

**2014 PERFORMANCE REVIEW REPORT TO THE  
GOVERNOR AND THE GENERAL COURT**

**BY**

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

*Celebrating the 40th Anniversary of the PCA Program*



## **PCA QUALITY HOME CARE WORKFORCE COUNCIL**

<b>CHAIR</b>	<b>Regina Marshall</b> Assistant Secretary for Disability Policy & Programs Executive Office of Health and Human Services
<b>VICE CHAIR</b>	<b>Paul Spooner</b>
<b>TREASURER</b>	<b>Denise Harvey</b>
<b>MEMBERS</b>	<b>Jennifer James Price</b> Undersecretary of Workforce Development Executive Office of Labor and Workforce Development <b>Joe Tringali</b> <b>Kristen McCosh</b> <b>Ann Ackil</b> <b>Anne Johansen</b> <b>Cindy Purcell</b>
<b>DIRECTOR</b>	<b>Jack Boesen</b>
<b>Senior Executive Assistant</b>	<b>Michelle Byrd</b>

**Cover Photo:** PCA Pioneers MRC Commissioner Charles Carr, Joe Tringali, David Whitenett, Kristen McCosh, Peter Cronis & Cindy Purcell

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## EXECUTIVE SUMMARY

This fourth performance review report is being filed by the Personal Care Attendant (PCA) Quality Home Care Workforce Council (the Council), as required by *M.G.L. c.118E §75*. The information provided in this report comes from a variety of sources, including: Council meetings and community outreach forums; statistical and financial data provided by staff from MassHealth, the Office of Long Term Services and Supports 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 approximately 34,000 PCAs provides MassHealth PCA consumers 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 \$514 million dollars in FY 13, far less than the cost of institutionalized care for the more than 23,000 consumers in the PCA program. PCA expenditures grew by approximately 11.3% from FY12 to FY13.

MassHealth consumers of PCA services remain very satisfied with the PCA program and the assistance they receive. All the data and information the Council has collected supports the fact that the PCA program is the most important element that permits consumers to live in their communities and have meaningful control over their lives. The strong appreciation that consumers have for the services of the PCA program continues as does the recognition that these services substantially increase their quality of life and that they would be unable to live independently without them.

The PCA program is effective while also being very flexible. The consumer determines who provides care, as well as when this care is provided. All of the testimony and comments the Council has received demonstrate that the concept of consumer control in

hiring, training and directing PCAs is critical to maintaining the program's effectiveness.. MassHealth PCA consumers believe that consumer control is a core value and essential to the program's continued success.

The Council's on line PCA referral directory continues to assist consumers in recruiting and hiring PCAs <sup>1</sup> The directory lists active applications from more than 7,400 workers. More than 2,000 consumers have registered to use the directory.

Strong leadership continues to be an important factor in the Council's success. In January, 2013, Christine Griffin left her position as Assistant EOHHS Secretary for Disability Policy and Programs and Chair of the Council to return to the Disability Law Center as Executive Director. Rosalie Edes, who served as Deputy Secretary, succeeded Christine. In September, 2014, Rosalie left to become the Executive Director at Cape Abilities Inc. Rosalie was succeeded by Regina Marshall. Regina is Executive Director at the Massachusetts Mental Health Center and previously served as Rosalie's deputy. The Council welcomed three new members since the last report. Ann Ackil, appointed by the Attorney General in 2013 and Anne Johansen and Cindy Purcell, both appointed by the State Auditor in 2014.<sup>2</sup> The seven non-government members of the Council continue to volunteer many hours, in addition to Council meetings, on behalf of the Council's work.

## **Sources & Acknowledgements**

In addition to the sources mentioned above, staff from the Office of Long Term Services and Support and the Community Services division of MassHealth have provided considerable time, resources and advice in the preparation of this report. Susan Engel and Parvinder Sethi, 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.

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<sup>1</sup> The directory is located at [www.mass.gov/findpca](http://www.mass.gov/findpca)

<sup>2</sup> Biographies of Council members are available at <http://www.mass.gov/pca/about/council-members.html>

## **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. Background**

The MassHealth PCA program celebrated its fortieth anniversary this year. Previous Council reports have summarized a description and the history of the MassHealth PCA program.<sup>3</sup>

MassHealth contracts with approximately 27 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 consumers needing PCA assistance. These agencies are known as Personal Care Management (PCM) agencies. In addition, EOHHS contracts with four entities to provide financial services to consumers. Fiscal Intermediaries (FI) 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' compensation insurance, deducting and paying union dues and issuing checks to PCAs. The consumer has the responsibility of hiring, training, supervising and, if necessary, firing the PCA. Approximately 65% of

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<sup>3</sup> Previous editions of the Council's reports are available at <http://www.mass.gov/pca/reports/council-performance-review-report.html>

consumers use surrogates, who are appointed by the consumer to perform one, several or all of the employment related tasks that a consumer believes they cannot perform 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. Satisfaction with PCM/ FI support including promptness of response to consumer calls.

### **1. The ability to recruit and retain PCAs**

#### **a. Recruitment**

The Council's internet PCA referral directory, operated by Rewarding Work Resources Inc. (RWR), continues to provide consumers with a useful method for locating and hiring PCAs. The directory features a searchable database that produces a list of workers meeting criteria entered by a consumer/employer. MassHealth members in the PCA program receive a free, one year renewable subscription to the Directory. Currently there are more than 2,000 active subscriptions and the directory has active applications from more than 7,400 existing and potential PCAs. Persons other than MassHealth members seeking PCA services can still gain access to RWR's subscription directory for a fee.<sup>4</sup>

The directory has increased both the breadth and the speed of PCA hiring searches. Being aware that not all consumers have access to 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

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<sup>4</sup> 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 statutorily defined personal care attendants and consumers, for a fee to be determined by the council.*

without computer access. Available funding to support the directory's operations is not sufficient to support a call in service for consumers.

In a 2014 survey of consumer/employers who had used the directory, RWR found 83 percent of respondents had searched the Directory within the last six months for PCAs to hire, and 72 percent were able to find someone who looked suitable to work for them. Satisfaction with the Directory as a recruitment tool remains strong. Below are some comments from consumers responding to a Directory survey:

- *The PCA program has been such a help in my household. We have been super happy with the PCA's we have chosen.*
- *I could not have kept my child home without this program.*
- *My mother would be in a nursing home if it wasn't for your service!!!*

### **b. Retention**

As has been noted in past reports, increasing wages, establishing benefits and promoting the status of PCAs are all critical elements involved in improving the retention rate for these workers.

The current collective bargaining agreement (CBA) provided for a paid time off benefit. The benefit was capped at \$1.5M and the details were to be worked out by the Labor Management Committee (LMC). LMC members met several times during 2013 and agreed on the language below, which was incorporated into a side agreement and signed by the parties in late 2013.

*Beginning on July 1, 2014 and annually thereafter, PCAs who work at least one hundred (100) paid hours per month in the three (3) months that immediately precede July (April, May, June) shall be credited with five (5) hours of paid time off (PTO). On February 1 of each year, PCAs who work at least one hundred (100) paid hours per month in the three (3) months that immediately precede February (November, December, January) shall be credited with five (5) hours of paid time off.*

In July, 2014 the first PTO data run was performed, with 11,299 PCAs qualifying for the PTO benefit.

The PCA Training Fund, part of the current CBA, has expanded to offer a wide range of free courses to PCAs.<sup>5</sup> The LMC also voted to expand the training fund to include

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<sup>5</sup> A sample of current courses available include: Adult First Aid/CPR/AED, Blood borne Pathogens, Communications and Boundary Setting, Nutrition and Diabetes, Alzheimer's and Dementia, Medication



tuition reimbursement and a scholarship for the Certified Nursing Assistant (CNA) program run by the Red Cross. To be eligible for the last two programs PCAs must have completed one year's work.



*Paul Spooner (blue shirt) makes a point at the June, 2014 Council meeting. Also pictured (clockwise) are: Rosalie Edes, Jack Boesen, Ann Ackil, Anne Johansen (backs to camera) & Michelle Byrd.*

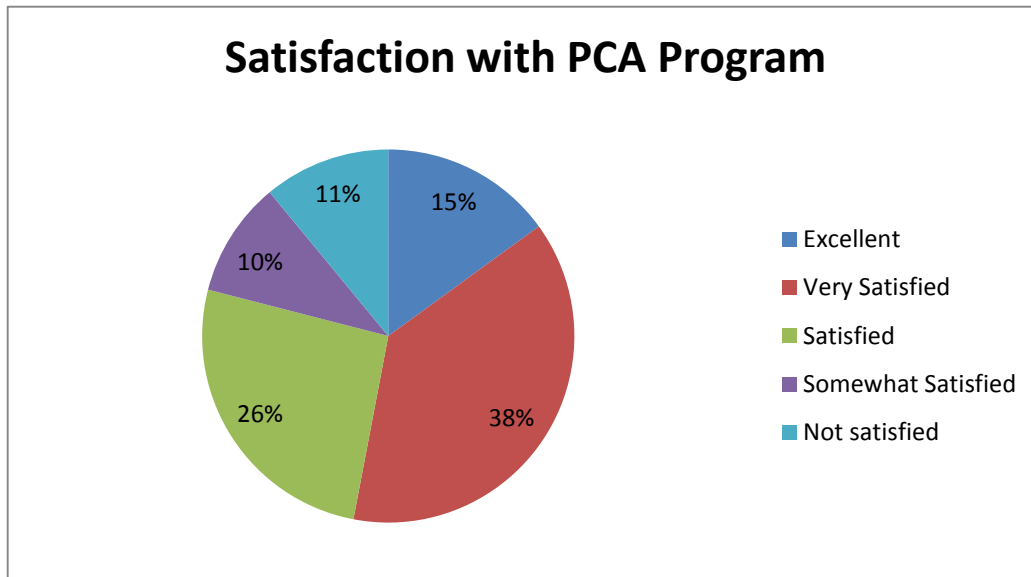
## **2. Meeting consumers' needs**

In 2014, RWR continued their practice of sending out surveys to consumers. Surveys were sent by email, using Constant Contact, a leading email-marketing service provider. When asked the question: How would you rate your satisfaction with the MassHealth PCA program? Consumers responded with an overall rating of 78% rating the program as excellent; very satisfied or satisfied. 10% were somewhat satisfied; and 11% of respondents were not satisfied (see chart on p.10).

One respondent noted: It keeps me home....I have my own life... what else is there?

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Safety and Body Mechanics and Transferring. The PHCAST program is discussed in depth in the Council's 2012 Report, available at <http://www.mass.gov/pca/docs/council-performance-review-report-2012.pdf>



### **3. Satisfaction with PCM/ FI support**

PCM agencies primarily assist consumers in three 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. The average percentage of consumer files having up to date service agreements between consumers and their PCAs was 91.5%. All PCM Agencies are required to evaluate at least annually, consumer satisfaction with the PCM Agency and the services it provides. These surveys showed that 97% of those interviewed were satisfied with the services provided by their PCM.

#### **a. Promptness of response to consumer calls**

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 required by M.G.L. c118E §75 (b), 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 FY13. **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. PCA Orientation

For decades orientation for newly hired PCAs was the responsibility of the consumer who hired them or their surrogate. For several years 1199SEIU brought to the bargaining table and filed legislation seeking a more formal orientation system, one involving group classes. Because PCAs would be paid for attending orientation, the Council's initial reaction was that available funds would be better directed toward wage increases and benefits. In the summer of 2013, rather than have a legislatively imposed orientation program, the Council and 1199SEIU negotiated a side agreement establishing an orientation program for PCAs hired after January 1, 2014.<sup>6</sup>

The agreement set out the general principles for the orientation program, including the subjects covered<sup>7</sup> and the fact that orientation could be provided either in a group session or by an individual consumer, as long as the consumer adhered to the approved curriculum. A seventeen member stakeholder group<sup>8</sup> was established to draft and approve the curriculum and the notices to be sent to PCAs and consumers. The stakeholder group worked diligently from September through December, 2013, developing a draft curriculum and a protocol for administering the program. Leanne Winchester, who directed the successful PHCAST training program for direct care workers, was brought in to direct this program, now titled the PCA New Hire Orientation program. The Council

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<sup>6</sup> The side agreement is available at <http://www.mass.gov/pca/docs/pca-fully-executed-cba-2012.pdf>

<sup>7</sup> The Principles of Independent Living, the Operational Procedures of the PCA Program, Fraud, Abuse, and Neglect and Worker Rights.

<sup>8</sup> In addition to consumers, PCAs, Union and Council representatives, the group included staff from MassHealth, PCMs and FIs.

signed a contract with the Training and Upgrade Fund (TUF), who administer the PCA Training Fund, to schedule and administer the group orientation sessions. As part of an outreach program to explain the new orientation system to consumers and those who support them, Leanne and Jack Boesen held seven consumer forums throughout the state. At these forums they emphasized that orientation sessions do not cover providing care to consumers as that remains the consumer's responsibility. The goal of the orientation is to insure that new PCAs receive information that is accurate, uniform and comprehensive. In addition, Leanne and Jack presented the Orientation goals and project activities at the statewide Personal Assistance Coalition and at PCM and FI meetings organized by MassHealth. Leanne, Jack Boesen, and contractor Jim Ross also held four Train the Trainer workshops to train PCM Skills staff working with consumers. A pilot phase, covering Boston, Worcester and Springfield ran from April – August, 2014. During the second phase, from September through December, fifteen additional towns were added. Current plans are for the program to be launched statewide in early 2015.<sup>9</sup>



*PCAs gather in Springfield, MA after completing a group orientation session.*

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<sup>9</sup>The orientation curriculum is available at <http://www.mass.gov/pca/outreach/new-hire/pca-orientation-curriculum-and-program-materials.html>

## **2. Paul Kahn Awards for PCA Service**

The Paul Kahn<sup>10</sup> Awards for PCA Service are now firmly established as an annual event that raises the profile of PCA work. Since the Council's last report was filed, two more award ceremonies have been held. The number of persons in attendance has grown to the point where the venue had to be changed from Nurses Hall to the Grand Staircase. In 2013 the event was expanded to include PCA Education Day, during which consumers, PCAs and their families and friends visited legislators to relate stories as to how important the PCA program is to the quality of their lives.

The 2014 ceremony marked the fortieth anniversary of the PCA program. As a tribute to this milestone, in addition to five awards to PCAs, those consumers who have been in the PCA program for thirty years or more were honored as PCA Pioneers and presented with a certificate to that effect by the Council. Included in the group of pioneers were former Council member Liz Casey and current members Kristen McCosh, Cindy Purcell, Paul Spooner and Joseph Tringali. A picture and profiles of the 2014 award winners are included in Appendix 2a.

## **3. Communication with Consumers**

The Council continues to maintain its website [www.mass.gov/pca](http://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.

At a Council meeting in 2013, Rosalie Edes, then Council chair, raised the point with Council members that more needed to be done regarding communication with the consumer community. As a result, the Council charged the staff with organizing a "Listening Tour" where members and staff could present information and receive comments and questions from consumers. Between December, 2013 and August, 2014,

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<sup>10</sup> Paul Kahn, for whom the award is named, was an artist, activist and one of the first persons in MA to use a PCA. Paul passed away in 2010.

Council members and staff appeared in five cities across the Commonwealth.<sup>11</sup> They met with audiences of consumers, surrogates, family members and agency staff. All of the stops on the tour involved lively exchanges between consumers, agency staff and Council representatives. There were numerous questions concerning the new PCA orientation program and comments about changes that should be made to the PCA program. Several people suggested that the Council make better use of social media as a method of reaching out to consumers. In response to these comments the Council launched a Facebook page in August, 2014.<sup>12</sup>

#### **4. Labor Management Committee**

The Labor Management Committee (LMC) continues to meet at least three to four times annually and serves as an effective problem solving mechanism. In 2014 Council members on the LMC received a complaint from several consumers concerning the actions of some union organizers. Because some PCAs live at the same address as their consumer/employers, union organizers engaged in door knocking outreach sometimes visit the homes of consumers. The consumers complaining to the Council said that some organizers were very persistent; returning several times after the consumer told them that they should just leave their materials and the consumer would give them to their PCA. Council members, although supportive of Union organizing efforts, took the concerns of consumers very seriously. A list of guidelines was drawn up and presented for discussion at a LMC meeting. A productive conversation followed and the Union agreed that the guidelines should be adopted and distributed in writing to all union organizers. A copy of the guidelines is included as Appendix 2b.

## **II. FULL COST OF PERSONAL CARE SERVICES**

M.G.L. c. 118E §75 (c) requires that this report include: *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.*

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<sup>11</sup> Agencies participating in the tour were: The Center for Living and Working, Worcester, Independence Associates, Brockton, Ad Lib Inc., Pittsfield, Boston Commission for Persons with Disabilities and Northeast Arc, Danvers.

<sup>12</sup> <https://www.facebook.com/MassPCA>

### **1. Administrative cost of the Council**

The FY14 and FY15 budgets for the Council are set out in **Appendix 3**. **Please note, the 1.5 million (\$1,500,000) dollar increase for FY15 in the HH line represents pass through funds for the PCA training fund and the PCA New Hire Orientation project; both negotiated as part of the 2012 labor contract.**

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

**Appendix 4** sets out the full cost of PCA services for FY12 and FY13. Expenses shown include payment to PCM agencies and payments to the Fiscal Intermediary organizations. The specific costs requested in M.G.L. c.118E §75(c), along with payroll, are also listed here. The increase in cost for this period is slightly more than 11%.

**Appendix 5** shows the cost of the PCA program from FY11 through FY14 and also as a percentage of expenditures for community long term care services (CLTC) and overall long term care (LTC) expenditures during that period.

## **APPENDICES**

### **PERSONAL CARE ATTENDANT QUALITY HOME CARE WORKFORCE COUNCIL 2014 PERFORMANCE REVIEW REPORT**



## **APPENDIX 1a**

### **MASSHEALTH CONSUMERS RECEIVING MORE INTENSIVE SERVICES**

#### **CONSUMERS NO LONGER ON THE PCA PROGRAM**

<b>FY</b>	<b>PT</b>	<b>DSC_PROV_TYPE</b>	<b>MEMBERS</b>	<b>CLAIMS</b>	<b>UNITS</b>	<b>DOLLARS</b>
2013	9	09 - NURSING FACILITY	503	37,311	161,488	\$23,376,395.93
2013	35	35 - STATE AGENCY SERVICES	249	12,141	226,427	\$7,614,309.59
2013	60	60 - HOME HEALTH AGENCY	118	28,927	233,639	\$2,970,934.09
2013	62	62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	158	29,150	69,697	\$5,266,853.58
2013	69	69 - HOSPICE CARE	126	1,351	8,529	\$1,412,447.51
2013	70	70 - ACUTE INPATIENT HOSPITAL	585	1,898	1,985	\$2,203,988.69
2013	71	71 - CHRONIC INPATIENT HOSPITAL	79	3,209	3,569	\$6,580,173.27
2013	73	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	8	11		\$581.08
2013	74	74 - SEMI ACUTE INPATIENT HOSPITAL	2	3		\$ -
				<b>114,001</b>	<b>705,334</b>	<b>\$49,425,683.74</b>
		<u>Distinct</u>	<b>1,131</b>			
		<b>Total number of former members</b>	<b>2,573</b>			

### CONSUMERS CURRENTLY ON THE PCA PROGRAM

FY	PT	DSC_PROV_TYPE	MEMBERS	CLAIMS	UNITS	DOLLARS
2013	9	09 - NURSING FACILITY	1,424	28,692	34,912	11,844,337
2013	35	35 - STATE AGENCY SERVICES	3,854	123,028	2,592,246	28,093,685
2013	60	60 - HOME HEALTH AGENCY	2,445	376,163	3,749,536	51,837,334
2013	62	62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	367	14,082	49,686	2,880,384
2013	69	69 - HOSPICE CARE	88	1,952	5,310	883,331
2013	70	70 - ACUTE INPATIENT HOSPITAL	5,841	13,432	12,139	22,790,913
2013	71	71 - CHRONIC INPATIENT HOSPITAL	430	4,562	1,012	18,488,843
2013	73	73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	48	81	25	138,492
2013	74	74 - SEMI ACUTE INPATIENT HOSPITAL	16	21	-	10,429
				562,013	6,444,866	136,967,749
			Distinct	10,903		
Total number of current members			23,618			

**PPENDIX 1b**  
**Unduplicated count of members**

Consumers no longer on PCA services

FY	No. of services claimed	number of members
2013	1	616
2013	2	357
2013	3	136
2013	4	20
2013	5	2
2013	unduplicated member count	<b>1,131</b>

Consumers receiving PCA services

FY	No. of services claimed	number of members
2013	1	8,015
2013	2	2,260
2013	3	542
2013	4	78
2013	5	8
2013	unduplicated member count	<b>10,903</b>

## **Appendix 2a**

### **2014 Paul Kahn Awards for PCA Service**

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*2014 award winners: (l to r) Wendy Whelan, Irina Ukrainets, Sherrie Booker, Hyacinth Edwards & Jeremy Kawachi*

## **Awardee Profiles**

### **Sherrie Booker- Southeastern MA**

Sherrie is a native of New Bedford. She has worked as a PCA on and off for about 27 years and steadily for the past 9 years. Her consumer, Janice, is in her 70's and has severe cerebral palsy. In training new PCAs, Sherrie emphasizes the importance of listening to Janice as she is the expert on her own needs. Sherrie is always on hand when

new PCAs are hired, even if it is her day off, to see how they interact with Janice. Sherrie likes the friendships that you form and grow with while doing PCA work.

### **Hyacinth Edwards – Greater Boston**

When He nominated Hyacinth in June, Robert Caruso, a consumer, wrote that she “demonstrated diligence, responsibility and an exceptional amount of experience.” Hyacinth met Robert (Bob) in a nursing home where she worked and became a PCA attending to his needs for 25 years. Sadly, Robert passed away in July. Hyacinth and Bob had a close relationship that included her family. She enjoyed watching sports and movies with Bob and often her son would visit and watch sporting events with him. Hyacinth’s children and grandchildren all grew up knowing Bob and she states that having that kind of relationship is the best part of PCA work.

### **Wendy Whelan – Northeastern MA**

When asked why Wendy should receive an award, the consumer she works for, Conor Healy, said, “her work ethic is exemplary, she just gets it!” For Wendy’s part, when asked what it means to “get it” about PCA work, she said that a lot of people can do the job but that it’s not just about dressing and bathing and feeding but that her role allows Conor and his mother to have a normal mother-son relationship. She feels that she is a part of a care team. Wendy, a busy mother of three, is starting an RN program in a few weeks. She plans to continue with PCA work after she earns her degree.

### **Irina Ukrainets – Western MA**

Born in Russia, Irina has worked as a PCA for almost twenty years. For Harriet, the consumer she has assisted for over three years, Irina’s work has included working extra hours without pay, providing homemade soup and persuading her husband to repair Harriet’s car for free. Irina substitutes for PCAs who call in sick and has recruited PCAs, including her sister. When Irina saw another consumer being mistreated, she promptly reported the situation. Irina was a finalist for the 2013 Paul Kahn Award.

### **Jeremy Kawachi – Central MA**

David, the consumer who nominated Jeremy, cited dedication, reliability and flexibility as some of the outstanding qualities Jeremy has displayed during the eight years that he has worked for David. During severe snowstorms, Jeremy has slept over to insure he is available in the morning to assist David. Jeremy has developed the physical strength he says is necessary to move a person carefully. When David’s wife, due to surgery, could not turn David during the night, Jeremy adding evening shifts to his day shift. Jeremy is a member of the union and has advocated for better pay and benefits.

## **Appendix 2b**

### **G U I D E L I N E S**

#### **FOR UNION ORGANIZING IN THE HOMES OF CONSUMERS**

- A consumer's home is a place of work for a PCA. Organizing activities should not distract the PCA from meeting the needs of the consumer.
- When the consumer is at home, there should be only one visit to the home.
- A consumer's refusal to admit or talk to an organizer is final and must be respected.
- The purpose of an organizing visit to the home of a consumer should be limited to :
  - Leaving written materials for the PCA(s)
  - Asking the PCA if there is a convenient time to reach them outside of work hours.
- The consumer must always be treated in a polite and respectful manner

## APPENDIX 3

### PCA Workforce Council FY14 Budget

<b>4000-0050</b>	<b>PCA Workforce Council</b>	<b>A&amp;F Approved Budget</b>
<b>AA</b>	<b>Regular Employee Compensation</b>	<b>170,891</b>
<b>BB</b>	<b>Employee Related Expenses</b>	<b>350</b>
<b>DD</b>	<b>Fringe Benefits</b>	<b>2,427</b>
<b>EE</b>	<b>Administrative Expenses</b>	<b>355</b>
<b>HH</b>	<b>Consultant Services</b>	<b>60,338</b>
<b>JJ</b>	<b>Operational Services</b>	<b>3156</b>
<b>Total Expenses</b>		<b>237,517</b>

### PCA Workforce Council FY15 Budget

<b>4000-0050</b>	<b>PCA Workforce Council</b>	<b>A&amp;F Approved Budget</b>
<b>AA</b>	<b>Regular Employee Compensation</b>	<b>176,128</b>
<b>BB</b>	<b>Employee Related Expenses</b>	<b>1,000</b>
<b>DD</b>	<b>Fringe Benefits</b>	<b>2,800</b>
<b>EE</b>	<b>Administrative Expenses</b>	<b>350</b>
<b>HH</b>	<b>Consultant Services</b>	<b>1,568,000</b>
<b>JJ</b>	<b>Operational Services</b>	<b>1,649</b>
<b>Total Expenses</b>		<b>1.749.927</b>

## **APPENDIX 4**

### **Cost of PCA Program**

	<b>FY 2012</b>	<b>FY 2012</b>	<b>FY 13</b>	<b>FY 2013</b>
	<b>Members</b>	<b>Expenditures</b>	<b>Members</b>	<b>Expenditures</b>
<b><i>PCM Agency Annual FY Expenditures*</i></b>				
Skills Training (T2022)	22,858	\$11,084,904.96	24,229	\$11,846,724.72
Intake and Orientation (T1023)	6,349	\$1,218,169.70	6,607	\$1,239,313.52
Initial Evaluations (T99456)	4,228	\$915,425.03	4,525	\$974,897.30
Re-Evaluations (99456TS)	15,710	\$1,986,707.12	13,993	\$1,769,735.19
<b>Total PCM Expenditures</b>		<b>\$15,205,206.81</b>		<b>\$15,830,670.73</b>
<b><i>Fiscal Intermediary Annual CY Expenditures**</i></b>				
<b>Payroll Costs</b>				
PCA Wages	22,189	\$381,471,901.20	24,592	430,685,460.06
SUTA		\$13,786,767.00		\$14,528,191.83
FUTA		\$3,067,407.00		\$1,386,448.37
FICA/Medicare		\$30,571,531.00		31,889,752.31
Workers' Compensation		\$5,671,000.00		\$6,559,037.72
<b>Total Payroll Costs</b>		<b>\$434,568,606.20</b>		<b>\$485,048,890.29</b>
<b>FI Administrative Fee</b>		\$12,578,359.80		\$13,785,178.40
<b>Total FI Expenditures</b>		<b>\$447,146,966.00</b>		<b>\$498,834,068.69</b>
<b><i>Total Annual MH Expenditures for PCA program*</i></b>		<b>\$462,352,172.81</b>		<b>\$514,664,739.42</b>

\* Based FY13' as of 8/19/14.

\*\* Based on Calendar Year 2013.



## APPENDIX 5

### PCA/Long Term Care Expenditures

Institutional Programs	FY11	FY12	%Change FY11-FY12	FY 13	%Change FY12-FY13	FY14*	%Change FY13-FY14
*Chronic Inpatient Hospitals	\$146,346,577	\$135,550,524	-7.4%	\$136,122,689	0.4%	\$129,168,583	-5.1%
Chronic Outpatient	\$12,918,043	\$13,588,193	5.2%	\$14,624,049	7.6%	\$13,874,121	-5.1%
Nursing Facility	\$1,485,444,376	\$1,466,487,650	-1.3%	\$1,392,965,176	-5.0%	\$1,327,998,965	-4.7%
<b>Total</b>	<b>\$1,644,708,996</b>	<b>\$1,615,626,367</b>	<b>-1.8%</b>	<b>\$1,543,711,914</b>	<b>-4.5%</b>	<b>\$1,471,041,669</b>	<b>-4.7%</b>

Community Services	FY11	FY12	%Change FY11-FY12	FY 13	%Change FY12-FY13	FY14*	%Change FY13-FY14
Continuous Skilled Nursing (PT-60&61)	\$72,160,710	\$77,189,819	6.97%	\$85,886,938	11.27%	\$93,366,573	8.71%
Durable Medical Equipment	\$43,057,874	\$46,323,394	7.58%	\$46,186,940	-0.29%	\$43,366,430	-6.11%
Early Intervention	\$17,869,751	\$23,184,393	29.74%	\$33,600,673	44.93%	\$34,242,035	1.91%
Home Health Agency	\$150,099,481	\$194,634,348	26.67%	\$240,345,877	23.49%	\$323,307,089	34.52%
Hospice Services	\$101,740,299	\$109,075,298	7.21%	\$100,234,386	-8.11%	\$90,315,014	-9.90%
Orthotics	\$1,335,848	\$1,567,961	13.38%	\$2,008,078	28.07%	\$2,227,545	10.93%
<b>Oxygen &amp; Respiratory</b>	<b>\$1,286,309</b>	<b>\$1,308,671</b>	<b>1.74%</b>	<b>\$2,385,701</b>	<b>82.30%</b>	<b>\$1,749,616</b>	<b>-26.66%</b>
PCA Services (PT 58,59&66)	\$436,198,373	\$465,203,079	6.65%	\$504,655,097	8.48%	\$530,227,089	5.07%
Prosthetics	\$4,982,794	\$5,144,579	3.25%	\$4,980,778	-3.18%	\$4,722,688	-5.18%
Therapy Services (PT 7,23 &24)	\$3,465,023	\$3,724,552	7.49%	\$3,768,314	1.17%	\$3,505,433	-6.98%
<b>Total</b>	<b>\$832,196,461</b>	<b>\$927,356,093</b>	<b>11.43%</b>	<b>\$1,024,052,781</b>	<b>10.43%</b>	<b>\$1,127,029,512</b>	<b>10.06%</b>

Day & Residential Programs	FY11	FY12	%Change FY11-FY12	FY 13	%Change FY12-FY13	FY14	%Change FY13-FY14
Adult Day Health	\$84,865,583	\$94,269,702	11.08%	\$102,297,488	8.52%	\$102,710,140	0.40%
<b>Adult Foster Care</b>	<b>\$104,747,277</b>	<b>\$132,273,947</b>	<b>26.28%</b>	<b>\$157,047,777</b>	<b>36.45%</b>	<b>\$180,487,830</b>	<b>14.93%</b>
Day Habilitation	\$136,267,375	\$143,439,818	5.26%	\$145,886,305	4.41%	\$149,764,346	2.66%

Group Adult Foster care	\$89,219,395	\$89,496,428	0.31%	\$89,214,317	-0.32%	\$80,833,215	-9.39%
Target Case Management**	\$48,543	\$11,141	-77.05%	\$2,453	-77.98%	\$1,727	-29.59%
<b>Total</b>	<b>\$415,148,173</b>	<b>\$459,491,036</b>	<b>10.68%</b>	<b>\$494,448,339</b>	<b>7.61%</b>	<b>\$513,797,259</b>	<b>3.91%</b>

Coordinated Care Services	FY11	FY12	%Change FY11-FY12	FY 13	%Change FY12-FY13	FY14*	%Change FY13-FY14
PACE	\$100,493,827	\$108,937,177	8.4%	\$115,471,839	6.0%	\$123,956,102	7.3%
Senior Care Options(SCO)	\$406,945,340	\$533,040,006	31.0%	\$670,686,982	25.8%	\$804,192,580	19.9%
<b>Total</b>	<b>\$507,439,167</b>	<b>\$641,977,182</b>	<b>26.5%</b>	<b>\$786,158,821</b>	<b>22.5%</b>	<b>\$928,148,682</b>	<b>18.1%</b>
<b>Total Community OLTSS Expenditures</b>	<b>\$1,754,783,801</b>	<b>\$2,028,824,312</b>	<b>7.2%</b>	<b>\$2,304,659,941</b>	<b>5.6%</b>	<b>\$2,568,975,453</b>	<b>5.0%</b>

<b>Total OLTSS Expenditures</b>	<b>\$3,399,492,797</b>	<b>\$3,644,450,679</b>	<b>7.2%</b>	<b>\$3,848,371,855</b>	<b>5.6%</b>	<b>\$4,040,017,123</b>	<b>5.0%</b>
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PCA as % of Total OLTSS Expenditures	12.83%	12.76%		13.11%		13.12%	
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PCA as % of Community OLTSS Spending	24.86%	22.93%		21.90%		20.64%	
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\* FY 14 Data run conducted as of July 18, 2014: Please note providers continued to submit claims after this date for FY 14