities and have productive lives. Consumers continue their strong appreciation for the services delivered through the PCA program. Most recognized that these services substantially increase their quality of life and that they would be unable to live independently without them.

The PCA program is not only effective, but extremely flexible as the consumer has the ability to exercise choice in who provides the consumer's care, as well as when this care is provided. The evidence continues to show that the concept of consumer control in hiring, training and directing PCAs is critical to maintaining both effectiveness and flexibility. There is exceptionally strong support for this philosophy among consumers.

A web based PCA referral directory, launched by the Council in 2009 pursuant to *M.G.L. c.118E §72 (a) (3)*, continues to assist consumers in recruiting and hiring PCAs. The Council contracted with Rewarding Work Resources Inc. (RWR) to develop and manage the directory.¹ The directory lists active applications from more than 7,000 current and potential PCAs. More than 2,000 consumers have registered to use the directory. This report shows PCA expenditures have grown by 17% from FY10 to FY 12. PCA expenditures have continued a trend, noted in the Council's earlier report, of declining as a percentage of community based long term care.

In 2011 the Council received new leadership. Dr. Jean McGuire left EOHHS and Christine Griffin was hired as the new Assistant EOHHS Secretary for Disability Policy and Programs and, in that capacity, became chair of the Council. In 2012 the Council was able to fill a three year vacancy that was required to be filled by a MassHealth PCA consumer. Kristen McCosh, Disability Commissioner for the City of Boston, was appointed to the Council in August by Attorney General Martha Coakley. The six non-government members of the Council, all of whom are persons with disabilities, continue to volunteer many hours in support of the Council's mandate to insure the quality of personal care services.

Sources & Acknowledgements

In addition to the sources mentioned above, Lois Aldrich, Director of Community Services, as well as her staff, have provided considerable time, resources and advice in the preparation of this report. Susan Engel, from EOHHS-IT Data Analysis and Reporting, provided an analysis of the data for the section on PCA consumers receiving additional and more intensive services. Christine Griffin also contributed valuable editing and suggestions to this report.

¹ The directory is located at www.mass.gov/findpca

I. HEALTH & WELFARE OF MASSHEALTH CONSUMERS

M.G.L. c. 118E §75 (b) asks for an evaluation of the health, welfare and satisfaction with services provided of the consumers receiving long-term in-home personal care services from personal care attendants ... including the degree to which all required services have been delivered, the degree to which consumers receiving services from personal care attendants have ultimately required additional or more intensive services, such as home health care, or have been placed in other residential settings or nursing homes, the promptness of response to consumer complaints and any other issue considered to be relevant.

A. Profile of the PCA Program

In order to properly evaluate the criteria mentioned in the above statute, a summary of the history and parameters of the MassHealth PCA program is useful. Started in 1974, The PCA program provides funds for eligible MassHealth members to hire PCAs to provide them assistance with activities of daily living (ADLS) and instrumental activities of daily living (IADLS).² In order to be eligible for services, MassHealth members must require physical assistance in two or more activities of daily living. The member must also have a prescription from a physician or nurse practitioner for PCA services and obtain prior authorization from MassHealth.

EOHHS contracts with approximately 26 nonprofit agencies, primarily independent living centers (ILCs) and aging service access points (ASAPs), to provide initial evaluations, skills training on the consumer's role and responsibilities as an employer in the PCA program and support for members needing PCA assistance.

These agencies are known as Personal Care Management (PCM) agencies. In addition, EOHHS contracts with four entities to provide Fiscal Intermediary services. Fiscal Intermediaries act as the consumer's payroll agent by performing employer- required tasks on behalf of the consumer, such as receiving and processing PCA timesheets, withholding and paying required state and federal taxes, purchasing workers'

² ADLS are activities such as bathing, dressing, and transferring. IADLs are activities such as laundry, shopping and housekeeping. See 130CMR 422.410

compensation insurance, deducting and paying union dues and fees, and issuing checks to PCAs. The consumer has the responsibility of hiring, training, supervising and, if necessary, firing the PCA. In the past two years the number of MassHealth members utilizing PCA services has increased approximately 15%. Approximately 70% of consumers use surrogates, who are appointed by the consumer to perform one, several or all of the employment related tasks that are the consumer's responsibility, when the consumer cannot perform these on their own.

B. Consumer Satisfaction with Services

For purposes of this report, the Council defines satisfaction with services as:

1. The ability to recruit and retain PCAs;
2. The degree to which the consumer's needs are met;
3. The quality of consumer/PCA relationships
4. Satisfaction with PCM/ FI support including promptness of response to consumer complaints.

1. The ability to recruit and retain PCAs

a. Recruitment

In September of 2009, the Council, pursuant to M.G.L. c.118E §72 (a) (3), launched a web based referral directory to assist consumers in recruiting and hiring PCAs. The directory is operated by Rewarding Work Resources Inc. (RWR). The directory features a searchable database that produces a list of workers meeting criteria entered by a consumer/employer seeking to hire a PCA. MassHealth members in the PCA program receive a free, one year renewable subscription to the Directory. Currently there are more than 2,000 subscriptions and the directory has active applications from approximately 7,000 existing and potential PCAs. Persons other than MassHealth members seeking PCA services can still gain access to RWR's subscription directory for a fee.³

³ M.G.L. c. 118E §74(b) *The council may offer and provide ... referral services to personal care attendants and consumers of long-term in-home personal care services other than*

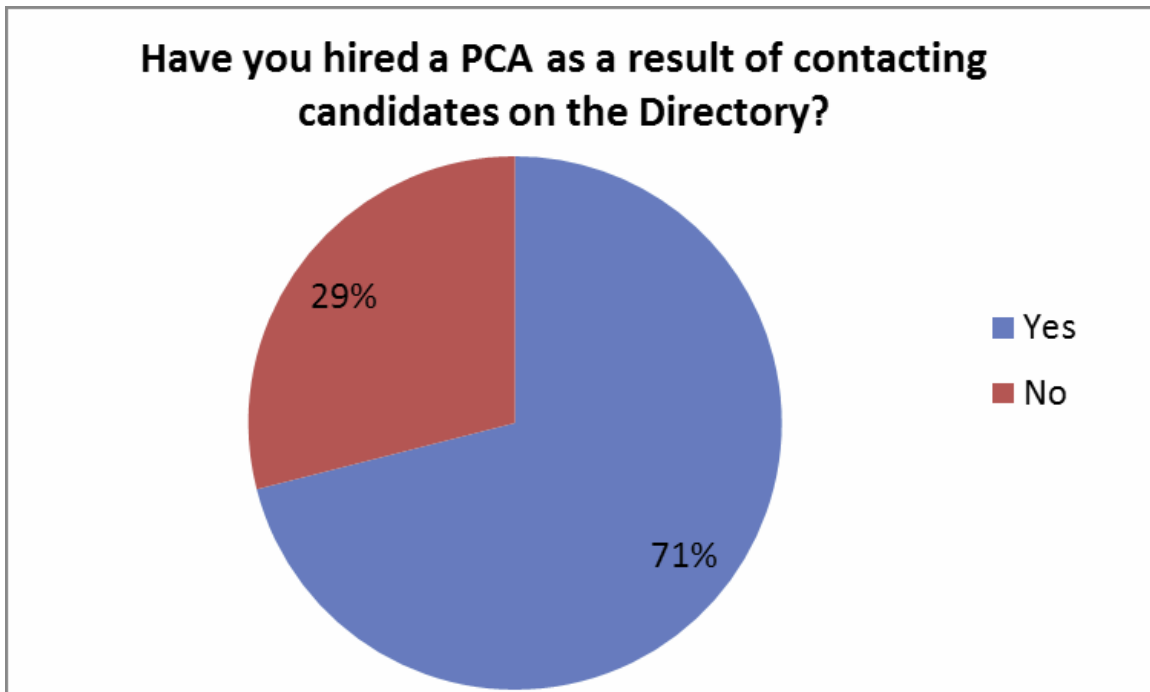
RWR and the Council have made a process of continual improvement of the directory a priority. RWR sends e-surveys to all MassHealth members, to a selection of PCA applicants and to staff at PCM agencies. Based upon the responses received, as well as additional outreach efforts, RWR has made several modifications to the directory, including:

- Consumers had expressed displeasure about the many choices available while doing a search. The directory now has a streamlined search feature that is loaded with the most-common search choices.
- A consumer/employer can now save a set of search criteria he or she has used. When a new worker files an application including those criteria, the consumer will be sent an e-mail.
- Previously the shortest radius for a search was within five miles of the consumer's home. Now searches can be made for as small as a one-mile radius.
- For a ten dollar fee, consumers can post a job on the directory, increasing their ability to find the PCA who can best meet their needs.

The directory has increased both the breadth and the speed of PCA hiring searches. Mindful that not all consumers have computers or are familiar with the internet, RWR staff are working to extend the reach of the directory. Although not required to do so by contract, some PCM staff, all of whom have free access to the directory, perform searches for consumers without computer access. RWR has reached out to non-PCM Independent Living Centers (ILC) and Aging Service Access Points (ASAP) and other disability oriented nonprofits. In exchange for assisting consumers with searches, an agency can sign a memorandum of understanding and receive a discounted membership to the directory. Potential PCAs have the option of either filling out an application online or calling an 800 number to complete the form on the phone. Currently, funding for the directory is not sufficient to support a call in service for consumers.

statutorily defined personal care attendants and consumers, for a fee to be determined by the council.

In a 2012 survey of consumer/employers who had used the directory, RWR found that 71 percent of respondents rated the Directory satisfactory or above. 35 percent were satisfied; 28 percent were very satisfied; and 8 percent rated the Directory as excellent. 18 percent were somewhat satisfied and 9 percent of respondents were not satisfied. The chart on page 9 shows the high degree of success consumers have had in using the directory.



b. Retention

On the issue of retention, consumer/employers and PCAs both agree that retention rates would improve with higher wages and benefits such as health care.⁴ This consensus led to the creation of the Council and the opportunity for PCAs to organize a union. After PCAs made the decision to unionize, the Council began collective bargaining in 2008. To date the Council has negotiated three contracts with 1199SEIU United Healthcare Workers East. Assistant Secretary Griffin joined the 2012 bargaining team as an active member. The current contract, which runs through June, 2015, provides:

⁴ *The Experience of Personal Care Attendants in the Massachusetts PCA Program* (JSI Research & Training Inst., 2010) p.25; *Consumers' Experience in the Massachusetts Personal Care Attendant Program* (JSI Research & Training Inst., 2009) p.31

- 3 consecutive years of wage increases: raising the hourly wage to \$12.68 in July, 2012, to \$12.98 in July, 2013 and to \$13.38 in July, 2014.
- The PCA training fund, started with a 1 million (\$1,000,000) dollar contribution last year, will receive an additional 1 million (\$1,000,000) dollars per year for the last two years of the contract.
- A paid time off benefit was agreed to and will begin in July, 2014. This benefit will have an annual cap of 1.5 million (\$1,500,000) dollars. The details of the benefit will be determined by the labor management committee.
- A study is being done on the issue of health insurance. The study will focus on seven specific areas outlined in the contract and is to be completed by January, 2014. When the study is completed, there will be a reopener and negotiations will begin over a health care benefit.

In the seven year period between bargaining on the first contract and the end of the current contract, PCA wages will have increased by 23%. In the seven year period prior to 2008, wages increased by 7%. Statistically, the collective bargaining process has had a positive effect on wages and benefits and this should be a factor in improving the retention rate of PCAs.

2. Meeting consumers' needs

Beginning in 2010 as a tool to improve service, RWR started sending out surveys to consumers, selected PCAs and to PCM staff. Surveys were sent by email, using Constant Contact, a leading email-marketing service provider. In 2012, invitations to participate in the survey were sent to 636 MassHealth PCA consumers. The survey remained open for approximately three weeks. A total of 75 individuals (12%) completed and returned surveys. In addition to questions about the directory, consumers were asked about their overall satisfaction with the PCA program.

The Mass Health PCA Program received an overall rating of 72% rating the program as excellent; very satisfied or satisfied. 13% were somewhat satisfied; and 9% of respondents were not satisfied.

One respondent noted: *I was lucky to find 1 person to take care of my son who is a quadriplegic. He is very dependable and had the experience I was looking for. He ... is ... a wonderful person who takes very good care of my son. I do not know what I would do without him.*

In 2012 the Council held three separate public forums in order to acquire information and comments for this report. In April the Council held its regularly scheduled bi-monthly meeting at the offices of Easter Seals Massachusetts in Worcester. The meeting included an opportunity for consumers and agency staff working with consumers to address the Council. For the better part of an hour members of the Council listened to both praise and critiques of the MassHealth PCA program. The Council also held open forum workshops at:

- The MRC, MCB, MCDHH, SILC Conference held in June at the Four Points Sheraton, Norwood, Massachusetts,
- The SILC statewide Conference held in September at the Best Western Hotel & Conference Center, Marlborough MA

At all three forums consumers expressed overall satisfaction with the PCA program but laced their comments with recommendations for improving the program. Themes expressed at the forums include: better pay and benefits for PCAs, changing the rule preventing PCAs from assisting consumers while hospitalized, more assistance with PCA background checks and the need for a system to provide emergency and backup PCAs.



Members of the Council's workshop panel at the S.I.L.C. state wide conference.
L to R: Christine Griffin, Joe Bellil, Paul Spooner and Joe Tringali

3. The quality of consumer/PCA relations

To many consumers, their designation as an employer, not as a patient or a client, is as important to their dignity and well being as is the fact that they can live at home rather than in an institution. While the role of being the employer, when consumers are so dependent on PCA assistance, is complicated, consumers consistently emphasize the importance of having control over this aspect of their lives. Throughout the surveys, focus groups and forums the Council has conducted over the past five years, there has been near unanimity among consumers regarding the importance of consumer control in the PCA program. As part of this feedback consumers have also stressed the strong bonds of trust and support that they have forged with their PCAs. From the PCA perspective, statements made at collective bargaining sessions, Labor Management Committee meetings and through the Paul Kahn Awards selection process, have expressed a similar view.

4. Satisfaction with PCM/ FI support

PCM agencies primarily assist consumers in four areas: providing intake, orientation and functional skills training to educate consumers and/or surrogates about the rules of the PCA program and the consumer's role and responsibilities as an employer of PCAs; evaluating and periodically re-evaluating the number of hours of assistance that consumers need, assessing the consumer's need for a surrogate; and submitting the prior authorization request to MassHealth. PCM agencies are required, as part of their contract with MassHealth, to submit annual quality assurance reports. For this report, fourteen quality assurance reports were reviewed. The average percentage of consumer file having up to date service agreements between consumers and their PCAs was just over 92%. Ten of the organizations had completed telephone surveys of the consumers they work with. These surveys showed that more than 96% of those interviewed were satisfied with the services provided by their PCM.

a. Promptness of response to consumer complaints

The quality assurance reports recorded the percentage of consumer calls that were responded to within two business days of being placed. The average among PCMs was 97%.

C. Consumers Requiring More Intensive Services

As in prior reports, the Council has assembled statistics that give a broad view of consumer utilization of additional or more intensive services. **Appendix 1a** lists the nine services that MassHealth staff has identified as comprising additional or more intensive services and shows utilization by both former and current PCA consumers for FY 11 and FY12. EOHHS-IT Analytics & Reporting has now added cost information to this appendix. **Appendix 1b** displays an unduplicated count of members in both groups, along with the number of categories for which there are paid claims.

D. Other Relevant Issues

1. Paul Kahn Awards for PCA Service

The third annual Paul Kahn Awards for PCA service were presented in September, 2012 at the State House.⁵ A packed audience in Nurses' Hall saw PCAs, from different regions of the state, receive a plaque and recognition from their legislators. Nominations for the awards were made by consumers, staff from PCM agencies, 1199SEIU staff and others. **Appendix 2** provides a summary of the ceremony and information on the awardees' background.

2. Communication with Consumers

The Council continues to maintain its website www.mass.gov/pca and new content is regularly added. The Council newsletter, *The Bridge*, is published twice a year and copies are mailed to all MassHealth consumers. Issues of *The Bridge* are also available on the Council's website.

3. PHCAST Training Grant

In September 2010, EOHHS was notified it was being awarded a \$2.3 M three year grant pursuant to the Affordable Care Act Personal and Home Care Aide State Training

⁵ The award is named in honor of Paul Kahn, a long time PCA employer, advocate and artist who died in January, 2010.

(PHCAST) program of the Health Resources Service Administration. The purpose of the grant project is to develop, evaluate and disseminate a core-competency based curriculum for direct care workers across health and human service sectors in Massachusetts. The MA-PHCAST demonstration effort was developed in partnership with the Massachusetts Council for Home Care Aide Services, the PCA Workforce Council, Bristol Community College, PHI, Commonwealth Corporation and the MA Area Health Education Center (MA-AHEC). Over the past two years, under the leadership of Project Director Leanne Winchester, the project developed a core curriculum that is applicable to both Personal Care Homemakers and PCAs, a curriculum that can be adapted for other direct care workers. The curriculum consists of 13 stackable core competency modules that are well suited for all learners; providing opportunities for direct care workers to advance along a career lattice.

1. Roles & Responsibilities
2. Communication
3. Culture & Diversity
4. Consumer rights, ethics, confidentiality
5. Life skill
6. Health care support
7. Infection Control
8. Nutrition
9. Housekeeping
10. Safety and emergency
11. Basic Restorative
12. Personal Care
13. Consumer specific needs

Distinct training courses, based upon the core curriculum were also developed for Personal Care Homemakers and PCAs. Homemakers were trained through the Council for Home Care Aide Services' internal training structure. Because no classroom training session existed for PCAs, a specific PCA course was developed by Bristol Community College (BCC). To date 63 current or potential PCAs have been trained. Members and staff from the PCA Workforce Council served on management and advisory committees for the PHCAST project. Staff from the Council also served on an advisory group for the BCC project. The curriculum relevant to PCAs includes instruction on the concept of consumer control and emphasizes that the course supplements but does not supplant training provided by the consumer or surrogate.

The curriculum has now been named the ABCs for Direct Care Workers (Acquiring Basic Core Competencies). Plans for the final grant year, ending in September 2013, are to promote the sustainability of the project. Community Colleges, Independent Living Centers and other entities are negotiating to teach the entire course or one or more of the stackable modules. In October, the Massachusetts PHCAST project received the “2012 Workforce Training Partnership of the Year” Champion Award from The Workforce Solutions Group of Massachusetts.

4. Labor Management Committee

The Labor Management Committee (LMC) continues to meet regularly. A major responsibility for the Committee has been administering and monitoring the training fund created during the 2011 collective bargaining. The LMC organized a needs assessment that included consumer as well as PCA input.⁶ The LMC has also addressed issues such as timely payment for PCAs, reviewing health care options, resolving program administrative problems and promoting direct deposit for PCAs.

II. FULL COST OF PERSONAL CARE SERVICES

M.G.L. c. 118E §75 (c) asks for *an explanation of the full cost of personal care services, including the administrative costs of the council, unemployment compensation, Social Security and Medicare payroll taxes paid and any oversight costs.*

1. Administrative cost of the Council

The FY12 budget and budget narrative for the Council are set out in **Appendix 3. Please note, the 1million (\$1,000,000) dollars in the HH line item refers to the training fund allocation negotiated as part of the 2011 contract.** These funds were sent to the 1199 Training and Upgrade Fund Inc. (TUF) pursuant to a contract between TUF and the Council.

2. Unemployment compensation, Social Security and Medicare payroll taxes paid

⁶ The needs assessment is available at <http://www.mass.gov/pca/reports/pca-training-assessment-report.html>

Appendix 4 sets out the full cost of PCA services for FY12 and the increase in cost from FY10. Expenses shown include payment to PCM agencies and payments to the Fiscal Intermediary organizations. The specific costs listed in M.G.L. c.118E §75(c), along with payroll, are also listed here. The increase in cost for this two year period is slightly more than 17%, less than the 12.3% annual growth reported in the Council's 2010 report. The increase in the number of PCA consumers over this period is approximately 15%.

Appendix 6 shows the cost of the PCA program from FY07 through FY11 and also as a percentage of expenditures for community long term care services (CLTC) and overall long term care (LTC) expenditures during that period. As a percentage of over all LTC expenditures, PCA program costs increased by slightly more than .5 %. As a percentage of CLTC, the PCA program continued the slight decline mentioned in earlier reports.

APPENDICES

PERSONAL CARE ATTENDANT QUALITY HOME CARE WORKFORCE COUNCIL 2012 PERFORMANCE REVIEW REPORT

APPENDIX 1a

MassHealth Consumers receiving more intensive services

CONSUMERS NO LONGER ON THE PCA PROGRAM

2012	PT	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	MEMBERS	CLAIMS	UNITS	\$ DOLLARS
2012	09	09 - NURSING FACILITY	449	19,618	77,321	\$ 12,031,842.81
2012	35	35 - STATE AGENCY SERVICES	243	4,313	70,052	\$ 1,683,006.68
2012	60	60 - HOME HEALTH AGENCY	125	17,197	241,932	\$ 2,829,442.40
2012	62	62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	149	13,564	36,387	\$ 2,689,381.61
2012	69	69 - HOSPICE CARE	88	1,486	4,886	\$ 866,807.43
2012	70	70 - ACUTE INPATIENT HOSPITAL	538	1,880	2,929	\$ 1,664,897.22
2012	71	71 - CHRONIC INPATIENT HOSPITAL	97	771	506	\$ 2,680,612.82
			<u>Distinct</u>	1,080		
2011	73	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	13	69	38	\$ 43,401.64
2011	74	74 - SEMI ACUTE INPATIENT HOSPITAL	2	2		-
			<u>Distinct</u>	1115	133,297	\$ 54,684,033.66

CONSUMERS CURRENTLY ON THE PCA PROGRAM

FY	PT	DSC_PROV_TYPE	MEMBERS	CLAIMS	UNITS	DOLLARS
2011	09	09 - NURSING FACILITY	1,619	28,912	33,890	\$ 16,549,661.00
2011	35	35 - STATE AGENCY SERVICES	4,087	90,174	1,738,091	\$ 19,716,833.42
2011	60	60 - HOME HEALTH AGENCY	2,497	321,935	3,301,697	\$ 44,598,825.81
2011	62	62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	667	34,346	107,847	\$ 5,285,822.25
2011	69	69 - HOSPICE CARE	92	1,784	6,694	\$ 1,126,665.80
2011	70	70 - ACUTE INPATIENT HOSPITAL	6,541	23,340	14,957	\$ 29,083,082.02
2011	71	71 - CHRONIC INPATIENT HOSPITAL	753	5,147	2,099	\$ 21,943,020.77
2011	73	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	64	217	145	\$ 74,577.19
2011	74	74 - SEMI ACUTE INPATIENT HOSPITAL	22	36		\$ 50,408.65
				505,891	5,205,420	\$ 138,428,896.91
			<u>Distinct</u> 11,842			
2012	09	09 - NURSING FACILITY	1,359	27,645	34,680	\$ 11,564,994.42
2012	35	35 - STATE AGENCY SERVICES	3,603	99,560	2,584,880	\$ 26,515,056.52
2012	60	60 - HOME HEALTH AGENCY	2,266	327,865	3,300,566	\$ 45,713,928.43
2012	62	62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	408	14,631	51,983	\$ 2,713,965.85
2012	69	69 - HOSPICE CARE	93	1,858	4,196	\$ 671,495.31
2012	70	70 - ACUTE INPATIENT HOSPITAL	5,581	17,594	15,110	\$ 22,097,315.62
2012	71	71 - CHRONIC INPATIENT HOSPITAL	604	4,682	1,003	\$ 18,256,916.81
2012	73	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	52	205	151	\$ 28,241.34
2012	74	74 - SEMI ACUTE INPATIENT HOSPITAL	17	21	-	\$ 664.22
				494,061	5,992,569	\$ 127,562,578.52
			<u>Distinct</u> 10,294			

APPENDIX 1b

Unduplicated count of members

Consumers no longer on PCA services

FY	No. of services claimed	number of members
2011	1	516
2011	2	433
2011	3	136
2011	4	27
2011	5	2
2011	6	1
2011	unduplicated member count	1,115
2012	1	604
2012	2	350
2012	3	109
2012	4	17
2012	unduplicated member count	1,080

Consumers receiving PCA services

FY	No. of services claimed	number of members
2011	1	8,330
2011	2	2,661
2011	3	729
2011	4	107
2011	5	15
2011	unduplicated member count	11,842
2012	1	7,380
2012	2	2,239
2012	3	581
2012	4	89
2012	5	4
2012	6	1
2012	unduplicated member count	10,294

Appendix 2

Paul Kahn Awards for PCA Service

The 2012 awards ceremony was hosted by Senator Michael Rodrigues and Representative Marco Devers. As Senator Rodrigues noted: “these five people are being recognized for displaying the dedication, skill and selflessness that thousands of PCAs display day in and day out.” Representative Devers emphasized government’s role as a partner in seeing that PCA services are provided to those who need them.

Christine Griffin, Assistant EOHHS Secretary for Disability Policy & Programs and Chair of the Council, highlighted the gains PCAs made in the recently negotiated labor agreement and said that for the administration’s Community First agenda to succeed, a strong PCA workforce was a necessity.

Senator Rodrigues and Representative Devers presented awards to Caroline Craig of Weymouth, Vicente de la Rosa of Lawrence, Doris Forcier from Leicester, Wadson Michel of Woburn and Laurie Swane from Hadley. Ms. Forcier was unable to attend the event and received her award separately.

In her closing remarks, Rebecca Gutman, 1199SEIU Vice President for Home Care emphasized the union’s role in promoting and supporting PCAs. She added that, having represented a wide variety of unionized workers, she considered PCAs to be the most dedicated, caring workforce she has seen.

2012 Paul Kahn Awardees



Back row (l-r) are award winners: Laurie Swane of Hadley, Caroline Craig of Weymouth, Wadson Michel of Woburn and Vicente de la Rosa of Lawrence. Seated are Joe Bellil, Treasurer of the Council and Christine Griffin, Asst. EOHHS Secretary for Disability Policy and Programs and Council Chair. (not pictured Doris Forcier)

Caroline Craig – Southeastern MA

Caroline began performing PCA work when she was 17. For more than three decades Caroline has continued providing assistance as a PCA. RG, the employer who nominated Caroline, recounted a time when Caroline was at the hospital until 1 a.m., due to the illness of one of her children. Caroline still showed up to work bright and early that morning. RG is quadriplegic and in need of a high level of assistance. Caroline has sought out training for dealing with bed sores, catheterization, intravenous procedures and other areas. Caroline has trained four of her children to do PCA work and says that what she values most about her work is “helping someone achieve independence”.

Vicente de la Rosa – Northeastern MA

Vicente, who has been a PCA for eight years, was nominated by two of his employers, J.C. and J.S. Vicente was born in the Dominican Republic, where he worked in a hospital before emigrating to the U.S in 1999. Vicente attends medical appointments with each man and gives out medications. He has also trained other PCA’s for both of them. J.C. shared an occasion when he was hospitalized with severe pneumonia for two weeks. Vicente continued to visit him and provide care to him during his stay even though he would not be paid for those hours. Vicente is

a member of the collective bargaining committee for 1199SEIU and also serves on the labor management committee.

Doris Forcier – Central MA

For over 14 years, Doris has been the primary PCA FOR Ms. F., who has MS and is paralyzed from the waist down. Doris not only schedules and attends all of Ms. F.'s medical appointments; she also assists the surrogate with interviewing and training other PCAs. For these reasons, Olivia refers to Doris as her "majordomo". Once, while on her way to a culinary school class, Doris received a call that Ms. F. had been taken to the emergency room. Doris immediately went there and stayed by Ms. F.'s side until her health improved. Doris didn't get to finish culinary school but helps control Ms. F.'s blood sugar by preparing her healthy lunches and dinners every day.

Wadson Michel – Greater Boston

Wadson has worked with R. for more than ten years. Wadson met R.'s mother at a conference on autism and agreed to work as R.'s PCA. He takes R. out on his boat and has taught him to help steer so that R. can be a captain of his own ship and feel a sense of control. They go roller skating together and truly relate to each other. When R. began having outbursts at his day program, Wadson took the extra time to go and observe R. Based on what he saw and his ability to communicate with R., Wadson resolved the issue. When told how fortunate R. is to have him, Wadson said the opposite is true: I am lucky to have R. in my life.

Laurie Swane – Western MA

Laurie has been the primary PCA to P.V. for the past four years. She attends doctor appointments with him and assists with hiring and training new PCAs. Laurie is a certified CNA who initially worked in a nursing home. Laurie decided that she wanted a position that would allow her to provide more individual care and assist people to stay in their own home. When P. was hospitalized for six weeks, Laurie visited him throughout his stay and assured him that she would continue to be his PCA when he returned home after rehab. It was so important for P. to know he would have continuity of care when he left the hospital and he was amazed that she would do so without receiving any pay during his stay.

APPENDIX 3

PCA Workforce Council FY12 Budget

4000-0050	PCA Workforce Council	A&F Approved FY12 Budget (revised 2/9/12)	Total Spending	Remaining Balance of Funds
AA	Staff Compensation	\$159,251	\$159,487	(\$236)
BB	Employee Expenses- Travel	\$350	\$344	\$6
DD	Employee Fringe	\$3,089	\$3,094	(\$5)
EE	Administrative Expenses	\$2,424	\$1,093	\$1,331
HH	Consultant Services	\$1,000,000	\$1,000,000	\$0
JJ	Operational Services	\$2,593	\$537	\$2,056
UU	Information Technology Expenditures	\$64,180	\$63,782	\$398
	All Object Classes	\$1,231,888	\$1,228,337	\$3,551

NOTES:

Cell phone: \$1,200

Rewarding Work Contract: \$62,980

AA budgeted amount is short, Budget and Finance moved some EE funds to cover difference

APPENDIX 4

Cost of PCA Program

	FY 2010 Members	FY 2010 Expenditures	FY 2012 Members	FY 2012 Expenditures
<i>PCM Agency Annual Expenditures</i>				
Skills Training	19,789	\$ 9,913,495.44	22,858	\$ 11,084,904.96
Intake and Orientation	5,082	\$ 1,206,273.46	6,349	\$ 1,218,169.70
Initial Evaluations	3,850	\$ 826,427.48	4,228	\$ 915,425.03
Re-Evaluations	13,364	\$ 1,650,320.36	15,710	\$ 1,986,707.12
Total PCM Expenditures		\$ 13,596,516.74		\$ 15,205,206.81
<i>Fiscal Intermediary Annual Expenditures</i>				
Payroll Costs				
PCA Wages	19,211	\$ 326,689,413.00	22,189	\$ 381,471,901.20
SUTA		\$ 11,043,711.46		\$ 13,786,767.00
FUTA		\$ 1,603,447.00		\$ 3,067,407.00
FICA/Medicare		\$ 25,361,285.88		\$ 30,571,531.00
Workers' Compensation		\$ 5,400,000.00		\$ 5,671,000.00
Total Payroll Costs		\$ 370,097,857.34		\$ 434,568,606.20
FI Administrative Fee	19,828	\$ 10,663,966.00	22,808	\$ 12,578,359.80
Total FI Expenditures		\$ 380,761,823.34		\$ 447,146,966.00
<i>Total Annual MH Expenditures for PCA program*</i>		\$ 394,358,340.08		\$ 462,352,172.81

* expenditures are based on PCM Agency and FI paid claims for FY 10 and FY 12

APPENDIX 5

PCA/Long Term Care Expenditures

Dollars in Millions

<u>Provider Category</u>	<u>FY2007</u>	<u>Trend</u>	<u>FY2008</u>	<u>Trend</u>	<u>FY2009</u>	<u>Trend</u>	<u>FY2010</u>	<u>Trend</u>	<u>FY2011</u>
Inpatient Rehab/Chronic	\$144.9	0%	\$144.8	2%	\$147.5	6%	\$156.4	-5%	\$147.9
Outpatient Rehab/Chronic	\$11.0	7%	\$11.8	4%	\$12.3	9%	\$13.5	2%	\$13.7
7 Nursing Homes	\$1,558.2	0%	\$1,553.1	-3%	\$1,511.9	1%	\$1,530.6	-4%	\$1,476.4
al Institutional LTC	\$1,569.2	0%	\$1,564.9	-3%	\$1,524.2	1%	\$1,544.1	-3%	\$1,490.1
PACE	\$63.9	15%	\$73.6	15%	\$84.6	12%	\$94.4	5%	\$99.2
PCA -- total including wages	\$285.2	11%	\$316.5	14%	\$360.1	12%	\$401.5	9%	\$437.5
Home Health Agency	\$118.9	15%	\$136.4	16%	\$158.8	16%	\$184.3	15%	\$212.0
PDN	\$6.5	50%	\$9.8	10%	\$10.8	-7%	\$10.0	-7%	\$9.3
Adult Foster Care	\$75.3	20%	\$90.0	30%	\$116.8	30%	\$152.0	28%	\$194.4
Adult Day Health	\$53.0	19%	\$62.9	12%	\$70.3	11%	\$78.1	8%	\$84.5
Day Habilitation	\$106.8	5%	\$112.6	8%	\$122.1	10%	\$134.1	1%	\$135.6
Hospice Care	\$88.3	20%	\$105.9	-8%	\$97.4	2%	\$99.8	-1%	\$98.6
Therapies	\$2.1	2%	\$2.2	40%	\$3.1	6%	\$3.2	7%	\$3.5
Prosthetics/Orthotics	\$4.4	24%	\$5.5	9%	\$6.0	6%	\$6.3	0%	\$6.3
DME/Oxygen	\$38.5	1%	\$38.9	5%	\$41.0	6%	\$43.5	0%	\$43.6
SCO Capitation	\$98.0	86%	\$182.0	41%	\$257.0	25%	\$322.2	24%	\$398.3
Total Community LTC	\$941.0	21%	\$1,136.3	17%	\$1,327.9	15%	\$1,529.5	13%	\$1,722.8
Total LTC MH Spending	\$2,510.2	8%	\$2,701.2	6%	\$2,852.1	8%	\$3,073.6	5%	\$3,212.9
LTC MH Spending w/o PCA	\$2,225.0	7%	\$2,384.7	5%	\$2,492.0	7%	\$2,672.1	4%	\$2,775.4
PCA spending as a % of total LTC spending	11.36%		11.72%		12.62%		13.06%		13.62%
PCA as a % of Community LTC Spending	30.31%		27.86%		27.12%		26.25%		25.39%