



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
**COMMONWEALTH OF MASSACHUSETTS**  
OFFICE OF MEDICAID  
ONE ASHBURTON PLACE, BOSTON, MA 02108



**MAURA T. HEALEY**  
GOVERNOR

**KIAME MAHANIAH, MD, MBA**  
SECRETARY

**KIMBERLEY DRISCOLL**  
LIEUTENANT GOVERNOR

**MIKE LEVINE**  
UNDERSECRETARY  
FOR MASSHEALTH

March 5, 2026

Matthew Gorzkowicz  
Secretary, Executive Office for Administration and Finance  
24 Beacon Street  
State House, Room 373  
Boston, MA 02133

Michael Rodrigues  
Chair, Senate Committee on Ways and Means  
24 Beacon Street  
State House, Room 212  
Boston, MA 02133

Aaron Michlewitz  
Chair, House Committee on Ways and Means  
24 Beacon Street  
State House, Room 243  
Boston, MA 02133

Dear Secretary Gorzkowicz, Chair Rodrigues, and Chair Michlewitz,

Pursuant to outside section 111 of chapter 9 of the Acts of 2025, please find the attached report which provides an update on the progress of implementation of the recommendations of the Personal Care Attendant (PCA) Working Group established in Section 4000-0601 of Chapter 140 of the Acts of 2024.

Sincerely,

A handwritten signature in black ink that reads "Leslie Darcy".

Leslie Darcy  
Chief, Office of Long Term Services and Supports  
MassHealth, Executive Office of Health and Human Services

**Legislative Language:**

Subsection (b) of section 111 of the SFY 26 budget provides:

(b)(1) The executive office of health and human services shall establish an implementation plan to preserve and allow for the long-term sustainability and cost containment of the personal care attendant program. The implementation plan shall include, but shall not be limited to:

- (i) a detailed description of how the recommendations from the February 28, 2025 report and the report required pursuant to subsection (a) will be implemented, including, but not limited to: (A) any actions already taken to implement the recommendations and the dates on which said actions were taken; and (B) future actions needed to implement the recommendations;
- (ii) savings realized and anticipated from the implementation of the recommendations from the reports with a detailed description of any changes or adjustments from projected savings included in said reports;
- (iii) a timeline for the implementation of said recommendations;
- (iv) the program's growth rate in fiscal year 2026 as of December 15, 2025;
- (v) any additional changes to the program necessary to contain the program costs consistent with the goals of the working group and the cost growth targets determined by the working group pursuant to subsection (a); and
- (vi) any other information necessary to explain cost containment measures to be implemented for the program.

Said implementation plan shall be filed with the secretary of administration and finance and the house and senate committees on ways and means not later than January 1, 2026.

(2) Not later than March 7, 2026, the executive office of health and human services shall submit an update on the progress of the implementation of the recommendations of the reports pursuant to subsection (a) and said report finalized February 28, 2025 and any other actions taken to preserve and allow for the long-term sustainability and cost containment of the personal care attendant program. The update on the progress of the implementation shall outline the impact of the cost growth targets and how those targets are being achieved. The report shall be submitted to the secretary of administration and finance and the house and senate committees on ways and means.

**Working Group Recommendations Overview:**

As required by Line 4000-0601 of Chapter 140 of the Acts of 2024, the PCA Working Group submitted a report on February 28, 2025 which contained the following three recommendations:

Recommendation 1: MassHealth should enforce the overtime cap at 66 hours

Recommendation 2: MassHealth should ensure fraudulent activity within the PCA program is addressed

Recommendation 3: Eliminate managing PCA paperwork and PCA administrative work for members that do not have a live in exemption. Rationale: members are required to use EVV unless they have a live-in exemption.

As required by subsection (a) of Section 111 of the SFY26 Budget, the PCA Working Group submitted a report on November 28, 2025 which contained the following three recommendations:

Recommendation 1: Reduce the overtime cap from 66 to 60 hours

Recommendation 2: Establish a 7-hour upper limit for meal prep support (*Create a medical exception if a person requires special meals (doctor documents medical need)*)

Recommendation 3: The group did not identify a specific existing benchmark. The group did agree that the State should be able to project expected growth in the program. The group did embrace the idea of a composite benchmark. The composite benchmark could include measuring: growth of the older adult population, any acuity shift in the PCA population, wage growth, and state revenue growth. Many members of the group expressed a sentiment that if a benchmark is adopted, they did not want it to operate as a hard cap. If the benchmark is exceeded, it should come back to this group for solutioning.

**Implementation Plan Update**

**Table 1. February 28, 2025 Report Recommendations and (i), (ii), and (iii) Responses:**

Recommendation	Section (i)		Section (ii)		Section (iii)
	Action Already Taken	Future Action to be Taken	Savings Realized	Annual Savings Anticipated	Timeline for Implementation
1. MassHealth should enforce the overtime cap at 66 hours	<p><i>March 2026:</i> Overtime cap enforcement policy is in effect. Consumers are being notified if they are violating program rules.</p> <p><i>January 2026:</i> MassHealth adjusted the PCA program regulations to implement this change, effective for 1/1/2026. Across November and December 2025, MassHealth held three public information sessions notifying PCAs, consumers, and other stakeholders of the compliance policy, effective 1/1/26.</p>	MassHealth will continue to take corrective action with PCAs and consumers who exceed the overtime cap.	\$0	\$6.7M	Implementation is ongoing, enforcement began 1/1/2026.
2. MassHealth should ensure fraudulent activity within the PCA program is addressed			N/A	N/A	Ongoing
3. Eliminate managing PCA paperwork and PCA administrative work for members that do not have a live in exemption. Rationale: members are	<p><i>March 2026:</i> No action taken yet.</p> <p><i>January 2026:</i> No action taken yet.</p>	MassHealth will socialize with PCMs and operationalize with TPA, effective July 2026.	\$0	\$700K	July 2026

required to use EVV unless they have a live-in exemption					
--	--	--	--	--	--

**Table 2. November 28, 2025 Report Recommendations and (i), (ii), and (iii) Responses:**

Recommendation	Section (i)		Section (ii)		Section (iii)
	Action Already Taken	Future Action to be Taken	Savings Realized	Annual Savings Anticipated	Timeline for Implementation
1. Reduce the overtime cap from 66 to 60 hours	<p><i>March 2026:</i> Commenced regulation update process.</p> <p><i>January 2026:</i> No action taken yet.</p>	MassHealth will adjust the PCA program regulations and educate consumers and PCAs of this change.	\$0	\$3.9M	July 2026
2. Establish a 7-hour upper limit for meal prep support	<p><i>March 2026:</i> Began working on medical necessity criteria.</p> <p><i>January 2026:</i> No action taken yet.</p>	MassHealth will adjust the PCA program regulations and educate consumers and PCAs of this change.	\$0	\$28M	July 2026
3. The group did not identify a specific existing benchmark. The group did agree that the State should be able to project expected growth in the program. The group did embrace the idea of a composite benchmark. The composite benchmark could include measuring: growth of the older adult population, any acuity shift in the PCA population, wage growth, and state revenue growth. Many members of the group expressed a sentiment that if a benchmark is adopted, they did not want it to operate as a hard cap. If the benchmark is exceeded, it should come back to this group for solutioning.		As this recommendation does not require specific action, no action taken.	N/A	N/A	N/A

**Other actions taken to preserve and allow for the long-term sustainability and cost containment of the personal care attendant program:**

- 1. Reconvening the PCA Working Group in February 2026 to assist with FY27 budget assumptions of reducing the PCA program by \$100M:** Item 4000-0601 of the Governor's FY27 Budget provides that, "the executive office of health and human services shall convene and consult with the PCA working group established under item 4000-0601 of section 2 of chapter 140 of the acts of 2024 to identify savings in addition those identified in the November 28, 2025 report to effectuate a gross amount of spending consistent with the appropriation included herein; provided further that, not less than 30 days after the effective date of this act, after convening said group, the executive office shall provide an implementation plan to ensure spending consistent with this appropriation to the secretary of administration and finance and the house and senate committees on ways and means".