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## A VIEW FROM THE HILL

*A commentary from a  
legislator on human services*



## Collaborative effort results in modified PCA OT limits

**By Rep. Kate Hogan**

After significant stakeholder input, MassHealth has modified the terms under which Personal Care Attendants (PCAs) will be reimbursed for services rendered to MassHealth clients going forward as of January 2017.

PCAs provide vital care to approximately 26,000 Massachusetts residents who are elderly and/or disabled and who wish to continue living in their own homes and in their own communities rather than face institutionalization elsewhere. In many cases, PCAs have developed long-term professional and personal relationships with these clients, doing what they can to ensure that they remain able to continue with a living arrangement that they themselves prefer and that years of research have proven to be both cost effective and clinically beneficial.

On September 1st, new MassHealth regulations went into effect that capped the number of hours a PCA could be paid to a total of 40 hours a week. The new policy had provoked protests from both disability rights advocates and PCA service recipients themselves, a recent one involving a Beacon Hill demonstration on November 1st in which several protesters were led away in their wheelchairs after refusing to leave as instructed.

The agreement moves the cap to 50 standard care hours a week and establishes processes and criteria for Temporary Approvals (TA) and Continuity of Care approvals (COC). When a client has a temporary need to schedule one PCA to work overtime in excess of 10 hours (e.g., post-acute hospitalization), s/he can request a Temporary Approval for that overtime. Continuity of Care approvals last for the duration of the client's PCA prior authorization period (factors include complex medical needs that require specialized skills, length of client-PCA relationship of more than 5 years, and other criteria). A consistent health and safety cap of 66 hours will be applied for COC approvals.

The agreement also commits both MassHealth and SEIU 1199 to working together to establish a compliance policy for unauthorized PCA overtime and, for the purposes of PCA protection and program integrity, to implement an Electronic Visit Verification (EVV) system by January of 2018.

Perhaps most importantly, the agreement commits to a series of steps designed to increase the available pool of PCA resources in the state and to provide tools for clients to more easily identify and access participating PCAs. MassHealth agreed to re-launch the Rewarding Work website by Nov. 10, 2016, with an enhanced Job Posting Board and a simplified PCA application. SEIU 1199 will conduct active outreach to potential PCAs, featuring both program literature and face-to-face recruitment. The University of Massachusetts will promote PCA sign-up through available social media. The agreement establishes a clear goal of 5,000 new PCAs registered on MassHealth's Rewarding Work registry before the end of this year.



*Rep. Kate Hogan*

Finally, the new agreement addresses the demand side of the program by requiring clients seeking to obtain PCA services to use the registry to identify and retain a PCA provider(s). Functional Skills Training on the use of the registry will be provided to clients and the agreement establishes a goal of 1,000 new clients registered before the end of this year.

For some time now, one of our health policy goals has been to ensure that our most vulnerable citizens have access to cost-effective, high quality care that is rendered in the least restrictive setting possible. To that end, Massachusetts has been a leader in ensuring that resources are available for the elderly and/or disabled to live as independently as possible in their communities of choice.

This agreement is an important step in both preserving the progress we have made to date, as well as outlining a path forward that should result in a fairer, more robust PCA benefit for both providers and patients. The administration, MassHealth members and SEIU 1199 should be commended for recognizing the need to work together cooperatively for the benefit of all parties and for doing the work necessary to come to the terms encompassed in the new agreement.

*Rep. Kate Hogan represents the 3rd Middlesex District and chairs the Joint Committee on Public Health.*

## APPEAL: DOL OT change on hold; courts to decide issue

*Continued from Page 1*

legislation or rewriting the regulation pursuant to the time-consuming Administrative Procedures Act – would have to be followed by Congress and the new Administration.”

Organizations that put a plan in place to address the Overtime Final Rule that would have raised the overtime exemption to \$47,476 on December 1 can decide whether to delay implementation of that plan until the court cases are resolved or move forward. Those that move forward will already be in compliance with the new regulation if it is ultimately upheld in its current form.

The Providers' Council is working with our national partner to gather information on this fluid issue, and will keep members apprised of changes as they happen.

If you have questions about the Overtime Final Rule and injunction, please contact Bill Yelenak by e-mail at [bill@providers.org](mailto:bill@providers.org) or call 617.428.3637 x122.