



Personal Care Attendant Quality  
Home Care Workforce Council  
1 Ashburton Place, 11<sup>th</sup> Floor  
Boston, Massachusetts 02108

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September 18, 2019

Dear Personal Care Attendant (PCA):

You are receiving this notice because you provide Personal Care Attendant (PCA) services to a MassHealth member who is your consumer-employer. **This notice provides benefit and other information related to the Massachusetts Family and Medical Leave law.** The PCA Quality Home Care Workforce Council (FEIN: 81-0783359) is sending you this notice in accordance with M.G.L. c. 175M.

### **Employer Notice to Employee**

#### **Rights and Obligations under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M *IMPORTANT INFORMATION FOR ALL PERSONAL CARE ATTENDANTS (PCAs)***

#### **Explanation of Benefits**

**Beginning October 1, 2019:** Fiscal intermediaries for the PCA Program will deduct contributions from your wages to fund the Department of Family and Medical Leave (DFML) Employment Security Trust Fund. This means you will start seeing new deductions starting October 1, 2019. The benefits will be available starting in 2021.

#### **Beginning January 1, 2021:**

- You may be entitled to up to 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child.
- You may be entitled to up to 12 weeks of paid family leave in a benefit year because a family member is on active duty or has an upcoming call to active duty in the Armed Forces.
- You may be entitled to up to 20 weeks of paid medical leave in a benefit year if you have a serious health condition that prevents you from working.
- You may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or addressing consequences of a serious health condition related to military service.

#### **Beginning July 1, 2021:**

- You may be entitled to up to 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition.
- You may be eligible for up to 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.



- A weekly benefit amount will be based on your earnings, with a maximum benefit of \$850 per week.

### **Employer/Employee Contributions to the DFML Security Trust Fund**

Currently, the total contribution amount is 0.75% of wages. Of that 0.75% total contribution amount, there is a split: 17.3% is a family leave contribution and 82.7% is a medical leave contribution. Employees and employers will share in the contribution to this benefit. Employees will contribute to the benefit through 0.38% deductions from wages. MassHealth will contribute the remaining amount (0.37%) on behalf of your consumer-employer. This means that if you earned \$100, \$0.38 would be deducted from your paycheck. This consists of \$0.13 to cover your family leave contribution and \$0.25 to cover your medical leave contribution. These deductions are determined based on your total wages. That means if you made \$95 in regular pay and \$5 in overtime pay, the deduction would be determined based on the total \$100 in wages.

### **How to File a Claim**

To access paid family and medical leave benefits, you must file claims with the DFML using DFML forms. Forms and claim instructions will be available before January 2021 on the Department’s website, [www.mass.gov/DFML](http://www.mass.gov/DFML).

You are required to provide at least 30 days’ notice to your PCA consumer-employer of the anticipated date of any leave, the anticipated length of the leave, and the expected date of return. An employee who is unable to provide 30 days’ notice due to circumstances beyond his or her control is required to provide notice as soon as practical.

### **Department of Family and Medical Leave (DFML) Contact Information**

The Massachusetts Department of Family and Medical Leave  
Charles F. Hurley Building  
19 Staniford Street, 1<sup>st</sup> Floor  
Boston, MA 02114  
(617) 626-6565 / [www.mass.gov/DFML](http://www.mass.gov/DFML)

### **Payment for Concurrent Leave**

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law shall count against the allotment of leave benefits available under this law.

### **Questions**

If you have questions about the law, please contact the Department of Family and Medical Leave at (617) 626-6565 or visit their website at [www.mass.gov/DFML](http://www.mass.gov/DFML).

### **ACKNOWLEDGMENT**

Your signature below acknowledges your receipt of the information above. Please retain a copy for your reference. If you refuse to sign this acknowledgment, please submit a signed statement indicating that you refuse to sign this acknowledgement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

Return to: Stavros FI PO BOX 2130 Amherst, MA 01004