

# PCA Working Group

Authorized under Section 111 of the  
FY2026 Final Budget

**Finalized on November 14, 2025**

***Report due on November 28, 2025***

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# 1. Legislative Language

## Updated Charge from the FY26 Budget:

[SECTION 111](#). (a) The working group established pursuant to item 4000-0601 of section 2 of chapter 140 of the acts of 2024 **shall continue to develop recommendations**, in addition to those filed in the personal care attendant working group report finalized on February 28, 2025, for the long-term sustainability of the personal care attendant program, including, but not limited to, **cost growth targets and how to achieve those targets for the program**.

Said recommendations shall be filed with the secretary of administration and finance and the house and senate committees on ways and means not later than November 28, 2025.

## 2. Group Overview

### *Group Members included:*

- **Leslie Darcy**, MassHealth, Executive Office of Health and Human Services
- **Kristen McCosh**, The Personal Care Attendant Workforce Council
- **Becca Gutman**, 1199 SEIU United Healthcare Workers East
- **Tara Gregorio**, The Massachusetts Senior Care Association
- **Carolyn Villers**, The Massachusetts Senior Action Council
- **Maura Sullivan**, The Arc of Massachusetts
- **Charlie Carr**, The Disability Policy Consortium

### *Approach:*

- The group met six times between August 2025 and November 2025 to discuss cost growth targets and how to achieve those targets.
- The group heard from health economics experts, including Dr. Jon Gruber (MIT) and Dr. Marc Cohen (UMass Boston).
- The group requested information about cost growth benchmark options, and requested modeling of various benchmarks from MassHealth.
- The group reviewed data provided by MassHealth related to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), Overtime, Program Growth and Utilization, and wages.
- The group deliberated on the provided data and agreed upon three consensus recommendations.

## Group's Prior Consensus Recommendations, February 2025

### ***\$7.4M in savings***

1. MassHealth should enforce the overtime cap at 66 hours (\$6.7M savings)
2. MassHealth should ensure fraudulent activity within the PCA program is addressed
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* (\$700k savings)

### 3. Group's New Consensus Recommendations

#### ***\$32M in savings***

1. Reduce the overtime cap from 66 to 60 hours (~\$3.9M savings)
2. Establish a 7-hour upper limit for meal prep support (~\$28M savings)
  - Create a medical exception if a person requires special meals (doctor documents medical need)
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.

## 4. Sustainability Measures Considered by the Group

### Cost Growth Benchmark Options:

- The Group reviewed alternative cost growth benchmarks.
- Dr. Gruber recommended:
  - Inflation Growth + Population Growth in Massachusetts residents 65 and over; or
- The Group requested EOHHS model a benchmark that looked at:
  - Low-wage worker growth + Population Growth in Massachusetts residents 65 and over
  - CNA wage growth + Population Growth in Massachusetts residents 65 and over

## Proposals discussed

Policy Change	Anticipated savings
Cap meal prep at 7 hours	~\$28M
Cap IADL at ADL amount	~\$19.2M
Reduce O/T cap from 66 hours to 60 hours	~ \$3.9M
Reduce O/T cap from 66 hours to 50 hours	~ \$17M
Eliminate IADL authorization where consumer has live-in PCA	~\$89M
Cap all IADLs at the average (including meal prep)	~\$44M
Stop paying O/T in the aggregate and travel time	~\$21M
Implement an efficiency standard, reducing all PAs by xx per cent	~ TBD
Eliminate O/T pay	~\$75M



## **5. Data and Information reviewed by the group during its meetings**

## Cost Growth Option: Inflation + Growth in 65+ population (Dr. Gruber)

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024
Inflation %	2%	2%	2%	2%	1%	7%	7%	3%	3%
Growth in 65+ Population	3%	3%	3%	3%	3%	4%	4%	4%	4%
<b>Inflation + Growth in 65+ Population</b>	<b><u>5%</u></b>	<b><u>5%</u></b>	<b><u>5%</u></b>	<b><u>5%</u></b>	<b><u>4%</u></b>	<b><u>11%</u></b>	<b><u>10%</u></b>	<b><u>7%</u></b>	<b><u>7%</u></b>
PCA Program Spend	\$841M	\$952M	\$1.01B	\$1.17B	\$1.23B	\$1.28B	\$1.49B	\$1.57B	\$1.75B
PCA Program Growth		13%	6%	16%	5%	4%	16%	6%	11%
<b>Projection of what the PCA program would cost if the program had grown at CPI + Growth in 65+</b>		<b>\$888M</b>	<b>\$926M</b>	<b>\$976M</b>	<b>\$1.01B</b>	<b>\$1.13B</b>	<b>\$1.24B</b>	<b>\$1.33B</b>	<b>\$1.4B</b>
<i>Difference in Actual Growth vs. CPI+ Growth in 65+</i>		<i>\$68M</i>	<i>\$84M</i>	<i>\$195M</i>	<i>\$215M</i>	<i>\$158M</i>	<i>\$246M</i>	<i>\$239M</i>	<i>\$327M</i>

	2024 vs 2015 growth	Average annual growth (2017 to 2024)
Actual PCA Program Growth	109%	9.74%
Inflation + Growth in 65+ Population	70%	6.87%
<i>Difference</i>	<i>39%</i>	<i>2.86%</i>

Year	2025	2026	2027	2028	2029	2030
Inflation %	2%	2%	2%	2%	2%	2%
Growth in 65+ Population	4%	2%	2%	2%	2%	2%
<b>Inflation + Growth in 65+ Population</b>	<b>6%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>

## Cost Growth Option: Fast Food and Counter Worker Growth + Growth in 65+ population (Workgroup's request)

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024
Average Hourly Wage	\$11.75	\$12.70	\$12.91	\$13.47	\$14.27	\$14.99	\$16.12	\$17.06	\$17.29
Average Hourly Wage Growth – Fast Food and Counter Workers %	9%	8%	2%	4%	6%	5%	8%	6%	1%
Growth in 65+ Population	3%	3%	3%	3%	3%	4%	4%	4%	4%
<b>Fast Food and Counter Worker Wage + Growth in 65+ Population</b>	12%	11%	5%	7%	9%	9%	11%	10%	5%
PCA Program Spend	\$841M	\$952M	\$1.01B	\$1.17B	\$1.23B	\$1.28B	\$1.49B	\$1.57B	<b><u>\$1.75B</u></b>
PCA Program Growth		13%	6%	16%	5%	4%	16%	6%	11%
<b>Projection of what the PCA program would cost if the program had grown at Hourly Wage of Fast Food and Counter Work Growth + Growth in 65+</b>	\$841M	\$933M	\$975M	\$1.04B	\$1.14B	\$1.23B	\$1.37B	\$1.51B	<b><u>\$1.58B</u></b>
<i>Difference in Actual Growth vs. Fast Food and Counter Worker Wage Growth + Growth in 65+</i>		\$18M	\$34M	\$124M	\$94M	\$48M	\$115M	\$67M	<b><u>\$168M</u></b>

	2024 vs 2016 growth	Average annual growth (2017 to 2024)
Actual PCA Program Growth	109%	9.74%
Fast Food and Counter Worker Growth + Growth in 65+ Population	89%	8.29
<i>Difference</i>	20%	1.45%

## Cost Growth Option: CNA Wage Growth + Growth in 65+ population (Workgroup's request)

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024
Average Hourly Wage	\$14.88	\$15.55	\$16.17	\$16.84	\$17.86	\$18.12	\$19.90	\$21.51	\$22.18
Average Hourly Wage Growth – CNAs %	3%	5%	4%	4%	6%	1%	10%	8%	3%
Growth in 65+ Population	3%	3%	3%	3%	3%	4%	4%	4%	4%
<b>CNA Wage Growth + Growth in 65+ Population</b>	<b>6%</b>	<b>7%</b>	<b>7%</b>	<b>7%</b>	<b>9%</b>	<b>5%</b>	<b>14%</b>	<b>12%</b>	<b>7%</b>
PCA Program Spend	\$841M	\$952M	\$1.01B	\$1.17B	\$1.23B	\$1.28B	\$1.49B	\$1.57B	<b><u>\$1.75B</u></b>
PCA Program Growth		13%	6%	16%	5%	4%	16%	6%	11%
<b>Projection of what the PCA program would cost if the program had grown at Hourly Wage of CNAs Growth + Growth in 65+</b>	\$840M	\$903M	\$965M	\$1.03B	\$1.12B	\$1.18B	\$1.34B	\$1.50B	<b><u>\$1.60B</u></b>
<i>Difference in Actual Growth vs. CNA Wage Growth + Growth in 65+</i>		\$48M	\$44M	\$137M	\$107M	\$103M	\$148M	\$74M	<b><u>\$149M</u></b>

	2024 vs 2016 growth	Average annual growth (2017 to 2024)
Actual PCA Program Growth	109%	9.74%
CNA Wage Growth + Growth in 65+ Population	91%	8.46%
<i>Difference</i>	<i>18%</i>	<i>1.27%</i>

## Over the past 40+ years, wage increases for low-wage workers generally tracks inflation, pandemic wage growth was unprecedented

Low-wage workers in America experienced an increase of 17% over the period between 1979 through 2023. Averaging a 0.4% annual growth rate.

High labor demand during the pandemic led to significant wage increases, particularly for low-wage workers. The cumulative percent change in real hourly wages between 2019 and 2023 for low wage workers was 12.1%.

**Removing the pandemic-era's period of strong wage growth for low-wage workers, this figure drops to 0.1% between 1979 and 2019.**

[Chart: Growth in U.S. Real Wages, by Income Group \(1979-2023\)](#)

## Summary of Wages for entry-level PCA, CNA and group home workers & workers with 2 – 4 years experience

Worker	Wage
Entry-level group home worker Vinfen	\$ 17.50
Entry-level CNA (lowest quarter of 2024 BLS data)	\$ 19.34
Entry-level PCA (non live-in)	\$ 20.00
Average wage of group home workers built into ALTR rate	\$ 20.00
PCA with 2 years of PCA work experience (non live-in)	\$ 20.60
PCA with 4 years of PCA work experience (non live-in)	\$ 21.20
Median wage of all CNA workers (2024 BLS data)	\$ 21.83
Live-in PCA (comparable wage due to tax treatment)*	\$ 23.00
75 <sup>th</sup> percentile wage of all CNA workers (2024 BLS data)	\$ 23.26
PCA with 2 years of PCA work experience w/ complex differential (non live-in)	\$ 23.85
Live-in PCA with 2 years (comparable wage due to tax treatment)*	\$ 24.00
Live-in PCA with 2 years of PCA work experience, receiving complex care differential*	\$ 27.25

\*Due to IRS ruling, difficulty of care payments are exempt from income that is reportable to MassHealth and DTA. Many of these workers may now be eligible for MassHealth. Effective wage was calculated assuming 2,000 hours worked per year and comparing the non-taxable wage experience to a taxable wage experience.

# Worker Wage Comparison (PCA, Group Home, CNA)

Special Tax Treatment	Personal Care Attendant (PCA)	Group Home Worker (Vinfen)	Certified Nursing Assistant (CNA)
	<div>✓</div> Live-in wages can be exempt from tax as difficulty of care payments	<div>✗</div> N/A	<div>✗</div> N/A
Job Requirements	<ul style="list-style-type: none"><li>No formal requirements</li><li>Effective 1/1/26, must be at least 16 years old</li></ul>	<ul style="list-style-type: none"><li>High school diploma or GED required</li><li>Bachelor's degree in a Human Services related field preferred</li><li>Must be at least 21 years old</li><li>Must have a current, valid, US drivers' license for at least 6 months and access to a reliable, fully insured vehicle</li><li>Must become CPR, First Aid certified within 2 weeks of employment, Safety Care certified within 90 days of employment and MAP certified within 150 days of employment. Must pass a CORI, reference, national fingerprinting and driving record check</li></ul>	<ul style="list-style-type: none"><li>High School Diploma or GED required</li><li>Pass a background check</li><li>Meet health/immunization requirements.</li><li>Complete minimum of 75 hours of training, combined classroom &amp; lab</li><li>Pass the CNA competency exam</li><li>Register with DPH, renew every two years</li></ul>
Benefits Eligibility	<div>✓</div> Live-in Workers may be eligible for MassHealth and DTA benefits <ul style="list-style-type: none"><li>Non live-in Workers working 40 hours/ week are not eligible</li></ul>	<div>✗</div> Not eligible	<div>✗</div> Not eligible
Wages	<ul style="list-style-type: none"><li>Starting wages are <b>\$20/hour</b></li><li>Wages depend on hours worked as a PCA:<ul style="list-style-type: none"><li>Step 1: 0-3,640 hours - <b>\$20/hour</b></li><li>Step 2: 3,641-7,280 hours - <b>\$20.60</b></li><li>Step 3: 7,281-12,740 hours - <b>\$21.20</b></li><li>Step 4: 12,741-18,200 hours - <b>\$21.80</b></li><li>Step 5: 18201+ hours - <b>\$22.40</b></li></ul></li><li>40 hours/week*50 weeks a year is 2,000 hours</li><li>As of 1/1/26, <b>+\$3.25/hour</b> for the Complex Care Differential, for PCAs whose consumers require physical assistance with digital rectal stimulation (DRS) or feedings via enteral tube (G&amp;J)</li></ul>	<ul style="list-style-type: none"><li>Starting wages are <b>\$17.50/hour</b></li><li>A Group Home Worker at Vinfen starts at <b>\$17.50/hour</b> (pay range is up to \$20.75)</li><li>The average wage built into the EHS ALTR model is <b>\$20/hour</b></li></ul>	<ul style="list-style-type: none"><li>Starting wages are <b>\$19.34/hour</b></li><li>2024 BLS data:<ul style="list-style-type: none"><li>Hourly 10th percentile wage <b>\$18.45</b></li><li>Hourly 25th percentile wage <b>\$19.34</b></li><li>Hourly median wage <b>\$21.83</b></li><li>Hourly 75th percentile wage <b>\$23.26</b></li><li>Hourly 90th percentile wage <b>\$27.09</b></li></ul></li></ul>

Estimated Take Home Pay for worker who works 2K Hours (Single, no dependents)	Entry-Level Worker (non live in)	Entry-Level Worker (live-in)	Worker with 2 Years of Experience (non live-in)	Entry-Level Worker	Worker with 2 Years of Experience	Entry-Level Worker	Worker with 2 Years of Experience
Hourly Rate	\$20/hour	\$20/hour	\$21.20/hour	\$17.50/hour	\$20/hour	\$19.34/hour	\$21.83/hour
Annual Taxable Income	\$40,000	\$40,000	\$42,400	\$35,500	\$40,000	\$38,680	\$43,660
Federal Income Tax Paid	\$2,816	\$0	\$3,104	\$2,216	\$2,816	\$2,657	\$3,255
State Income Tax Paid	\$2,000	\$0	\$2,120	\$1,750	\$2,000	\$1,934	\$2,183

# DOL Proposed Rule Expanding Overtime Exemption for Domestic Workers

**Background:** In 2013, the federal Department of Labor (DOL) issued a rule—effective January 1, 2015—that narrowed the scope of the domestic worker overtime exemption under the Fair Labor Standards Act (FLSA). The intent of the rule was to expand the circumstances under which employers are required to pay overtime to domestic service workers. Due to the narrowing of the exemption for the first time PCAs became entitled to the FLSA's overtime protections and started receiving overtime pay.

## 2013 rule's implications for the PCA Program:

1. PCAs required to be paid overtime under the FLSA for working more than 40 hours in a week.
2. PCAs required to be paid overtime in the aggregate under the FLSA if they work for more than one consumer in a week. *Example: PCA works 20 hours each for three consumers in a week, for a total of 60 hours. PCA entitled to 20 hours of overtime pay (all hours worked over 40).*

**Current Status:** On July 2, 2025, the federal DOL proposed a rule rescinding the 2013 rule in its entirety (comment period closed 9/2/2025). The DOL has also issued a [formal bulletin](#) stating that it is not enforcing the current rule pending finalization of the proposed rule.

## Once the proposed rule is finalized:

1. PCAs are no longer required to be paid overtime under the FLSA because the FLSA domestic worker overtime exemption applies.
2. PCAs are no longer required to be paid overtime in the aggregate under the FLSA because the FLSA's domestic worker overtime exemption applies.

## Information shared for potential discussion:

**If the PCA program stopped paying OT all together, this would reduce program spending by \$75M annually, with limited expected reduction in the amount of PCA services delivered to consumers.**

**If MassHealth continued to pay OT for hours worked over 40 for one consumer, but stopped paying OT in the aggregate, this would reduce program spending by \$20.5M annually, with limited expected reduction in the amount of PCA services delivered to consumers.**



# New Difficulty of Care Payments and OBBBA OT Tax Exemptions

- The IRS recently issued a ruling at the request of the PCA Workforce Council that a PCA can have their PCA wages excluded from their federal taxable income as tax exempt 'difficulty of care payments' if the PCA lives in the same home as the MassHealth member to whom they are providing services.
- The IRS ruling on 'difficulty of care payments' also applies to a PCA's state taxable income.
  - MassHealth and the PCA Fiscal Intermediary (Tempus) are finalizing a process for PCAs to claim the exemption, starting 1/1/26.
  - Once certified, Tempus will stop withholding applicable federal and state income taxes from the PCA's paychecks.
- **Due to the favorable tax treatment, the effective hourly wage of a live-in PCA working 40 hours a week, 50 weeks a year is comparable to someone making \$23/hour and paying taxes. This income is also excludable income when applying for benefits like MassHealth.**
- Separate from the above, the OBBBA established a new rule that OT is not taxable under certain circumstances.

## The Group Considered: If IADL hours exceed ADL hours, lower IADL hours could be capped to match ADL Hours.

- Some Consumers have more ADL hours than IADL hours.
- 3,359 Consumers\*** have IADL hours totals that exceed their ADL hours totals
- IADL hours exceeding ADL hours ranges between **.2 to 14 hours weekly\***.
- If a Consumer could not have IADL hours that exceed their ADL hours, **anticipated savings are:**
  - FFS: \$13.7M
  - Integrated Care: \$5.5M
  - Total: \$19.2M**

**Table: Number of Members Impacted by Age and Hourly Range if IADLs were not to exceed ADLs**

Age Range	IADL Hours Impacted															Total	% of Total
	0-.99	1-1.99	2-2.99	3-3.99	4-4.99	5-5.99	6-6.99	7-7.99	8-8.99	9-9.99	10-10.99	11-11.99	12-12.99	13-13.99	14-14.99		
0-18	1	1	1													3	0%
19-30	21	17	22	14	15	9	3	4	2		1					108	3%
31-40	23	23	31	29	19	17	14	6	2	1						165	5%
41-50	47	61	57	65	43	26	19	11	4	2	5	1				341	10%
51-60	115	156	176	150	136	104	57	35	21	5	1					956	28%
61-70	151	193	204	194	149	108	82	41	18	7	8	3			1	1,159	35%
71-80	52	59	65	57	52	41	28	15	12	8	1	1				391	12%
81-90	22	28	22	43	23	22	14	10	4	3	1					192	6%
91+	7	5	7	7	5	1	3	4	4		1					44	1%
<b>Total</b>	<b>439</b>	<b>543</b>	<b>585</b>	<b>559</b>	<b>442</b>	<b>328</b>	<b>220</b>	<b>126</b>	<b>67</b>	<b>26</b>	<b>18</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3,359</b>	
<b>% of Total</b>	<b>13%</b>	<b>16%</b>	<b>17%</b>	<b>17%</b>	<b>13%</b>	<b>10%</b>	<b>7%</b>	<b>4%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>		

\*FFS consumers only

# The Group discussed and considered IADL caps

<b>FFS Only</b>	<b>IADL Category:</b>	<b>Meal prep</b>	<b>Laundry</b>	<b>House keeping</b>	<b>Shopping</b>	<b>Equipment maintenance</b>	<b>Special needs</b>	<b>Med trans</b>
	# of members with this category of hours	18,965	19,131	17,896	17,295	7,972	2,563	11,270
	Hours per week	133,677	19,696	15,924	17,660	2,807	696	5,331
	Average Hours per week	7.0	1.0	0.9	1.0	0.4	0.3	0.5
	Current Annual cost	\$158,138,966	\$23,299,662	\$18,838,346	\$20,891,111	\$3,320,104	\$823,618	\$6,306,151
	<b><u>With average hours per week as a category cap</u></b>							
	# of members with hours greater than the average	8,794	6,167	7,702	5,224	2,988	520	3,483
	Hours per week	116,367	17,308	13,839	15,612	2,131	548	3,226
	New Annual cost	\$137,661,521	\$20,475,195	\$16,371,328	\$18,469,037	\$2,520,862	\$648,796	\$3,816,449
	Estimated FFS Savings	<b>\$20,477,445</b>	<b>\$2,824,467</b>	<b>\$2,467,018</b>	<b>\$2,422,074</b>	<b>\$799,242</b>	<b>\$174,822</b>	<b>\$2,489,703</b>
	Estimated IC Savings	\$8,190,977	\$1,129,786.	\$986,807	\$968,829	\$319,696	\$69,928	\$995,881
	Estimated Total Savings:	<b><u>\$28,668,423</u></b>	<b><u>\$3,954,253</u></b>	<b><u>\$3,453,825</u></b>	<b><u>\$3,390,903</u></b>	<b><u>\$1,118,939</u></b>	<b><u>\$244,751</u></b>	<b><u>\$3,485,584</u></b>

Estimated savings across all categories:

**FFS: \$31.7M**

**Integrated Care: \$12.6M**

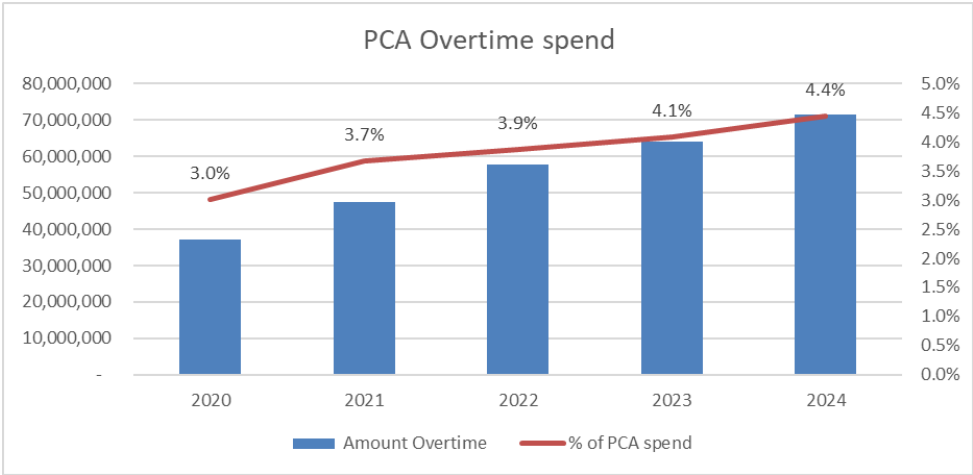
**Total: \$44M**

# The Group discussed and considered restricting IADL support for members who live with their PCA

	Members who live with their PCA(s)	
FFS Only	# of Members with IADL hours	5,880
	% of Members with IADL hours and live-in PCA(s)	29%
	Average IADL hours per week	9.17
	Estimated Annual FFS IADL Savings	\$64M
	Estimated Annual IC IADL Savings	\$25M
	<b>Estimated Annual Total IADL Savings</b>	<b>\$89M</b>

# Overtime Cap – The Group reviewed the cost of overtime and considered savings associated with a per week overtime cap

- In SFY 24 MassHealth spent **\$71M** on PCA Overtime.
- PCA Overtime Costs continue to increase year over year
- In 2024 MassHealth had 853 individuals that made over 75K/year. The 10 top PCA earners received between 170K and 204K/year.



<u>OT Hours Cap Per Week</u>	<u>CY23 OT Savings</u>
<b>66 (26 OT Hours)</b>	<b>\$6,705,178</b>
60 (20 OT Hours)	\$10,691,258
55 (15 OT Hours)	\$15,752,697
50 (10 OT Hours)	\$23,487,806

## Background: Growth in the PCA Program

The Personal Care Attendant (PCA) program served 56,000 members in SFY 24 (26,000 of whom are in managed care).

Our population is aging: According to data from the UMass Donahue Institute, between 2020 and 2030, we should expect a 29% increase in the population over 65 in Massachusetts.

**The PCA program trajectory is unsustainable:** The PCA program has grown from an annual cost of \$1.2B in SFY20 to \*\$1.6B in SFY24 (+\$400M, a 32% increase) and is projected to reach \$2B by SFY27.

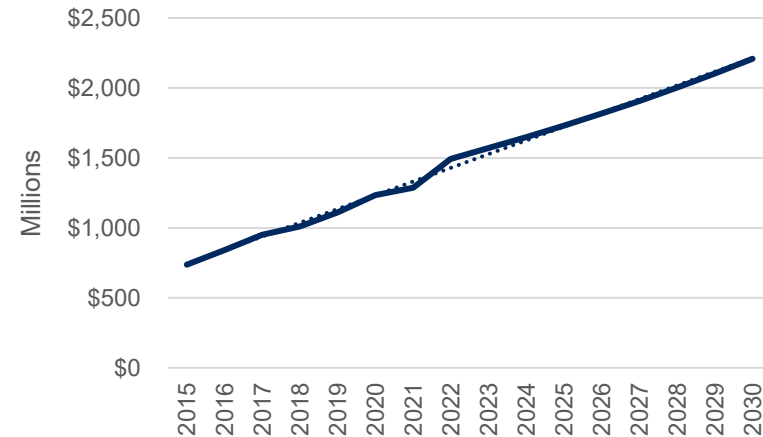
Between SFY20 and SFY24

- 7% utilization growth; \$90M of the \$400M
- 23% wage growth; \$310M of the \$400M

Comparison between 2015 and 2024

- Members (40K in 2015, 56K in 2024)
- Wage increase (\$13.68 in 2015, \$19.50 in 2024)

PCA Spending (2015 - 2030)



Program	SFY24 Spend (Fee-for-service and Managed Care)	Annual Spend change since 2015 (\$)
PCA Services	\$1.6B	+\$890M
Adult Foster Care	\$546M	+\$302M
Skilled Nursing Facilities	\$1.8B	+\$211M
Adult Day Health	\$214M	+\$96M
Day Habilitation	\$250M	+\$83M
Group Adult Foster Care	\$72M	-\$19M
Home Health	\$241M	-\$305M