

**2010 PERFORMANCE REVIEW REPORT TO THE
GOVERNOR AND THE GENERAL COURT**

BY

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

PCA QUALITY WORKFORCE COUNCIL

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EXECUTIVE SUMMARY

This second 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.118G § 33*. The information provided in this report comes from a variety of sources, including: public meetings, statistical and financial data provided by staff from MassHealth and the Executive Office of Health and Human Services, an audit of the Personal Care Attendant program conducted by the Office of the State Auditor, surveys of consumers and PCAs conducted by Rewarding Work Resources Inc., a series of consumer focus groups conducted by the Council at various locations throughout the Commonwealth, the full text version of the consumer survey commissioned by the Council in 2008 and a survey of PCAs also commissioned by the Council and prepared and conducted by the JSI Research & Training Institute, Inc.

The MassHealth Personal Care Attendant program currently serves more than 20,000 consumers across the Commonwealth. A workforce of more than 27,000 PCAs provides the in-home care that means the difference between institutionalization and consumers leading independent lives in their own communities. The budget for the PCA program for FY09 is just under \$355 million dollars, a fraction of what institutionalized care for this population would cost.

On a consistent basis, MassHealth consumers of PCA services are 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 critical element that permits consumers to live in their communities and have active, 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 in meeting individual needs. 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. Data continues to show exceptionally strong support for this philosophy among consumer/ employers and its role in the success of the program has been recognized by the State Auditor's office.

In September of 2009, the Council, pursuant to *M.G.L. c.118G §30 (a) (3)*, launched a web based referral directory to assist consumers in recruiting and hiring PCAs. The Council contracted with Rewarding Work Resources Inc. (RWR) to develop and manage the directory.¹ RWR and Council staff engaged in an extensive publicity and agency outreach effort to promote the directory and to train staff on how to perform searches. Currently more than 10,000 current and potential PCAs are listed on the directory and more than 1,400 consumers have registered to use the directory.

Regarding the cost of PCA services, the data compiled in this report indicates that, although PCA expenditures have grown steadily over the past several years at an average of approximately 12.3% per year, PCA expenditures have continued a trend, noted in the Council's earlier report, of declining as a percentage of community based long term care expenditures by almost 4% in the period from FY07 through FY10. As has been the case with many agencies, the budget for the Council has been reduced since the last report. In addition to launching and managing the PCA referral directory, over the past two years the Council has:

- Created a newsletter, *The Bridge* and published three editions to date. The newsletter is mailed to all MassHealth consumers of PCA services.
- Completed *The Experience of Personal Care Attendants (PCA) in the Massachusetts PCA Program*, conducted and written by JSI Research & Training Institute, Inc. staff. This is the first comprehensive survey of PCA workers in the Commonwealth. The survey is available at www.mass.gov/pca.

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

- Established and presented the Paul Kahn awards for PCA Service as a means of recognizing and publicizing the worth of PCA work.
- Through the Labor Management committee, fashioned an effective working relationship with 1199 SEIU Health Care Workers East, the union representing MassHealth PCAs.
- Held a series of focus groups throughout the Commonwealth with MassHealth consumers, focusing on their experiences with the PCA program.

In 2009, having hired staff and completed all initial organizational matters, The Council ended its schedule of monthly meetings and began meeting every other month. The Council has one vacancy, which must be filled by a consumer in order to comply with statutory requirements.² The six non-government members of the Council 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, Rachel Richards, Director of the MassHealth Office of Long Term Care and Lois Aldrich, Director of Community Services, have provided considerable time, resources and advice in the preparation of this report. Lois Aldrich directed her staff to provide information on the cost of the PCA program and provided comments and insight on the text of this report.

Anne Wong from the Executive Office of Health and Human Services provided the chart showing the comparative history of PCA and other long term care costs. Susan Engel, who provides information analysis for the IT unit, provided an analysis of the data for the section on consumers receiving additional and more intensive services. The supervision of Assistant Secretary, Dr. Jean McGuire was especially helpful in drafting this report.

² M.G.L. c118G §(b) *At all times, a majority of the members of the council shall be consumers ...*

I. HEALTH & WELFARE OF MASSHEALTH CONSUMERS

M.G.L. c. 118 §33 (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 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 physical assistance with activities of daily living (ADLS) and instrumental activities of daily living (IADLS).³ 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 authorizing PCA services.

MassHealth contracts with approximately 30 nonprofit agencies, primarily independent living centers (ILCs) and aging service access points (ASAPs), to provide initial evaluations, skills training and support for members needing PCA assistance.

These agencies are known as Personal Care Management (PCM) agencies. Three nonprofits have separate contracts to act as Fiscal Intermediaries (FI), offering assistance to members with payroll, taxes, workers' compensation and related financial issues. The member has the responsibility of hiring, training, supervising and, if necessary, firing the PCA.

Over the past few years the number of MassHealth members utilizing PCA services has increased approximately 9% annually. PCA spending has increased 35.2% since CY

³ ADLS are activities such as bathing, dressing, and transferring. IADLs are activities such as laundry, shopping and housekeeping. See 130CMR 422.410

2006. The increase in spending is based on a 28.9% increase in membership and an 8.1% increase in unit cost increases.⁴

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.

The Council's 2008 report included a fifth definition, titled: responsiveness of family and other agency support. Because these areas are outside of the PCA program proper, they are not included in this report.

1. The ability to recruit and retain PCAs

In September of 2009, the Council, pursuant to M.G.L. c.118G §30 (a) (3), launched a web based referral directory to assist consumers in recruiting and hiring PCAs. The Council contracted with Rewarding Work Resources Inc. (RWR) to develop and manage the directory. The directory features a searchable database that produces a list of workers meeting criteria entered by a consumer/employer seeking to hire a PCA. For a number of years RWR has operated a subscription PCA referral site. Through negotiations with Council staff, the existing directory was improved by:

- making the site free for MassHealth consumers;
- adapting the site to meet all Commonwealth security and accessibility standards;
- adding information on the MassHealth PCA program;

Persons other than MassHealth members seeking PCA services can still gain access to RWR's subscription directory for a fee.⁵

⁴ *MassHealth Personal Care Attendant Program*; Center for Health Law and Economics, UMASS Medical School, 2010

Together, Council and RWR staff launched an intensive outreach effort to promote awareness and use of the directory among the consumer, PCA and potential PCA population. Several trainings were held for staff from PCM agencies. Brochures and posters, one set geared to consumers and one to PCAs, were widely distributed. Public service announcements were developed and aired on major radio and television stations. Staff met with officials from Career Centers and TAFDC for the purpose of promoting registering on the directory for PCA work as an employment option for the unemployed and persons receiving public assistance.

The directory offers the possibility of increasing 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, who have free access to the directory, perform searches for consumers without computer access. PCM staff have been encouraged to compile lists of libraries, community and senior centers and other venues where consumers can access computers. RWR has reached out to 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. Currently more than 10,000 current and potential PCAs are listed on the directory and more than 1,400 consumers have registered to use the directory. Potential PCAs have the option of either filling out an application inline or calling an 800 number to complete the form on the phone. Currently, funding for the directory is not sufficient to support a similar service for consumers.

⁵ M.G.L. c. 118 §32 (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.*

Although the directory has only been in operation for a year, it has had a substantial positive impact on the recruitment of PCAs. An excerpt from a letter received a few months ago demonstrates the power of the directory to solve problems:

...First of all, I want to commend you on the work that you have done in putting together the new www.mass.gov/findpca program. I used it with one patient recently who would have gone to a Skilled Nursing Facility but who was discharged home instead, all because we were able to screen and interview 5 immediately available PCAs through the website.

I have another patient now with whom I am doing the same. So, thank you for your work on this important endeavor.

Thanks

Rosanna Woodmansee MS, CRC, LRC, CCM

New England Rehabilitation Hospital

In a survey of consumer/employers who had used the directory, RWR found that sixty-one percent of respondents rated the Directory satisfactory or above. Thirty percent were satisfied; 24 percent were very satisfied; and 7 percent rated the Directory as excellent. Nineteen percent were somewhat satisfied and 17 percent of respondents were not satisfied.

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. Invitations to participate in the survey were sent to 819 MassHealth PCA employers on March 24, 2010.

The survey remained open for approximately three weeks, closing on April 13. Invitation reminders were sent three times. A total of 153 individuals (18%) 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 76% satisfied or above. 15 % rated the program as excellent; 31% were very satisfied; and 30% were satisfied. 13% were somewhat satisfied; and 9% of respondents were not satisfied.

One respondent noted: *“Without this Program, our daughter would not be able to be as independent as she is. ... If not for the directory, I would never have found the person I now have working. ...”* Another commented: *“I am my wife's primary caregiver. I am 68 years old with my own medical issues. I find the MassHealth PCA Program absolutely invaluable. I just would not know what I would do if this program were to cease.*

In 2010 the Council also organized six focus groups across the Commonwealth. Each group brought together six to eight consumers or their surrogates. Participants were recruited by staff from various PCM agencies with selections being made to include individuals with a variety of disabilities, as well as gender and ethnic diversity.⁶ In addition to staff, a different member of the Council was present at each focus group.

The participants were asked a range of questions concerning their use of and participation in the PCA program. At the start of each session, the participating consumers/surrogates were asked to give a one or two sentence summary of what the PCA program has meant to them. The overwhelming tenor of the responses reaffirmed their strong satisfaction with the program. Their answers emphasized the independence and community and family connection that result from PCA services. A sample of participant responses is included as **Appendix 1**.

When questioned about how well their ADL needs were met, over 90% of the participants responded choosing either very satisfied or satisfied as their answer, with

⁶ Ethos & Boston Center for Independent Living recruited for a group held at Ethos' office in Jamaica Plains on 8/17/10. Center for Living & Working & BayPath Elder Svcs recruited for a session held at the Worcester Library on 8/19/10. Stavros recruited for a group held at their office in Amherst on 8/23/10. AdLib recruited for a focus group held at their office in Pittsfield on 9/15/10. The Northeast Independent Living Program recruited for & hosted a session at their Lawrence office on 9/21/10 and Options recruited for & hosted a group at their Taunton office on 9/30/10.

approximately 50% saying they were very satisfied. Regarding IADLs, the level of satisfaction was even higher, with more than 95% answering that they were either satisfied or very satisfied. When participating consumers were asked whether they were satisfied by the services provided by their main PCA, more than 90% responded that they were satisfied or very satisfied.

3. The quality of consumer/PCA relations

The relationship between a consumer and a PCA is one of employer and employee. To many consumers, their designation as an employer, not 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. This point was reinforced in the focus groups where 100% of the participants responded that choosing their PCA was very important. The critical role that consumer control plays in the success of the PCA program was underscored in a recent audit of the program.

A key feature contributing to the success of consumer-directed PCA programs is the flexibility to meet individual needs in the manner desired by the consumer. This feature has been recognized at the national level and federal officials have refrained from establishing detailed training requirements for state plan Medicaid PCA programs.⁷

Naturally, a deep sense of trust between consumers and PCAs usually develops when there is a long term employment. That sense of trust is critical to consumers who require PCA services in order to work or participate in community activities.

From the responses elicited in the Council's focus groups, a substantial majority of consumer/PCA relationships are respectful, strong and trusting. When given the categories ALWAYS – MOST OF THE TIME – SOME OF THE TIME – SELDOM to respond to the question: *I feel safe w/my main PCA...* more than two-thirds of consumers

⁷ *Independent State Auditor's Report On Certain Aspects of the Commonwealth's Personal Care Attendant Program, #2006-5124-3C, Auditor of the Commonwealth, June, 2009*

responded ALWAYS and more than 25% said MOST OF THE TIME. No one responded to the SELDOM category.

The strength of these relationships is also evident from the point of view of PCAs. In 2008 the Council contracted with JSI Research & Training Institute, Inc. (JSI), an internationally known health care research and consulting firm, to survey PCAs working in the MassHealth program. JSI conducted an extensive telephone survey of 500 PCAs, supplemented by focus groups and interviews.⁸ An excerpt from the JSI report states:

From focus groups and qualitative interviews, it was evident that PCAs offered friendship, companionship, and other forms of social support for consumers that were outside the realm of their formal responsibilities. Many PCAs felt that they were providing the primary source of social support for their consumers. ... PCAs also brought up that they often act as consumers' advocates in their interactions with physicians and other health care providers. Furthermore, PCAs provided transportation assistance by driving the consumers' vehicles or driving their own vehicles to transport consumers. ... Of those providing transportation related assistance, 57% of PCAs used their own cars... . PCAs are not reimbursed for travel expenses incurred while helping consumers.

In JSI's earlier study⁹, consumers declared great appreciation of the

⁸ *The Experience of Personal Care Attendants(PCA) in the Massachusetts PCA Program*, JSI, 2010

⁹ See Council's 2008 Performance Review Report

work performed by their PCAs and the critical role that PCAs played in allowing them to live independently in the community rather than in an institutional setting. PCA workers expressed similar sentiments about the nature of their relationships to consumers. When asked about how well they get along with consumers, 92% stated that they get along very well.

4. Satisfaction with PCM/ FI support

PCM agencies primarily assist consumers in two areas: evaluating and periodically re-evaluating the number of hours of assistance that consumers need, and providing the consumer with the skills they need to supervise their PCAs and comply with the program's administrative requirements. Focus group participants were asked about their experiences in these areas.

Concerning the evaluation process, slightly over 70% said their experience was GREAT/GOOD. 24% rated the process FAIR and 4% thought it was POOR.

In the area of skills training the GREAT/GOOD category was chosen by 86% of those responding and FAIR BY 10%. Only one participant rated these services as POOR. The FIs scored even higher with only 1 participant in all of the focus groups having had difficulties with an FI. In response to the question: *Overall, how would you rate your satisfaction with the administrative parts of the PCA program?* 84% responded as VERY SATISFIED or SATISFIED and 16% were SOMEWHAT SATISFIED.

a. Promptness of response to consumer complaints

The members of the focus group were unanimously in the affirmative that the PCM agencies were always prompt in responding to questions or complaints from consumers.

C. Consumers Requiring More Intensive Services

As was the case for our 2008 Report, the Council has defined the term “additional or more intensive services” and assembled statistics that give a broad view of consumer utilization of these services. **Appendix 2a** lists the nine categories that MassHealth staff has identified as comprising “additional or more intensive services” and shows utilization by both former and current PCA consumers. **Appendix 2b** displays an unduplicated count of members in both groups, along with the number of categories for which there are paid claims. As clearly shown in this chart, a large percentage of consumers do not utilize multiple intensive services.

D. Other Relevant Issues

1. Paul Kahn Awards for PCA Service

As part of an effort to increase the visibility of the value of PCA work, the Council, in conjunction with 1199 SEIU Health Care Workers East, created an award recognizing outstanding work by individual PCAs. The first Paul Kahn Awards for PCA Service were presented at the State House in October, 2010.¹⁰ EOHHS Secretary JudyAnn Bigby was the featured speaker and presented the awards.

Nominations for the awards were made by consumers, staff from PCM agencies, 1199SEIU staff and others. **Appendix 3** includes pictures of the five winners with summaries of their background and accomplishments.

2. Newsletter and Communication

The Council has worked to increase communication with and among the consumer/employer community. In addition to the focus groups previously mentioned, an active website www.mass.gov/pca has been established. To date, three editions of the Council newsletter, *The Bridge*, have been published and mailed to all MassHealth consumers. Copies of *The Bridge* are available on the Council’s website.

3. Health Care study

Article 11 of the CBA, states in part:

¹⁰ The award is named in honor of Paul Kahn, a long time PCA employer, advocate and artist who died in January, 2010.

A committee shall be established to study health insurance options for PCA's. The committee will have representation from the 1199SEIU, the Council, the Commonwealth Connector, the Secretaries of Health and Human Services and Administration and Finance. ... The findings from the study will be used to inform negotiations over eligibility for health benefits, benefit levels and contribution levels.

Although the process took longer than anticipated, the study report, prepared by Center for Health Law and Economics, UMASS Medical School, was submitted in 2010.

Copies of the study may be obtained by contacting the Council.

4. Labor Management Committee

As provided for in Article 8 of the CBA, the Council and 1199SEIU formed a labor management committee to resolve problems and explore areas of mutual interest.

Beginning in 2009, the committee meets at least four times a year and has successfully tackled issues such as payroll administration, distribution of the CBA's limited paid time off benefits, training and other areas.

II. FULL COST OF PERSONAL CARE SERVICES

M.G.L. c. 118G §33 (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.*

A study commissioned by EOHHS showed that PCA spending has increased 35.2% since CY 2006. The increase in spending is based on:

- 28.9% increase in membership
- 8.1% increase in unit cost increases
- 3.0% decrease in the average number of units used per member

People using the PCA program are, on average, using fewer units of PCA service than in 2006. Annual increases in the number of members enrolled in the program have been the primary cost driver in the PCA program since 2006; however, it appears that the number of new members joining the program is slowing:¹¹

¹¹ *MassHealth Personal Care Attendant Program, Ibid p.16*

1. Administrative cost of the Council

The FY09 and FY10 budgets and budget narratives for the Council are set out in **Appendix 4**. In FY09 unexpended funds were due to a decision not to fill a planned staff position. In FY10, unexpended funds were due to the waiver of an expected charge for printing and mailing.

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

The legislation also requires the Council to report as fully as possible the costs of personal care services: **Appendix 5** summarizes these costs, including payment to PCM agencies, which evaluate and assist consumers and payments to the three Fiscal Intermediary organizations that pay PCAs and manage the financial aspects of the program for MassHealth consumers. The specific costs listed in M.G.L. c. 118G §33 (c), along with payroll, are also listed here.

Appendix 6 shows the cost of the PCA program from FY07 through FY10 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 approximately 1 ¾ %. As a percentage of CLTC, the program decreased by almost 4%, continuing a trend reported in the previous performance review.

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APPENDICES

PERSONAL CARE ATTENDANT QUALITY HOME CARE WORKFORCE COUNCIL 2010 PERFORMANCE REVIEW REPORT

APPENDIX 1

1) *Members of the focus groups were asked to respond, in one or two sentences to the question: What is your overall experience with the PCA Program? A representative sample of responses is provided below.*

- I began receiving services February 2009. The program allowed me to move from a rehabilitation hospital into my own home.
- I have been receiving services since for 1 year. I am slowly losing my eyesight. PCA's have been supportive and have helped me maintain my independence.
- My experience has been good. There has been some frustration because cueing and supervision are not approved activities.
- The program has allowed me to live independently and that has been the best aspect. There has been some difficulty with communication with PCAs and having them follow my directions for care.
- (surrogate/mother): I appreciate the flexibility in hiring PCAs. The most challenging aspect of the program is the assessment process.
- The program has allowed me to live at home with my family rather than in a nursing home or shelter. ...I appreciate that I am at home with my wife and children.
- The program keeps me out of a nursing home. I feel it is a good program that provides me with a sense of security. I like having total control of the hiring, training and firing of PCAs.
- The program is the best thing that could ever happen. It gives me time with my children. The program gives me a feeling of safety. It has helped me immensely.
- The program enables me to work; to get out of the house. I appreciate the control I have to hire, train and fire PCAs.
- The program allows for my independence and the freedom to attend a day program. She has security knowing that she can fire PCAs who do not perform well. She also can acknowledge workers who provide superior services.
- I did not know I could live as independently as I do now. My disability means that I require PCAs who understand the needs of a blind consumer.

My PCAs help with housework and it is a challenge to teach them. I appreciate the program for the independence I enjoy, including being able to travel.

- I have been in the program 9 years. It has enabled me to be a mother to my children. My disability would not have allowed me to run a household and be a parent. PCA services allowed me to do both. I was institutionalized in the past. I believe I would be in a nursing home without the assistance of the PCA program.
- I have been involved with the PCA program since the 1970's. I have hired a number of PCAs and have had occasion to fire several. I believe the current program promotes independence and allows consumers to work outside the home.
- I was in a nursing home for 4 years. The PCA program has allowed me to be at home with my son.
- I am the surrogate for my ex-wife. I experienced the loss of PCA hours assigned to my wife while we were living together.
- I have a concern that married spouses have to provide additional care-giving hours because the program does not allow spouses to act as PCAs.
- I am a paraplegic and I believe the best thing that has happened to me since my accident is becoming a part of the PCA program.

APPENDIX 2a

MassHealth Consumers receiving more intensive services

Consumers no longer on PCA

Type of Service	FY09	FY10
09 - NURSING FACILITY	424	452
35 - STATE AGENCY SERVICES	217	261
60 - HOME HEALTH AGENCY	102	95
62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	128	169
69 - HOSPICE CARE	151	84
70 - ACUTE INPATIENT HOSPITAL	589	571
71 - CHRONIC INPATIENT HOSPITAL	97	114
73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	11	5
74 - SEMI ACUTE INPATIENT HOSPITAL	2	1
TOTAL	981	1,065

Consumers receiving PCA services

	FY09	FY10
09 - NURSING FACILITY	1,659	1,313
35 - STATE AGENCY SERVICES	4,380	3,894
60 - HOME HEALTH AGENCY	2,344	2,085
62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	353	317
69 - HOSPICE CARE	221	71
70 - ACUTE INPATIENT HOSPITAL	5,683	5,208
71 - CHRONIC INPATIENT HOSPITAL	615	537
73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	37	46
74 - SEMI ACUTE INPATIENT HOSPITAL	12	13
TOTAL	10,988	9,838

APPENDIX 2b
Unduplicated count of members

Consumers no longer on PCA svcs

FY	No. of services claimed	number of members
2009	1	462
2009	2	346
2009	3	132
2009	4	34
2009	5	7
2009 unduplicated member count		981
2010	1	538
2010	2	384
2010	3	128
2010	4	13
2010	5	2
2010 unduplicated member count		1,065

**Consumers receiving PCA
svcs**

FY	No. of services claimed	number of members
2009	1	7,577
2009	2	2,627
2009	3	677
2009	4	95
2009	5	11
2009	6	1
2009 unduplicated member count		10,988
2010	1	6,961
2010	2	2,205
2010	3	584
2010	4	80
2010	5	7
2010	6	1
2010 unduplicated member count		9,838

Appendix 3

Paul Kahn Awards for PCA Service

This award is named in honor of Paul Kahn, a long time PCA employer and advocate who died this past January. Having personal care assistants gave Paul the freedom to live on his own terms. It allowed him to pursue his art, writing, teaching and advocacy activities. Without PCAs Paul would have remained institutionalized and not have made his many contributions to the disability and independent living communities. This award, in his name, honors the PCAs who do this important work every day.

2010 Winners of the Paul Kahn Award for PCA Service

Below are profiles of the five winners of this year's award. Each awardee is pictured with Secretary of Health and Human Services JudyAnn Bigby and Veronica Turner, Executive Vice President of 1199 SEIU Health Care Workers East.

Amarilis DePina, Brockton, MA

Ms. DePina, who has been working as a PCA for five years, has worked as a Certified Nursing Assistant for more than twenty years. Amarilis was working at a rehabilitation facility when she met the Susan, woman for whom she now works as a PCA. In her nomination letter, Susan said "She has come in bad snow, ice, rain or wind storms. ...Even when her husband passed away unexpectedly ... she found coverage to take care of me..."



Eric Osgood, Bondsville, MA

Mr. Osgood was nominated by Judy Sherman, a service coordinator of the Dept. of Developmental Services. She came to know Eric through his work Community Options. Eric worked as a mentor with Scott,

offering vocational supports in a school to work program. When Scott graduated, became employed and moved into his own apartment, Eric became his PCA and later his roommate. As Ms. Sherman said in her letter: "Eric opened up his world to Scott, introducing him to his son...and a new array of friends... "Over the past six years Eric has been an integral part of Scott's world, respectfully attending to his myriad emotional and physical needs. In so doing Eric has helped a young man to gain success, maturity and greater independence."



Maria C. Garcia, Lynn, MA

Ms. Garcia, who came to the U.S from the Dominican Republic when she was 12, has lived in Lynn since 1972. She has been a PCA for ten years and was nominated by Laura, the surrogate for Janet, the consumer Maria works for. In her letter Laura said, "Maria...does not think twice about giving up her weekend or working hours that are not...going to be paid...(Maria) is not only Janet's PCA but her friend. She takes Janet out shopping and to Friendly's for her birthday..."



Mary C. Ketter, East Boston, MA

Ms. Ketter says that: "PCA work is very hard but getting to know my employer on a personal level is very rewarding. I love this job." Linda, the employer who nominated Mary said : "(Mary) started working for me several years after she moved here from Kenya. Mary learned to perform my complicated care with an expertise... that I had never before witnessed... Mary also provides valuable insights regarding my medical problems to my health care providers. She coordinates my home health care program (and) trains new PCAs in the complex aspects of my daily care."



Rosa D. Amegah, Worcester, MA

Ms. Amegah's reputation is such that she was nominated by three separate individuals. A Worcester native, Rosa is an L.P.N. she has worked as a PCA for thirty years. Regarding her PCA work, Rosa said: "It is not about the money. It is about the caring and being there for a person in need." One of the letters of nomination was from the wife of one of Rosa's consumer/employer and spoke of how Rosa assessed him from head to toe and informed her of his physical problems and needs. Rosa also provided assistance with program paperwork. Rosa serves as a delegate for the PCA union and, as such, is an important link in connecting hundreds of PCAs working in the Worcester area. "



APPENDIX 4

PCA Workforce Council Budgets

FY09

Expense Categories	FY09 Obligation Ceiling Amount	FY09 Total Spending
AA - REGULAR EMPLOYEE COMPENSATION	187,086	174,780
BB - REGULAR EMPLOYEE RELATED EXPEN	4,000	1,653
DD - PENSION & INSURANCE RELATED EX	2,516	2,290
EE - ADMINISTRATIVE EXPENSES	34,758	33,766
HH - CONSULTANT SVCS (TO DEPTS)	5,000	5,000
JJ - OPERATIONAL SERVICES	7,000	3,471
UU - IT NON-PAYROLL EXPENSES	251,847	248,604
All Object Classes	492,207	469,564
NOTES:		
<p>AA - Total Compensation includes salary for Council Office staff including the Director and Executive Assistant.</p> <p>BB - Employee travel expenses to related meetings and conferences.</p> <p>EE - Administrative Expenses include Office Supplies, Printing, Postage and Travel related expenses for Council members.</p> <p>HH - Consultant Services includes \$5,000 for Scholarships to provide CPR and 1st Aid training to PCAs.</p> <p>UU - IT Expenses include \$247,760 for the PCA Referral Directory.</p>		

FY10

Expense Categories	FY10 Obligation Ceiling Amount	FY10 Total Spending
AA - REGULAR EMPLOYEE COMPENSATION	150,764	149,969
BB - REGULAR EMPLOYEE RELATED EXPEN	500	260
DD - PENSION & INSURANCE RELATED EX	2,071	2,070
EE - ADMINISTRATIVE EXPENSES	16,150	14,419
HH - CONSULTANT SVCS (TO DEPTS)		-
JJ - OPERATIONAL SERVICES	9,840	7,144
UU - IT NON-PAYROLL EXPENSES	69,745	69,745
All Object Classes	249,070	243,607
NOTES:		
<p>AA - Total Compensation includes salary for Council Office staff including the Director and Executive Assistant.</p> <p>BB - Employee travel expenses to related meetings and conferences.</p> <p>EE - Administrative Expenses include Office Supplies, Printing, Postage and Travel related expenses for Council members.</p> <p>HH - Consultant Services funds were re-allocated to the PCA Directory (UU) IT budget.</p> <p>UU - IT Expenses include \$61,745 for the on-going PCA Referral Directory maintenance contract.</p>		

APPENDIX 5
Cost of PCA Program

PCM Agency Annual Expenditures (FY 10)

	Members	Expenditures	
Skills Training	19,789	\$	9,913,495.44
Intake and Orientation	5,082	\$	1,206,273.46
Initial Evaluations	3,850	\$	826,427.48
Re-Evaluations	13,364	\$	1,650,320.36
Total PCM Expenditures FY 10		\$	13,596,516.74

Fiscal Intermediary Annual Expenditures
Payroll Costs (FY 10)

	PCA Wages	19,211	\$	326,689,413.00
	SUTA		\$	11,043,711.46
	FUTA		\$	1,603,447.00
	FICA/Medicare		\$	25,361,285.88
	Workers' Compensation		\$	5,400,000.00
Total Payroll Costs			\$	370,097,857.34
FI Administrative Fee (FY 10)		19,828	\$	10,663,966.00
Total FI Expenditures for CY (FY 10)			\$	380,761,823.34

Total Annual MH Expenditures for PCA program* **\$ 394,358,340.08**

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

APPENDIX 6
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>d</u>		<u>d</u>	
2 Inpatient Rehab/Chronic	\$144.5	1%	\$146.3	1%	\$148.3	4%	\$154.9
5 Outpatient Rehab/Chronic	\$11.0	7%	\$11.8	5%	\$12.4	31%	\$16.1
7 Nursing Homes	\$1,557.7	0%	\$1,552.8	-3%	\$1,511.5	1%	\$1,533.5
Total Institutional LTC	\$1,568.7	0%	\$1,564.6	-3%	\$1,523.9	2%	\$1,549.6
9 PACE	\$63.9	14%	\$73.1	15%	\$83.7	11%	\$93.3
10 PCA -- total program including wages	\$285.1	11%	\$316.4	14%	\$359.6	12%	\$403.5
11 Home Health Agency	\$118.9	15%	\$136.4	16%	\$158.7	17%	\$185.2
12 PDN	\$6.5	50%	\$9.8	10%	\$10.8	-7%	\$10.0
13 Adult Foster Care	\$75.3	20%	\$90.0	30%	\$117.0	29%	\$150.9
14 Adult Day Health	\$53.0	19%	\$62.9	12%	\$70.2	11%	\$77.8
15 Day Habilitation	\$106.8	5%	\$112.5	8%	\$122.1	10%	\$133.9
16 Hospice Care	\$88.3	20%	\$105.9	-8%	\$97.3	3%	\$100.6
19 Therapies	\$2.1	2%	\$2.2	41%	\$3.1	8%	\$3.3
29 Prosthetics/Orthotics	\$4.4	24%	\$5.5	8%	\$5.9	6%	\$6.3
30 DME/Oxygen	\$38.5	1%	\$38.9	5%	\$41.0	7%	\$43.8
45 SCO Capitation	\$98.0	86%	\$182.0	41%	\$257.0	26%	\$322.6
Total Community LTC	\$940.9	21%	\$1,135.6	17%	\$1,326.4	15%	\$1,531.3
Total LTC MH Spending	\$2,509.6	8%	\$2,700.2	6%	\$2,850.3	8%	\$3,080.9
Total LTC MH Spending w/o PCA	\$2,224.4	7%	\$2,383.8	4%	\$2,490.7	7%	\$2,677.3
PCA spending as a % of total LTC Spending	11.36%		11.72%		12.62%		13.10%
PCA as a% of Community LTC Spending	30.31%		27.86%		27.11%		26.35%