Massachusetts Personal Care Attendant Workforce Council

2015-2016 Annual Report (Reporting Period: January 2015 – December 2016)

October 2017

Legislative Mandate

The following report is hereby issued pursuant to Sections 71 to 75 of Chapter 268 of the Acts of 2006.

The Personal Care Attendant (PCA) Quality Home Care Workforce Council Enabling Act- (M.G.L. Chapter 268 of the Acts of 2006) (see Appendix A, page 6 for sections 71-73)

Section 75.

- (a) The council shall conduct a performance review every 2 years, submit a report of the review to the legislature and the governor and make the report available to the public upon submission to the governor and the legislature.
- (b) The performance review and report shall include 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 under sections 70 to 75, inclusive, 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. (see Appendix G, page 13)
- (c) The performance review report shall provide 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. (see Appendix J, page 17)

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I. Introduction and Background

Personal Care Attendant (PCA) services are a vital resource for more than 35,000 older adults and people with disabilities in Massachusetts to live independently in their homes and communities. There are more than 44,000 personal care attendants in the workforce providing services to consumers. Since 2008 when the Council was formed, the number of PCA consumers and PCA providers in Massachusetts has more than doubled.

The Massachusetts Personal Care Attendant (PCA) program is a consumer-directed model, in which the PCA consumer is the employer, and is fully responsible for recruiting, hiring, scheduling, training, and if necessary, firing PCAs. MassHealth funds and administers the PCA program and contracts with fiscal intermediaries and personal care management agencies across the state to perform employer-required tasks on behalf of the consumer, determine consumer eligibility for PCA services, and provide training and resources to consumers to support them in their roles as PCA employers.

The Personal Care Attendant Quality Home Care Workforce Council ("the Council") consists of nine appointed members (See Appendix A: full list of Council members) and was established within the Executive Office of Health and Human Services (EOHHS) to "...insure the quality of long-term, in home, personal care by recruiting, training and stabilizing the work force of personal care attendants (M.G.L. Chapter 268 of the Acts of 2006)."

In 2009 in fulfillment of this mission, the Council established a vision statement.

- Ensuring consumer control of the PCA program and the training and employment of PCAs; control by consumers being essential to the independence, dignity and self-sufficiency the PCA program is meant to achieve.
- Diligently represent the interests of consumers as employers and further those interests by assisting to resolve policies and procedures brought to the Council's attention that create impediments for consumers as employers.
- Supporting and implementing training methods and policies that increase the skills and knowledge base of PCAs and consumers.
- Assisting PCAs to achieve increased wages, benefits, advancement opportunities and other benchmarks of respected, dignified employment.
- Promoting policies that insure that consumers exercise their rights with integrity and in a responsible manner.
- Making a continuing dialogue with the consumer community a priority.

Passed by the Council on October 15, 2009

¹ Office of Long Term Services and Supports and PCA Expenditures, FY13-15

An Overview of the Council's Budget

The Council office has two full-time staff.

The Executive Director

- Oversees strategic initiatives developed by the PCA Council.
- Develops and implements recommendations on policies impacting individuals being served by PCAs.
- Creates strategies for improving the recruitment, training and retention of personal care attendants and assuring the quality of services provided by personal care attendants.
- Manages the collection and dissemination of data and the publication of reports, coordinates the Council's activities with state and local agencies on health and aging and other federal state and local agencies.
- Manages the Council's office staff and contractual relationships.
- Recognizes and addresses the varying needs of all members of the Council and PCAs.
- Provides technical and administrative support to the Council in connection with collective bargaining and labor management with any employee organization representing personal care attendants in accordance with all applicable state laws.

The Program Coordinator

- Is responsible for managing day-to-day Council office activities and answers phones and responds to stakeholder feedback and correspondence.
- Processes vendor invoices and maintains expense reports.
- Coordinates and oversees publication and dissemination of the quarterly Council newsletter.
- Maintains Council website and social media accounts.
- Prepares reports and presentations.
- Coordinates Council meetings.
- And assists with project planning and outreach activities.

During fiscal years 2015 and 2016, the Council maintained consultant service contracts with Rewarding Work Resources Inc., University of Massachusetts Medical School, and 1199 SEIU Training and Upgrade Fund to provide and manage a PCA referral directory website, PCA new hire orientation, community-based PCA recruitment programs, and PCA employment and training benefits.²

² In FY15 a budget of \$1.75M and in FY16 \$1.7M was included in the General Appropriation Act to support the Council in these activities.

II. SUMMARY OF ACTIVITIES

Representing the Interests of Consumers and the Commonwealth

For the purposes of collective bargaining, the Council is equivalent to a designated employer. Acting on behalf of consumers and the state to ensure that consumers retain the right to hire, select and train their PCAs, the Council negotiates on issues such as benefits and wages with the 1199 SEIU United Healthcare Workers East Union which represents PCAs. Under the current three-year collective bargaining agreement term, PCAs' hourly wage were increased to \$14.12 per hour beginning on July 1 2016; \$14.56 per hour beginning on July 1, 2017; and are set to increase to \$15.00 per hour beginning on July 1, 2018.

The 1199 SEIU Training and Upgrade Fund (TUF), a part of the collective bargaining agreement, was increased \$250,000 annually for PCAs to receive tuition reimbursement and skills training benefits. Trainings are a free employment benefit available to all PCAs in the workforce and are offered in cities and towns across the state in 28 locations. Current trainings include Adult First Aid/CPR/AED; blood borne pathogens; communications and boundary setting; nutrition and diabetes; Alzheimer's and dementia; medication safety; body mechanics and transferring.³ During Fiscal Year 2016 (July 1 2015-June 30 2016) 151 trainings were held with 887 PCAs participating in one or more trainings.

New Hire Orientation for Personal Care Attendants

The goal of the Orientation training required for all PCAs hired as of January 1, 2014, is to support consumers in their role as employers by providing them a standard orientation curriculum and to insure that PCAs receive the same basic information about their employee rights, roles and responsibilities. In 2015, the Council led a statewide stakeholder task force and obtained significant public input from consumers, PCAs, fiscal intermediaries, personal care management agencies, 1199 SEIU PCA Union, state and local agencies to develop the PCA Orientation curriculum and begin the program on January 1, 2015. To deliver the training to new PCAs, the consumer selects to provide the training or refers a PCA to a group training provided by the Union Training and Upgrade Fund. As of October 2016, 17,775 PCAs successfully completed Orientation training.⁴

The Council's PCA Referral Directory Website

The Rewarding Work website (www.rewardingwork.org) provides consumers with a statewide, tool for locating and hiring PCAs. The directory features a searchable database and produces a list of workers for consumer employers based on specific criteria selected. MassHealth members in the PCA program receive a free, one year renewable subscription to the Directory. At the close of fiscal year 2016, 1,828 consumers and 4,807 workers were registered on the rewardingwork.org website. In September of 2016, Rewarding Work created an automated job posting board feature providing consumers with a free tool to list jobs geographically and allowing workers to electronically apply directly. The Council supported a statewide marketing campaign with the 1199 SEIU PCA Union, Rewarding Work, Inc., and MassHealth to promote awareness about the website's enhanced

³ Appendix D: FY16 Skills Workshop Evaluation Data

⁴ Appendix E: Data on new hire orientations for FY15 and FY16

recruitment tools leading to increase utilization. During the last two months of 2016, more than 800 new workers registered on the website and more than 1,100 applied to consumer job postings.⁵

Recruitment and Retention Project

In Fiscal Years 2015 and 2016, the Council increased funding to develop new recruitment and retention initiatives. A 25-hour pre-employment workshop was designed to attract new workers to the workforce and improve retention rates by providing an overview of the PCA program prior to employment. Participants completing the workshop receive CPR and first aid certification, along with an overview of independent living philosophies, resume writing, and interviewing skills.

Four community colleges (Bristol, Cape Cod, Northern Essex, and Greenfield) partnered with the program to recruit participants and deliver workshops at no charge.⁶

Paul Kahn Awards for PCA Service

This award was established in 2009 in honor of Paul Kahn, a long time PCA employer who with the support of the PCA program, was able to live at home and pursue his art, writing, teaching and advocacy activities. The award recognizes PCAs who exemplify longevity, dedication, and professionalism and quality of care. On October 4, 2016, the seventh annual event was held at the State House to honor five individuals from across Massachusetts.⁷

Consumer and Workforce Outreach and Feedback

The Council office tracks consumer and worker satisfaction and feedback from phone calls and emails to the office, and on-going program surveys. In 2016, the Council office logged an average of 80 calls a month from Consumers and PCAs; with less than 1% of calls pertaining to a program complaint. The majority of calls (59%) were requests for general information about how to qualify for PCA services or how to become a PCA.

Satisfaction surveys and program evaluations are collected from PCAs who participate in skills workshops (Appendix D) and from consumers and PCAs completing the orientation training (Appendix E). The referral directory website also conducts user satisfaction surveys through the year (Appendix F).

The Council provides outreach and information to stakeholders through its website, newsletter, social media accounts, and statewide participation in conferences and events. The website is located at www.mass.gov/pca and provides links and information about new and on-going PCA program supports and services, and posts current and archived Council meetings and minutes. The Council also publishes and distributes *The Bridge* newsletter to all MassHealth consumers and PCA providers.

⁵ Appendix F: Data on Rewarding Work website

⁶ Appendix G: Data on Recruitment and Retention project

⁷ Appendix H: Profiles of the 2016 award recipients

III. NEXT STEPS

In Fiscal Year 2016, the Council established a workforce development subcommittee for its members and program stakeholders. As a result of stakeholder feedback, the subcommittee made recommendations and set key activities and priorities for the Council in Fiscal year 2018.

During the coming year, the Council plans to:

- Create a digital newsletter to provide timely information and updates.
- Hold listening sessions in different regions of the state for consumers, PCAs, and community stakeholders to share feedback and learn about Council initiatives.
- Design a new PCA referral directory website to provide a clear, easy to navigate layout and a variety of resources to support consumer and PCAs to learn and utilize the website recruitment tools. Features will include alerts to users about new employment matches, additional language translations, access to the website from a mobile device, and expanded algorithm capabilities to search and match users.
- Develop a centralized data analysis and reporting platform to provide targeted outcome measures to guide Council projects and initiatives and focus workforce development resources.
- Expand partnerships with the Massachusetts Rehabilitation Commission and area Workforce Investment Boards to increase new PCAs and provide employment supports and training to workers to help improve retention.
- Upgrade the consumer taught new hire orientation training to a fully automated learning management system that provides enhanced interactive training features and data tracking functions.

APPENDIX A

Sections 71-74 of Chapter 268 Massachusetts General Laws Section 71.

- (a) There shall be a PCA quality home care workforce council which shall be within the Executive Office of Health and Human Services but shall not be subject to the control of the executive office, to ensure the quality of long -term, in-home, personal care by recruiting, training and stabilizing the work force of personal care attendants.
- (b) The PCA quality home care workforce council shall consist of 9 members appointed under this section. A majority of the members of the council shall be consumers as defined in this chapter. In making appointments to the council, the governor shall appoint the secretary of the executive office of health and human services or a designee, who shall serve as chair, the secretary of labor and workforce development or a designee and 1 member from a slate of 3 consumers recommended by the governor's special advisory commission on disability policy.

The auditor shall appoint 1 member from a slate of 3 consumers recommended by the developmental disabilities council, 1 member from a slate of 3 consumers recommended by the Massachusetts office on disability, and 1 member from a slate of 3 consumers recommended by the statewide independent living council. The attorney general shall appoint 1 member from a slate of 3 consumers or consumer surrogates recommended by the Massachusetts home care association, 1 member from a slate of 3 consumers or consumer surrogates recommended by the Massachusetts council on aging and 1 member chosen by the attorney general. The secretary of health and human services or a designee and the secretary of labor and workforce development or a designee shall be permanent members during their term in office. Appointees to the council shall serve 3-year terms. If a vacancy occurs, the executive officer who made the original appointment shall appoint a new council member to serve the remainder of the unexpired term or, in the event that the vacancy occurs as the result of the completion of a term, to serve a full term, and such appointment shall become immediately effective upon the member taking the appropriate oath. If the departing council member was appointed under a recommendation made under this paragraph, the executive officer shall make the new appointment from a slate of 3 recommendations put forth by the entity that originally recommended the departing council member. Members of the council may serve for successive terms of office. A majority of the council shall constitute a quorum for the transaction of any business. Members of the council shall not receive compensation for their council service but members shall be reimbursed for their actual expenses necessarily incurred in the performance of their duties.

Section 72.

- (a) The workforce council shall carry out the following duties:
 - (1) Undertake recruiting efforts to identify and recruit prospective personal care attendants;
 - (2) Provide training opportunities, either directly or through contract, for personal care attendants and consumers;

- (3) Provide assistance to consumers and consumer surrogates in finding personal care attendants by establishing a referral directory of personal care attendants; provided that before placing a personal care attendant on the referral directory, the workforce council shall determine that the personal care attendant has met the requirements established by the executive office in its applicable regulations and has not stated in writing a desire to be excluded from the directory;
- (4) Provide routine, emergency and respite referrals of personal care attendants to consumers and consumer surrogates who are authorized to receive long-term, in-home personal care services through a personal care attendant;
- (5) Give preference in the recruiting, training, referral and employment of personal care attendants to recipients of public assistance or other low-income persons who would qualify for public assistance in the absence of such employment; and
- (6) Cooperate with state and local agencies on health and aging and other federal, state and local agencies to provide the services described and set forth in this section.

Section 73.

- (a) Consumers or the consumer's surrogate shall retain the right to select, hire, schedule, train, direct, supervise and terminate any personal care attendant providing services to the consumer or consumer's surrogate.
- (b) Personal care attendants shall be considered public employees, as defined by and solely for the purposes of, chapter 150E and section 17J of chapter 180. The PCA quality home care workforce council shall be the employer, as defined by and solely for the purposes of said chapter 150E and said sections 17A, 17G and 17J of said chapter 180 and deductions under said sections 17A, 17G and 17J may be made by any entity authorized by the Commonwealth to compensate personal care attendants through the MassHealth personal care attendant program.

Section 74.

(a) The PCA quality home care workforce council may make and execute contracts and all other instruments necessary or convenient for the performance of its duties or exercise of its powers, including contracts with public and private agencies, organizations, corporations and individuals to pay them for services rendered or furnished.

APPENDIX B

Members of the PCA Quality Workforce Council

Member Name/Title	Organization Representing
Alice Moore (Council Chair) Undersecretary, Health and Human Services	Executive Office of Health and Human Services (EOHHS) (state agency)
Karen Shack	Labor and Workforce Development Executive Office of Health and Human Services (EOHHS) (state agency, CommCorp)
Paul Spooner	Developmental Disabilities Council
Joe Tringali	Governor's Special Advisory Commission on Disability
Ann Ackil	MA office of the Attorney General (state agency)
Anne Johansen	Statewide Independent Living Council
Cindy Purcell	Massachusetts Office on Disability
Janet Rico	Massachusetts Home Care Association

APPENDIX C

Table 3a: PCA Workforce Council FY15 Budget

4000-0050	PCA Workforce Council	A&F Approved Budget
AA	Regular Employee Compensation	176,128
BB	Employee Related Expenses	1,000
DD	Fringe Benefits	2,800
EE	Administrative Expenses	350
НН	Consultant Services	1,568,000
JJ	Operational Services	1,649
Total Expenses		1,749,927

Table 3b: PCA Workforce Council FY16 Budget

4000-0050	PCA Workforce Council	A&F Approved Budget
AA	Regular Employee Compensation	183,756
BB	Employee Related Expenses	884
DD	Fringe Benefits	3,032
EE	Administrative Expenses	49,886
НН	Consultant Services	1,460,793
JJ	Operational Services	1,650
Total Expenses		1,700,001

APPENDIX D

PCA Skills Workshop Evaluations

At the end of each skills workshop, an evaluation is collected from PCA attendants. This helps the Council continually make improvements to the workshop. Below are evaluation results from the 2016 workshop evaluations.

	A	В	С	D	Е	F	G
1 2016 PCA WORKSHOP EVALUATION SUMMARY							
2	Adult First Aid/CPR/AED	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
3	Course was what I expected		90%	7%	0%	0%	3%
4	Instructor presented material clearly		89%	8%	0%	0%	3%
5	Instructor was well prepared		84%	8%	5%	0%	3%
6	Course will assist me in my job		94%	3%	0%	0%	3%
7	Course gave me confidence in the subject matter		89%	8%	0%	0%	3%
8	Nutrition and Diabetes Care	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
9	Course was what I expected		84%	8%	8%	0%	0%
10	Instructor presented material clearly		88%	4%	8%	0%	0%
11	Instructor was well prepared		84%	8%	8%	0%	0%
12	Course will assist me in my job		84%	8%	8%	0%	0%
13	Course gave me confidence in the subject matter		88%	8%	4%	0%	0%
14	Nutrition and Diabetes Care	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
15	Course was what I expected		81%	14%	4%	0%	1%
16	Instructor presented material clearly		83%	13%	3%	0%	1%
17	Instructor was well prepared		83%	16%	0%	0%	1%
18	Course will assist me in my job		81%	16%	0%	0%	1%
19	Course gave me confidence in the subject matter		80%	17%	2%	0%	1%
20	Medication Safety	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
21	Course was what I expected		81%	18%	0%	0%	0%
22	Instructor presented material clearly		83%	5%	0%	0%	0%
23	Instructor was well prepared		83%	5%	0%	0%	0%
24	Course will assist me in my job		81%	9%	0%	0%	0%
25	Course gave me confidence in the subject matter		80%	12%	0%	0%	0%
26	Communications and Boundary Setting	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
27	Course was what I expected		94%	6%	0%	0%	0%
28	Instructor presented material clearly		97%	3%	0%	0%	0%
29	Instructor was well prepared		97%	3%	0%	0%	0%
30	Course will assist me in my job		94%	6%	0%	0%	0%
31	Course gave me confidence in the subject matter		94%	6%	0%	0%	0%
32	Body Mechanics and Transferring	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
33	Course was what I expected		83%	12%	2%	0%	3%
34	Instructor presented material clearly		88%	7%	2%	0%	3%
35	Instructor was well prepared		85%	10%	2%	0%	3%
36	Course will assist me in my job		90%	5%	2%	0%	3%
37	Course gave me confidence in the subject matter		85%	10%	2%	0%	3%
38	Alzheimer's and Dementia Care	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	Blank
39	Course was what I expected		87%	11%	0%	0%	2%
40	Instructor presented material clearly		85%	13%	0%	0%	2%
41	Instructor was well prepared		85%	13%	0%	0%	2%
42	Course will assist me in my job		22%	10%	0%	0%	2%
43	Course gave me confidence in the subject matter		82%	16%	0%	0%	2%

APPENDIX E

New Hire Orientation for Personal Care Attendants

Consumers remain the primary authority for determining how to orient PCAs, choosing from two training options.

Consumer taught

In March of 2016, UMMS created a web-based curriculum portal to house the Orientation materials and resources. The online portal requires consumers to register online and the PCA receiving the training to sign-in. Consumers then download the curriculum material and deliver the Orientation training. Consumers may also obtain a printed curriculum mailed to them upon request.

Following completion of the consumer taught Orientation option via the web-based portal, consumers may provide anonymous feedback about their PCA program and Orientation experience. A total of 399 consumers completed the online survey in 2016. While the survey was modified in October 2016, a consistent question about orienting future PCAs remained between the two surveys. Overall consumers (n=387) responded that they would prefer an online option (56%) versus repeating the consumer taught option (34%). The remaining consumers (10%) would send their new PCA to a group session in the future.

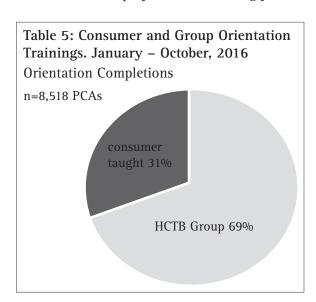
When asked why they chose the consumer-taught option, (n=272) consumers either preferred to orient their PCA themselves (46%) or the PCA was unable to travel to a group session (42%). The remaining consumers stated a language preference other than English (9%), the PCA worked a second job or the time of the group session was not conducive to the PCA schedule (2%), or the consumer needed 24-hour care (1%).

When hiring a PCA, 270 (57%) consumers responded that the most important factor for them is to hire someone they already know. Despite this, however, 41% of consumers have difficulty finding PCAs in their area. When asked what their greatest challenges are as a PCA employer, overwhelmingly, 40%

stated retaining reliable PCAs was a challenge. Half of consumers responding to the survey were from the northeast (28%), and greater Boston areas (22%) and 11% of consumers were from the western areas of the state.

Group taught

Consumers may refer a PCA to a group session facilitated by the 1199 SEIU Home Care Training Benefit HCTB). Group-taught sessions provide interpreter services for PCAs who speak limited English and are offered in 28 locations across the state.



APPENDIX F

PCA Referral Directory Website

Table 1: Rewarding Work Website Enrollments by County. January — December 2016

MA County	Consumer Subscriptions	Worker Applicants
Barnstable	39	54
Berkshire	36	188
Bristol	184	606
Dukes	0	0
Essex	238	395
Franklin	47	94
Hampden	162	1055
Hampshire	61	112
Middlesex	347	358
Nantucket	0	1
Norfolk	199	199
Plymouth	112	295
Suffolk	171	752
Worcester	232	698
Total	1828	4807

PCA Referral Directory Website Job Posting Survey

In June 2016, Rewarding Work conducted a survey of PCA and consumers website users. The survey was designed to elicit feedback about how a new, automated job posting system under development.

Overall Findings

Of the consumers and workers surveyed, more than 53 percent from each group responded positively about an automated job posting board function being added to the website. Forty-six percent of consumers responded "very comfortable" and 54 percent responded "comfortable" when asked about using an automated process to post a job directly to the website.

When workers were asked whether an automated job posting board would make them more or less likely to apply for a job, 70 percent responded "more likely"; 23 percent responded "it would not make a difference"; and 3 percent of respondents were "less likely." Consumers were also asked to rank the type of worker criteria they are most interested to review before deciding whether to interview a candidate. The top five categories were: availability; driver's license; candidate's personal profile statement; access to vehicle; and city/town of residence.

APPENDIX G

Recruitment and Retention Project

In Fiscal Year 2015, a total of 283 individuals attended an information session, 214 enrolled in a workshop, and 175 (82%) completed all 25 hours of the training. Upon completion, all participants registered on the Rewarding Work Website to find employment. A three-month post survey of participants found that 13 were employed as PCAs, and 59 were actively looking for work but had not found a consumer with a schedule that matched theirs. Other identified barriers included the following: the PCA lacked reliable child care, lack of transportation, or the risk of injury was too great.

Workforce Placement Results for Program Participants in Fall 2015 and Spring 2016

Variable	Total
Currently working as a PCA	13
Looking for PCA work	59
Not looking for PCA work	31
Working as a direct care worker (HHA, CNA, etc.)	14
Enrolled in school	9
Stopped their search for PCA work	6
Circumstances make their ability to look for work difficult (changes in housing, transportation, child care)	17

In FY 2016, UMMS reported to the Council that 66% of new recruits received at least one state benefit, such as food stamps, transitional aid for needy families (TANF), supplemental security income (SSI), social security disability insurance (SSDI), unemployment, housing assistance, and/or MassHealth. To promote participant self-sufficiency, UMMS incorporated benefits training into the Recruitment and Retention program.

UMASS Recruitment And Retention Participant Demographics

Variable	Sample (n=283)
Median Age of Participants	39 years
Hispanic	35%
Female	60%
High School Diploma or less education	55%
Household Income < \$25,000	64%
Foreign-Born	44%
Receive any state benefits	66%

APPENDIX H

2016 Paul Kahn Awards for PCA Service

Awardee Profiles

Kathleen Chagnon - Western MA

Kathleen has worked as a PCA for 28 years. Kathleen also works as a skills trainer at the Stavros Center for Independent Living in Amherst, Mass. Her employer there, Daniel Greaney, is also the director of the PCA program. Daniel notes two of Kathleen's key qualities: her reliability as a PCA and skills trainer, and her willingness to work as a team player. Kathleen believes that PCAs should keep an open mind and learn to meet the individual needs and personality of each employer. She believes that it's important for all PCAs to learn about the independent living movement; support the choices of PCA employers; and improve the quality of life for all PCA consumer employers.

Marcy Dube - Central MA

Marcy has worked for her employer, Laura, for over 10 years. Marcy started as a PCA 16 years ago; her newborn was sick, and she needed a job with flexible hours so she could also care for her son. She continued PCA work because it "fits perfectly into my lifestyle with my kids." The most rewarding part of her work is knowing that she is needed and appreciated: "As mothers and wives, we don't get a lot of recognition; and I think of this work as if I am helping my own child or parent; or, if it was me, how would I want to be treated?" Laura says that her relationship with Marcy goes beyond employer-employee: They joke that their relationship is the longest either has ever had. Laura says that Marcy is a great advocate, but also a friend who includes her in family functions and always makes her feel like family.

Thomas (Thom) Hahnen – Northeastern MA

Thom has been a nurse for 30 years and a PCA for 35. He provides mostly private duty nursing services in nursing homes and rehabilitation centers, but prefers the one-on one care he provides as a PCA. He has worked for his employer, Kevin, since 1995. While these days he works mainly on weekends or as an emergency backup, Thom relates that his relationship with Kevin stays strong. When Kevin went to college, Thom acted as his "academic assistant," dropping him off on campus and assisting him with typing his papers and conducting research. Kevin states in his nomination that Thom is the best PCA he's ever had, and is quite confident that he will never have another attendant like him again.

Annie Mae Bell - Greater Boston

Annie Mae began work as a PCA 11 years ago when she retired from Kraft. She decided that instead of retiring, she would do good work by becoming a PCA. She states that being a PCA gratifies her and gives meaning to her life, knowing that she is caring for others. Vaughn Allen Goodwin, who nominated Annie Mae, says that when Annie Mae enters a room, she does so with charisma, wisdom, and sophistication. Annie Mae brings her experience and compassion to her advocacy for both PCA workers and people with disabilities. Now in her seventies, Anne Mae continues to be involved in efforts to promote the work that PCAs do in the community.

Diane Hahn - Southeastern MA

Diane has always loved working with children. She provides PCA services to Grace, who is now 5 years old. Grace's mother, Pattie, states that Diane has always provided loving and diligent care to Grace, addressing her developmental disabilities and being instrumental in helping Grace learn to walk. Pattie noted in her nomination that Diane is a dedicated professional and provides a very positive image of all PCA workers. Both Pattie and Diane mentioned that they didn't know about the PCA program early on, but now make every effort to provide information to the community. Diane approaches friends, neighbors, and others, telling them about the importance of the PCA program and the work that PCAs provide.

APPENDIX I

Additional and/or more intensive services utilization by PCA consumers for FY15 and FY16.

FY	PT	DSC/PROV/TYPE	Members	Claims	Units	Dollars	Claims per Member	Dollars per Member
2015	09	09 - Nursing Facility	589	18,350	62,653	9,072,784	31.15	\$15,404
2015	35	35 - State Agency Services	607	7,106	122,618	3,530,138	11.71	\$5,816
2015	60	60 - Home Health Agency	378	40,021	487,943	4,794,313	105.88	\$12,683
2015	62	62 - Adult Foster Care / Group Adult Foster Care	203	13,902	31,112	2,381,661	68.48	\$11,732
2015	69	69 - Hospice Care	113	1,514	4,176	852,318	13.40	\$7,543
2015	70	70 - Acute Inpatient Hospital	724	1,596	1,307	4,048,245	2.20	\$5,591
2015	71	71 - Chronic Inpatient Hospital	136	2,455	2,116	3,600,830	18.05	\$26,477
2015	73	73 - Psychiatric Inpatient Hospital (All Ages)	5	5		1,608	1.00	\$322
2015	74	74 - Semi Acute Inpatient Hospital	2	2		-		
			2,757	84,951	711,925	28,281,896		
		Distinct	1,983				42.84	\$14,262
FY	PT	DSC/PROV/TYPE	Members	Claims	Units	Dollars	Claims per Member	Dollars per Member
2016	09	09 - Nursing Facility	581	18,856	68,403	9,640,164	32.45	\$16,592
2016	35	35 - State Agency Services	603	5,670	104,510	2,470,341	9.40	\$4,097
2016	60	60 - Home Health Agency	378	45,605	644,234	6,036,860	120.65	\$15,971
2016	62	62 - Adult Foster Care / Group Adult Foster Care	145	10,082	22,718	1,811,253	69.53	\$12,491
2016	69	69 - Hospice Care	114	862	3,055	531,927	7.56	\$4,666
2016	70	70 - Acute Inpatient Hospital	719	1,336	781	4,635,058	1.86	\$6,447
2016	71	71 - Chronic Inpatient Hospital	134	1,555	1,320	3,723,925	11.60	\$27,790
2016	73	73 - Psychiatric Inpatient Hospital (All Ages)	10	13		90,292	1.30	\$9,029
	74	74 - Semi Acute Inpatient Hospital	3	4		280		
2016		inpatient nospital						
2016		inpatient nospital	2,687	83,983	845,021	28,940,100		

APPENDIX J

Full cost of PCA services for FY14 and FY15. Expenses shown include payment to PCM agencies, payments to the Fiscal Intermediary organizations, and total payroll costs.

	FY 2014	FY 2014	FY2015	FY2015
	Members	Expenditures	Members	Expenditures
PCM Agency Annual FY Expenditures*				
Skills Training (T2022)	260,339	\$12,433,790.64	269,089	\$12,851,690.64
Intake and Orientation (T1023)	13,026	\$1,275,245.40	13,052	\$1,277,790.80
Initial Evaluations (99456)	4,749	\$1,020,234.87	4,678	\$1,004,361.53
Re-Evaluations (99456TS)	16,529	\$2,041,042.72	15,842	\$1,956,328.54
Total PCM Expenditures		\$16,770,313.63		\$17,090,171.51
Fiscal Intermediary Annual CY Expenditures**				
Payroll Costs				
PCA Wages	29,139	\$510,657,490.11	29,930	\$551,696,735.36
SUTA		\$14,244,092.90		\$11,608,208.33
FUTA		\$1,418,920.19		\$1,468,629.75
FICA/Medicare		\$69,188,737.64		\$75,416,444.21
Workers' Compensation		\$6,586,998.00		\$7,026,877.00
Total Payroll Costs		\$617,449,051.20		\$647,216,894.65
FI Administrative Fee		\$14,244,414.80		\$4,808,036.80
Total FI Expenditures		\$616,340,653.64		\$662,024,931.45
Total Annual MH Expenditures for PCA program*		\$633,110,967.27		\$679,115,102.96
* Based FY13' ** Based on Calendar Year 2015.				