



An Appeal to the Massachusetts Senate to Make a Difference by Passing a FY’25 State Budget that’s Age-Friendly, Able-Friendly

SENATE 4, Section 2. Proposed Amendments Endorsed by Dignity Alliance Massachusetts

ENV 68

Keeping vulnerable populations safe during climate events

Mr. Pacheco moved that the proposed new text be amended in section 2, in item 2000-0102, by inserting at the end thereof the following:- "; provided further, that funds shall be expended to study efforts to ease the impact of extreme heat on older adults and persons with disabilities, keeping them safe during climate events, by providing Medicaid recipients with climate supports; provided further that the agency shall review the "Oregon Project" model as part of the study to help the Commonwealth establish an adaptation plan to help keep vulnerable populations safe during climate events."

Why is this important? Scientists predict more extreme heat events, including in Massachusetts. There’s strong evidence that age and the medications older adults take magnify the harm to their health from extreme heat. Let’s look at some other states, like Oregon, that are finding solutions.

GOV 112

Public Access to Historical Records

Mr. Barrett moved that the proposed new text be amended by inserting the following section:-

“SECTION X. Section 7 of Chapter 66 of the General Laws is hereby amended by adding the following sentence:- All records in the custody of the state secretary shall be open to public

inspection and available for copying after the expiration of 75 years from the creation of the record.”

Why is this important? There was a time, in Massachusetts, when many people who didn’t look or act like the rest of the population, and for whom there was little effective treatment, were locked away in state institutions and were treated worse than animals. Their records deserve to be opened and their dignity restored through research this could lead to more reform in treatments of those with mental, behavioral, and physical disabilities.

GOV 123

Increasing the Asset Limit for Seniors in MassHealth

Mr. Feeney moved that the proposed new text be amended by inserting after section __ the following section: -

"SECTION __. Section 25 of chapter 118E of the General Laws is hereby amended by inserting after subsection (6) the following:

(7) resources in the amount of \$10,000 per individual and \$15,000 per couple.

The division shall submit a state plan amendment to implement this section no later than 30 days after the effective date of this section and subsequently promulgate all regulations necessary to implement said income and resource exemptions.”

Why is this important? Raising the asset limit is especially important for individuals with disabilities and those who need long-term care because, unlike other forms of health insurance, it covers nursing home care, home health care, and personal care attendants. Unfortunately, the MassHealth eligibility rules are very complicated. Many of those complications have to do with the asset limit, which has remained at \$2,000 for many forms of MassHealth since 1989 — 34 years. Massachusetts has done an admirable job of eliminating the asset limit for many forms of MassHealth for those under age 65 who are not seeking coverage of nursing home care. But it remains in place for anyone over 65 and anyone who needs nursing home care at any age. (Spouses of nursing home residents are limited to approximately \$150,000 in “countable” assets, which includes just about everything except the family home.) (ALSO see Item #563).

Office of the Veteran Advocate

Mr. Cronin moved that the proposed new text be amended in section 2, in item 0960-1000, by striking the figure “\$765,000” and inserting in place thereof the following figure:- “\$2,000,000”.

Why is this important? The office was part of the reforms coming out of the tragedy of the Soldiers Homes during COVID. The advocate has many of the duties and tools needed to provide real help to our veterans and the independence to cut through much of the bureaucracy, but additional funding is needed to realize the vision that legislators and veterans’ advocates have for providing the best for those who serve.

Massachusetts Housing and Shelter Alliance

Mr. Feeney moved that the proposed new text be amended in section 2, in item 7004-0104, by adding the following words:- “; provided further, that not less than \$500,000 shall be expended by the Massachusetts Housing and Shelter Alliance, Inc. for promotion, resource development, and technical assistance related to the creation of permanent supportive housing for persons with disabilities who are experiencing homelessness and other solutions to homelessness”; and in said item, by striking out the figure “\$8,390,000” and inserting in place thereof the following figure:- “\$8,890,000”.

Why is this important? Everyone needs safe, decent, stable housing. For some of the most vulnerable people in America — people with mental illness, chronic health conditions, histories of trauma, and other struggles — a home helps them to get adequate treatment and start on the path toward recovery. But some conditions make it difficult for people to maintain a stable home without additional help. Supportive housing, a highly effective strategy that combines affordable housing with intensive coordinated services, can provide that needed assistance. Living without stable housing can drastically worsen health. Homelessness can exacerbate mental illness, make ending substance abuse difficult, and prevent chronic physical health conditions from being addressed. People with these and other health issues often end up in crisis situations while living on the streets, and emergency rooms may be the only health care they are able to access. More outreach is needed to inform those who need services of what’s available and where to gain access.

Accessible Affordable Housing for Persons with Disabilities

Mr. Eldridge moved that the proposed new text be amended in section 2, in item 7004-9031, by striking out the figure "\$2,500,000" and inserting in place thereof the following figure:-
"\$3,000,000".

Why is this important? For people with disabilities, there are far too many barriers to housing. Without affordable, accessible housing in the community, many are at risk of institutionalization or homelessness. Across the nation, many people with disabilities are experiencing an **affordability** crisis. Approximately 4.8 million non-institutionalized people with disabilities who rely on federal monthly Supplemental Security Income (SSI) have incomes averaging only about \$9,156 per year – low enough to be priced out of every rental housing market in the nation. Many people with IDD live with **aging caregivers** (age 60 and older). As this generation of caregivers continues to age, many of their adult children with IDD may be at risk of institutionalization or homelessness. An accessible home offers specific features or technologies such as lowered kitchen counters and sinks, widened doorways, and wheel-in showers. For people who use mobility devices, finding housing with even basic **accessibility** features (e.g. an entrance with no steps) can be daunting, if not entirely impossible or unaffordable. The **availability** of affordable, accessible housing remains far less than the need, leaving far too many people with IDD institutionalized, homeless, or in "worst case" housing (paying too much in rent to afford other basics or living in severely inadequate conditions).

Elder Mental Health Services

Mr. Velis moved that the proposed new text be amended in section 2, in item 9110-1640, by striking out the figure "\$2,509,293" and inserting in place thereof the figure:- "\$4,500,000".

Why is this important? According to MA Healthy Aging data, 1 in 3 older adults are diagnosed with a behavioral health condition. Older adults are the least likely of any age group to receive treatment due to barriers including: ageism/ableism, cost of co-pays, social isolation, difficulty getting to appointments/accessing telehealth. Untreated behavioral health conditions are associated with high health costs including high rates of hospitalization/ED use, nursing home admissions, and preventable health concerns. By adding \$2 million to the Geriatric Mental Health Line item over the Governor's FY25 H2 Budget to expand access to Elder Mental Health Outreach Services (EMHOTs) across the Commonwealth. Currently, only about half of the state is covered with these services

The Betsy Lehman Center’s Roadmap to Health Care Safety for Massachusetts

Ms. Creem moved that the proposed new text be amended in section 2, by inserting after item 4100-0063 the following item:

“4100-0064 For the Betsy Lehman Center for patient safety and medical error reduction, to support implementation of the roadmap to health care safety for Massachusetts, including a pilot program of electronic health record safety event monitoring and a statewide program of health care safety education.... \$2,200,000”

Why is this important? Massachusetts has a long history of breakthroughs on intractable health system challenges. During this time of recovery from the disruptions of the pandemic, we are well-positioned to chart a new course through a public-private partnership that leverages proven strategies to advance not only safety but also progress on other priorities, including health equity, workforce well-being, operational efficiencies that improve care and lower costs, and patient experience. This amendment will provide needed funding for a pilot program to test and refine these important reforms.

Public Guardianship Study

Ms. Lovely moved that the proposed new text be amended by adding the following section:-

"SECTION XXXX. (a) The Massachusetts Division of Medical Assistance (“The Division”) shall conduct a study on the need for qualified professional guardians to give informed medical consent for unbefriended, indigent persons, which is a significant barrier to hospital discharge and access to long-term care and preventive care. The study shall include the following: 1) review the unmet need for qualified professional guardians to assist unbefriended, indigent persons with accessing appropriate medical care, including hospital discharge and preventive care; 2) produce data on the current number of Rogers and Rudow guardians, the costs to the state of reimbursing these types of guardians, and the number of MassHealth long-term care beneficiaries whose only income is from SSI; 3) analyze the estimated costs and benefits of

establishing guardians as MassHealth fee for service providers; 4) make recommendations to improve the policies and procedures related to recognizing and paying guardians.

Why is this important? There is a constant drumbeat of stories about hospital and emergency department over-crowding. One major issue is that, there are not enough qualified people to serve guardians for those who are not able to make decisions for themselves and no next of kin to take responsibility about the next steps in their care. Consequently, the hospitals are obligated to continue to care for them even when that level of acute care is no longer needed because there is no one to take the legal responsibility for ensuring appropriate care. This amendment would help to alleviate hospital over-crowding and help those in need to find the right care for their needs.

EHS 427

Alzheimer's' and dementia care in senior care options programs

Mr. Lewis moved that the proposed new text be amended by inserting after section X the following section:-

“SECTION XX. Chapter 118E of the general laws is hereby amended by adding the following new section:

Section 78. (a) Definition: “Dementia Care Coordination”, a proactive care consultation service.

(b) To ensure that members of Senior Care Options (SCOs) plans receive cost effective, quality dementia care, MassHealth shall require that all Massachusetts Senior Care Options plans provide Dementia Care Coordination (DCC) to SCO members that have been diagnosed with Alzheimer’s disease and related dementias.

Upon a referral from a clinician, a patient with dementia and their care consultant will receive an outgoing call from a trained clinician, who shall provide care consultation services to the family, resulting in an individualized family care plan and a companion summary to the referring clinician for inclusion in the permanent medical record.

The Care Plan shall provide guidance in dementia caregiving strategies, including symptom management strategies, communication techniques, legal and financial issues, safety recommendations, and referrals to appropriate community support services.

(c) In order to meet the requirements of this Section, SCO plans may contract with community partners, or directly provide DCC services to their members.”

Why is this important? Care coordination included in the Senior Care Options (SCO) program has the potential to address the multidisciplinary needs of people with Alzheimer’s disease and informal caregivers and improve health outcomes for both parties. It may also reduce Medicare and Medicaid expenditures by eliminating unnecessary care and by encouraging services that keep people healthier. (ALSO see: Item: 527)

EHS 439

Raise the Personal Needs Allowance to tie annual revision to inflation

Ms. Lovely moved that the proposed new text be amended by inserting after section ___ the following section:-

“SECTION XX. Section 1 of chapter 117A of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

Effective July 1, 2025, any person eligible for assistance under this chapter who is not maintaining his home and is receiving care in or residing in a licensed nursing facility, licensed chronic hospital, licensed rest home, or an approved public medical institution as defined in section 8 of chapter 118E, shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains his own home and receives state supplementary payments pursuant to sections 1 and 2 of chapter 118A.

SECTION XX. Chapter 118A of General Laws is hereby amended by inserting after section 7A the following new section:-

Section 7B. Effective July 1, 2025, any person eligible for financial assistance under this chapter who is not maintaining his home and is in a licensed medical facility which is eligible for medical assistance payments pursuant to chapter 118E or is residing in a licensed rest home to which such person pays a fixed rate, shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains his own home and receives state supplementary payments pursuant to sections 1 and 2 of this chapter.

SECTION XX. Section 15 of chapter 118E of the General Laws is hereby amended by striking the fourth paragraph and inserting in place thereof the following paragraph:-

A person eligible for medical assistance under this chapter who is not maintaining his own home and is receiving care in a licensed nursing facility, a licensed chronic hospital, a licensed rest home, an approved public medical institution, or a public psychiatric institution shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who is maintaining his own home and who is receiving supplemental payments pursuant to sections 1 and 2 of chapter 118A."

Why is this important? The Personal Needs Allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. The PNA is intended to cover the nursing home resident's personal expenses,

which are not covered by Medicaid. This may include, but is not limited to haircuts, vitamins, clothing, magazines and vending machine snacks. The federally mandated PNA was set at \$25/month in 1974, and it was increased to \$30/month in 1988¹. Each state, however, can allow for a higher Personal Needs Allowance, up to a maximum of \$200 / month. Massachusetts last updated the Personal Needs Allowance in 2007, when it was set at \$72.80. This rate is also the same that residents received 30+ years ago. The Personal Needs Allowance of \$72.80 would need to be nearly \$140 today to purchase the same amount of goods and services, according to the CPI Inflation Calculator. Being sensitive to the serious revenue shortfall this year, the amendment calls for an increase to \$100/month, effective July 1, 2025 and includes a cost of living adjustment in future years. (ALSO see item 508)

EHS 464

REquipment Durable Medical Equipment/Assistive Technology Reuse program

Mr. Brady moved that the proposed new text be amended in section 2, in item 4120-4000, by adding the following words:- “; provided further, that not less than \$500,000 shall be expended for the Requirement Durable Medical Equipment (DME) and Assistive Technology (AT) Reuse Program, Inc.”; and by striking out the figure “\$13,895,864” and inserting in place thereof the following figure:- “\$14,395,864”.

Why is this important? REquipment is a program in Massachusetts that provides free, refurbished durable medical equipment (DME) to people of all ages. Here’s how it works: **Donations:** Each year, hundreds of Massachusetts residents donate home medical equipment and Assistive technology they no longer use to Requirement. These devices include items like wheelchairs, walkers, hospital beds, and other assistive devices; **Refurbishment:** The donated DME and assistive technology are cleaned, refurbished, and sanitized. This process ensures that the equipment is safe and functional; **Reuse:** Once refurbished, the equipment is reassigned to older adults, individuals with disabilities, children, and veterans throughout Massachusetts. Requirement diverts these items from local landfills, reducing waste and benefiting the community; **MassMATCH:** REquipment is a program of MassMATCH, which is the Assistive Technology Act program for Massachusetts. Their mission is to make assistive technology more accessible to people with disabilities.; If a Massachusetts resident needs durable medical equipment, they can find gently used items through REquipment. And if residents have equipment to donate, they can contribute to this valuable program! (ALSO see Item 551)

Independent Living Solutions

Mr. Gomez moved that the proposed new text be amended in section 2, in item 4120-0200, by striking the figure "\$8,000,000" and replacing it with the figure "\$10,000,000".

Why is this important? Centers for Independent Living (CILs) are community-based disability advocacy organizations. People do not live at CILs. They seek to ensure that individuals with disabilities can live independently in the community of their choice with the services and supports they need.

CILs are a one-stop resource for the disability community offering five core services:

- **Information & Referral** services provide basic information about CIL services, as well as other existing services, programs, and resources. Individuals with disabilities, family members, providers, and any other interested parties may contact a CIL for information and resources.
- **Peer Support** services connect individuals with disabilities to peer mentors who can share information and knowledge based on common experiences. Peer mentors are people who have disabilities and have worked with CILs themselves. A successful peer mentor relationship can create a meaningful connection, enhancing a consumer's confidence and ability to reach independent living goals.
- **Skills Training** services are individually designed to address a consumer's specific, self-identified independent living goals. Skills trainers help consumers identify their individual independent living goals and the steps needed to achieve them. This is all documented in an "independent living plan." The consumer and skills trainer work on the goals outlined in the plan. Examples of goals and assistance could include, but are not limited to, providing education on subjects like budgeting and cooking or learning how to apply for programs and navigate systems. A skills trainer works together with the consumer, empowering them as they take steps to achieve their goals.
- **Advocacy** services can be provided to individuals who face a barrier in receiving a service or who have been denied a service. CILs also engage in systemic advocacy, such as addressing architectural access barriers within their service area or focusing on legislation or policy change to address a need within the disability community.
- **Transition** services are for individuals moving from institutional settings to the community and for youth who are seeking skills to live independently in the community as adults.

Helping individuals move out of nursing homes and into the community is the cornerstone of the independent living movement. CILs assist individuals who wish to leave institutional settings in arranging and navigating services and supports and gaining necessary skills to live independently in the community.

Serving the Health Insurance Needs of Everyone (SHINE)

Mr. Keenan moved that the proposed new text be amended in section 2, in item 9110-1455, by striking out the figure "\$1,000,000" and inserting in place thereof the following figure:- "\$3,000,000"; and by striking out the figure "\$19,757,247" and inserting in place thereof the following figure:- "\$21,757,247".

Why is this important? The Serving the Health Insurance Needs of Everyone (SHINE) provides free health insurance information, counseling, and assistance for Massachusetts residents who are eligible for Medicare and their caregivers.

1. **Medicare Exploration:** Certified, trained SHINE counselors, often volunteers, work with participants to explore **Medicare plan options**.
2. **Cost Savings:** SHINE counselors help uncover ways to save money on both **health insurance** and **prescription drug costs**.
3. **Coverage Selection:** They assist in understanding your **Medicare** and other health insurance and drug coverage options, helping you find the right coverage.
4. **Application Assistance:** SHINE counselors can guide you through applying for programs that will lower your costs.
5. **In-Person or Telephone support:** SHINE counselors are available to meet in person at senior centers and regional aging services access points, as well as by telephone.

Nursing homes

Mr. Cyr moved that the proposed new text be amended in section 2, in item 4000-0641, by inserting after the word "2002;" the following words:- "provided further, that not less than \$128,000,000 shall be expended in base rates for additional payments over the rate established in October 2023 to reflect nursing facility resident care and workforce costs including wages, hiring of staff and training for nursing facility workers;"; and amended further by striking out the figure "582,100,000" and inserting in place thereof the following figure:- "710,000,000".

Why is this important? The majority of nursing homes in Massachusetts fail to achieve the state or federal requirements for minimum staffing sufficient to provide

safe, high-quality care. The state has a role in helping to recruit and retain staff and provide training. These funds, which by-law are to be utilized for staffing, are important to ensuring that those who need care will receive it.

EHS 501

PACE/ Elder Service Plan Workforce & Infrastructure

Mr. Collins moved that the proposed new text be amended in section 2, in item 4000-0601, by inserting after the word "item", in line 50, the following words:- "; provided further, that not less than \$150,000 shall be expended to Harbor Health Services for the operation of its Program of All-Inclusive Care for the Elderly (PACE) day centers in Mattapan, Brockton and in any of the communities for which Harbor Health Services has been contracted to help meet the Commonwealth's PACE expansion goals"; and by striking out the figure "\$4,615,139,945" and inserting in place thereof the following "\$4,615,289,945".

Why is this important? The **Harbor Health Elder Service Plan (PACE)** offers a personalized healthcare program for older adults, specifically those aged 55 and older. This program is designed to support individuals living with chronic medical concerns, helping them remain safely at home in the community. Here are some key points about the Harbor Health PACE:

1. **Personalized Care:** The program provides personalized care guided by geriatric professionals. A care plan is developed and customized to meet each individual's specific needs.
2. **Coordinated Healthcare:** Participants receive coordinated healthcare services from a team of caring professionals. These services can be provided at the PACE Day Center or, when necessary, in the participant's home. Transportation is also included.
3. **24/7 Support:** PACE ensures care availability 24 hours a day, seven days a week, and 365 days a year.
4. **Eligibility Criteria:**
 - Participants must be 55 years or older.
 - They should have health conditions that would qualify them for "nursing facility care" as determined by the state.
 - Ability to live safely in the community with additional supports.
5. **Financial Considerations:**
 - All covered PACE healthcare and social support services are fully covered without a copayment.
 - For those eligible for Medicaid (MassHealth), there may be a monthly "spend down" due to financial criteria.

Meals on Wheels

Messrs. Cyr and Eldridge moved that the proposed new text be amended in section 2, in item 9110-1900, by striking out the figure "\$11,807,218" and inserting in place thereof the following figure:- "\$15,872,860".

Why is this important? It's concerning to hear that senior programs like Meals on Wheels are at risk in the Massachusetts state budget. These programs play a crucial role in supporting older adults and ensuring their well-being. Let me provide some information about the Senior Nutrition Program in Massachusetts, which includes services like Meals on Wheels.

The Senior Nutrition Program is administered by the Executive Office of Elder Affairs in Massachusetts. Its primary goal is to provide healthy and nutritious meals to older adults, both through home-delivered meals and community group meals. Here are the key components of the program:

1. Home-Delivered Meals:

- These meals are designed for older adults who are frail, isolated, or homebound.
- Recipients do not need to be strictly homebound to qualify for this service.
- Each meal delivery serves as a daily safety check, ensuring the well-being of recipients.
- Emergency meals are provided for use during weather-related storms or emergencies when regular delivery is not possible.
- Meals can be customized to meet specific medical nutrition needs, such as cardiac, carbohydrate-controlled, or renal diets.
- Some communities offer meals tailored to cultural preferences or specific health requirements.

Dignity Alliance Proposed PNA Increase

Mr. Collins moved that the proposed new text be amended by inserting after section X the following section: -

“SECTION XX.

SECTION 1. Section 1 of chapter 117A of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

Effective July 1, 2025, any person eligible for assistance under this chapter who is not maintaining his home and is receiving care in or residing in a licensed nursing facility, licensed chronic hospital, licensed rest home, or an approved public medical institution as defined in section 8 of chapter 118E, shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains his own home and receives state supplementary payments pursuant to sections 1 and 2 of chapter 118A.

SECTION 2. Chapter 118A of General Laws is hereby amended by inserting after section 7A the following new section:-

Section 7B. Effective July 1, 2025, any person eligible for financial assistance under this chapter who is not maintaining his home and is in a licensed medical facility which is eligible for medical assistance payments pursuant to chapter 118E or is residing in a licensed rest home to which such person pays a fixed rate, shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains his own home and receives state supplementary payments pursuant to sections 1 and 2 of this chapter.

SECTION 3. Section 15 of chapter 118E of the General Laws is hereby amended by striking the fourth paragraph and inserting in place thereof the following paragraph:-

A person eligible for medical assistance under this chapter who is not maintaining his own home and is receiving care in a licensed nursing facility, a licensed chronic hospital, a licensed rest home, an approved public medical institution, or a public psychiatric institution shall retain the first \$100.00 of his monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$100.00, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who is maintaining his own home and who is receiving supplemental payments pursuant to sections 1 and 2 of chapter 118A."

Why is this important? The Personal Needs Allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. The PNA is intended to cover the nursing home resident's personal expenses, which are not covered by Medicaid. This may include, but is not limited to haircuts, vitamins, clothing, magazines and vending machine snacks. The federally mandated PNA was set at \$25/month in 1974, and it was increased to \$30/month in 1988². Each state, however, can allow for a higher Personal Needs Allowance, up to a maximum of \$200 / month. Massachusetts last updated the Personal Needs Allowance in 2007, when it was set at \$72.80. This rate is also the same that residents received 30+ years ago. The Personal Needs Allowance of \$72.80 would need to be nearly \$140 today to purchase the same amount of goods and services, according to the CPI Inflation Calculator. Unlike the provisions of amendment #439, this amendment would raise the PNA providing relief immediately, although it would add to the bottom line of the state budget. (ALSO see Item 439)

EHS 522

Senior Farm Share Program

Mr. Oliveira moved that the proposed new text be amended in section 2, in item 9110-1900, by adding the following words:- “; provided further, that not less than \$100,000 shall be expended for the senior farm share program”; and by striking out the figure “\$11,807,218” and inserting in place thereof the following figure:- ”\$11,907,218”.

Why is this important? The program helps to link senior centers, food banks, and other non-profits to farmers in western Massachusetts to increase the availability of fresh, home-grown vegetables, fruits and other food for low-income older adults in that region.

EHS 526

LGBTQ Aging Commission

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 9110-0100, by adding the following words:- "; provided, that not less than \$75,000 shall be expended for the LGBTQIA+ Aging Project of Fenway Health to support the permanent commission on older lesbian, gay, bisexual and transgender adults and their caregivers established in section 71 of chapter 3 of the General Laws"; and by striking out the figures "\$5,636,892" and inserting in place thereof the figures "\$5,711,892".

Why is this important? The LGBTQIA+Aging Project at Fenway Health provides support to lesbian, gay, bisexual, transgender, queer, questioning intersex, and asexual older adults. Their work includes programs and support groups for LGBTIA+ older adults as well as training and education for organizations and professionals that work with these older adults. The Aging Project works with various types of elder service providers to create welcoming settings and positive experiences.

EHS 527

Dementia Care Coordination

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 9110-1630, by adding the following words:- “; provided further, that not less than \$300,000 shall be expended for the Alzheimer's Association, Massachusetts Chapter, to expand access to and administer an evidence-based program, Dementia Care Coordination, DCC, in order to reduce hospitalizations, emergency department visits and delay long-term care placements; and by striking the figure “\$236,582,945 and inserting in place thereof the following figure:- “\$236,882,945”

Why is this important? Care coordination included in the Senior Care Options (SCO) program has the potential to address the multidisciplinary needs of people with Alzheimer’s disease and informal caregivers and improve health outcomes for both parties. It may also reduce Medicare and Medicaid expenditures by eliminating unnecessary care and by encouraging services that keep people healthier. (ALSO see Item 427)

Clarifying Rate setting Processes for Home Health and Home Care Services

Senator Patricia Jehlen moves to amend the bill to insert the following new section:

SECTION XX: Section 13D of Chapter 118E of the general laws is amended after the second paragraph by inserting the following new paragraph:

Such rates for home health agencies, as defined under section 51K of chapter 111, shall be established at least biennially. In setting such rates, the executive office shall use as base year costs for rate determination purposes the reported costs of the calendar year not more than 4 years prior to the current rate year, adjusted for reasonableness and to incorporate any new regulatory costs imposed since said base year costs. In establishing rates of payment to home health agencies, the executive office shall consider all costs which must be incurred by efficiently and economically operated providers. The rates shall also include an allowance for reasonable administrative expenses and a reasonable profit factor, as determined by the executive office. Such cost analysis shall include, but not be limited to, the following: costs of similar services provided in other care settings; use of national or regional indices to measure increases or decreases in reasonable costs incurred since the base year costs; the revision of existing historical cost bases, where applicable, to reflect changing norms or models of efficient service delivery; and other means to encourage the cost-efficient delivery of services. The Secretary shall, concurrent with the completion of setting such rates, provide a report to the house and senate committees on ways and means detailing how the rates issued under this paragraph were analyzed and revised; provided further, that the report shall compare the inflationary considerations made in the adopted rate with the most recent “Home Health Agency Market Basket” index posted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services; provided further, that if the adopted rate does not rely on the “Home Health Agency Market Basket” index for the purpose of determining inflationary

adjustments, then the report will simulate what the rate would have been if such index was a factor in rate development. In determining the methodology for setting rates, the Secretary shall consult with stakeholders impacted by the rates.

Section 4 of Chapter 19A is hereby amended by adding after Section 4D the following new section:

SECTION 4E: In establishing rates of payment pursuant to the second paragraph of section 13C of chapter 118E of the M.G.L., the executive office shall consider changes to the state minimum wage or changes to employer payroll tax obligations as governmental mandates that affect the costs of providing homemaker and personal care homemaker services to elderly clients under this section.

The executive office shall also consider and analyze rates of payment and wages associated with providing similar services in both the public and private settings. In calculating operating costs, the executive office shall consider costs of; health insurance, employee benefits and training, payroll taxes, technology costs, administrative allocation and staff salaries using the latest available national or regional indices and benchmarked to the latest available Bureau of Labor Statistics median wage data. Nothing in this section shall be construed as limiting consideration of other governmental mandates or operating costs that affect the cost of providing services pursuant to section 4 of chapter 19A of the General Laws. In determining the methodology for setting rates, the Secretary shall consult with stakeholders impacted by the rates.

The Secretary of Elder Affairs shall, concurrent with the promulgation of the final rates of payment for services under section 4 of chapter 19A, issue a report to the House and Senate committees on ways and means detailing how the rates promulgated were analyzed and determined in compliance with the provisions set forth in the second paragraph of section 13C of chapter 118E of the General Laws. The report shall detail the department's analysis of changes in

the costs of providing homemaker and personal care homemaker services since the immediately preceding rate determination; provided further, that the report shall compare the inflationary considerations made in the adopted rate with the most recent “Home Health Agency Market Basket” index posted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services; provided further, that if the adopted rate does not rely on the “Home Health Agency Market Basket” index for the purpose of determining inflationary adjustments, then the report will simulate what the rate would have been if such index was a factor in rate development.

Why is this important? Language adds necessary structure and guidance to the rate-setting process for Home Health Aide rates, and separately HM/PC rates. Most important, creates a benchmark guidance to ensure increases are consistent with national trends, and the language creates clear rate-setting relationship between state minimum wage adjustment and home care aide rates (as FYI, if active rates don't support compensating workforce at no less than 130% of state minimum wage, then the home care program will not be able to draw workforce).

EHS 537

Permissible Use Standards for Home Care Agencies

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 1599-6903, by inserting after the words “any human service provider receiving revenue under said Chapter 257” the following:-“, and any home care agency subcontracting with such human service providers to provide home care services to enrollees of the elder home care program”; and by inserting after the words “hiring and retention bonuses or recruitment, as defined by the executive office” the following:- “provided further that the executive office of elder affairs shall, by no later than October 1, 2024, develop and issue comprehensive guidelines to said subcontracting home care agencies and to said human service providers contracting with those agencies that include quarterly reporting requirements and other enforcement standards for home care agency compliance with such 75 per cent permissible use standard; provided further the executive office of elder affairs shall regularly audit said quarterly reports to confirm home care agency compliance with such 75 per cent permissible use standard;”

Why is this important? Across the Massachusetts health care delivery system, unprecedented staffing shortages have created unnecessary bottlenecks, interrupted care continuity, and hindered the transition of individuals from institutions back to their own homes and communities. With many in need now facing waiting lists for long term support and services, the shortage of home care agency workers is leading to higher costs, limits affordable health care access, and exacerbates health inequities. Improved provider rates and permissible use standards around home care agency employers' use of those state dollars are necessary to improve the recruitment and retention of home care workers. Such efforts will help ease systemic staffing challenges across home care agencies across Massachusetts and throughout our health care delivery system. Without increasing the budget appropriation, the proposed amendment language establishes permissible use standards for the state's elder home care program operated by the Executive Office of Elder Affairs (EOEA). Limiting the expenditure of state revenue received by aging service access points as that funding is passed through to home care agencies with whom the ASAPs subcontract. The EOEA would be directed to issue new guidelines on reporting requirements and enforcement of this standard.

EHS 538

Home Care Case Management

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 9110-1633, by striking out the figure "\$95,153,249" and inserting in place thereof the following figure:- "\$103,827,110".

Why is this important? Home care services, including the Frail Elder Waiver, are available to Massachusetts residents and help adults aged 60+, people with disabilities, and people with early on-set Alzheimer's Disease or related dementia successfully age in place.

Home care services are also available to individuals under the age of 60 if the person has early on-set Alzheimer's Disease or related dementia to successfully age in place.

Care Management

- Knowledgeable in age-appropriate topics, assessing and problem resolution
- Management of comprehensive care plans, as well as regular case assessment to address any new needs
- Engagement with community and service providers
- Referrals & connection to other community resources/partners

Home Care Purchase of Service

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 9110-1630, by striking out the figure "\$236,582,945" and inserting in place thereof the following figure:-
"\$271,321,030".

Why is this important? The cost of home care in Massachusetts is \$5,911 per month, according to the [2021 Genworth Cost of Care Survey](#). In-home care provides personal care services for seniors, including help with daily living activities, while home health care offers these same services but with added medical attention, such as medication administration, wound or post-surgery care and health monitoring for seniors with long-term chronic illnesses. When it comes to long-term senior care costs in Massachusetts, in-home care and home health care are more affordable than residential care options, such as assisted living, which costs \$6,500 monthly and nursing home care at \$12,623 per month. Those who don't need round-the-clock support may want to consider adult day care, which provides out-of-home services for seniors at a more affordable monthly price of \$1,587.

MassHealth Annual Notification

Ms. Jehlen moved that the proposed new text be amended by inserting the following section:-

SECTION ___. Notwithstanding any provision of law to the contrary, the executive office of health and human services shall direct MassHealth to provide each beneficiary age 65 and over with an annual notice of the options for enrolling in voluntary programs including Program of All Inclusive Care for the Elderly (PACE) plans, Senior Care Options (SCO) plans, One Care plans, Frail Elder Home and Community Based Waiver Program or any other voluntary elected benefit to which they are entitled to supplement or replace their MassHealth benefits.

MassHealth will also ensure that a similar notice is provided to individuals age 55 and over when they first become eligible for Medicare or MassHealth and to individuals inquiring about long term nursing home placement. Such notice shall include a method for the beneficiary to indicate interest in receiving additional information for any programs identified as of interest to them.

The same notice shall be supplied to a beneficiary every time they are subject to a

redetermination of eligibility. A draft of the proposed language and format for providing information to beneficiaries shall be circulated to each of these programs for review and comment prior to finalization.

The executive office of health and human services shall establish rules and regulations upon the passage of this section on or before June 30, 2025.

Why is this important? In order to reach as many older adults as possible who might qualify for services, it is essential to have an outreach program alerting seniors to the existence of programs a year prior to becoming eligible. Then it is important to help older adults apply for services once they become eligible. Such outreach is foundational to prevent older adults who need assistance from falling through the bureaucratic cracks.

EHS 551

REquipment, Inc. --Durable Medical Equipment and Assistive Technology Reuse Program, Inc.

Mr. Oliveira moved that the proposed new text be amended in section 2, in item 4120-4000, by adding the following words:- “; provided further, that not less than \$500,000 shall be expended for the REquipment, Inc. - Durable Medical Equipment (DME) and Assistive Technology (AT) Reuse program, Inc.” ; and by striking out the figure “\$13,895,864” and inserting in place thereof the following figure:- “\$14,395,864”.

Why is this important? REquipment is a program in Massachusetts that provides free, refurbished durable medical equipment (DME) to people of all ages. Here’s how it works: **Donations:** Each year, hundreds of Massachusetts residents donate home medical equipment and Assistive technology they no longer use to REquipment. These devices include items like wheelchairs, walkers, hospital beds, and other assistive devices; **Refurbishment:** The donated DME and assistive technology are cleaned, refurbished, and sanitized. This process ensures that the equipment is safe and functional; **Reuse:** Once refurbished, the equipment is reassigned to older adults, individuals with disabilities, children, and veterans throughout Massachusetts. REquipment diverts these items from local landfills, reducing waste and benefiting the community; **MassMATCH:** REquipment is a program of MassMATCH, which is the Assistive Technology Act program for Massachusetts. Their mission is to make assistive technology more accessible to people with disabilities.; If a Massachusetts resident needs durable medical equipment, they can find gently used items through REquipment. And if residents have equipment to donate, they can contribute to this valuable program! (ALSO see Item 464)

PCA Working Group Addition

Ms. Kennedy moved that the proposed new text be amended in section 2, in item 4000-0601, by inserting after the words “evaluate the eligibility criteria” the following words:- “the current state of any structural change initiatives related to pre-admission counselling, screenings, assessments and coordination of care,” ; and by inserting after the words “containment of the program;” the following words:- “provided further the Secretary of Health and Human Service shall conduct a public hearing on any structural change initiatives related to pre-admission counselling, screenings, assessments and coordination of care. Such hearing shall provide interested parties with the opportunity to consider the current state of the system of care, the problems of concern that are in need of a remedy by an action of such magnitude to be reasonably considered a structural change initiative, and the potential options under consideration for addressing such concern. If after the benefit of input received from the public hearing the Secretary determines to proceed with implementing structural changes, then she shall provide written findings to the house and senate committees on ways and means that detail the structural change initiative and the results of the public process required by this section. Such findings shall be submitted to the House and Senate committees on ways and means not less than 30 days prior to the initiation of a public procurement process.”

Why is this important? This provision will establish prudent and now necessary guardrails to the process by which the Commonwealth initiates major change initiatives to the care delivery system for long-term care services and supports. It establishes a modest and reasonable requirement for the Secretary of Health and Human Services to conduct a public hearing and issue formal findings prior to implementing major structural change initiatives to the current LTSS care delivery network. The amendment is a necessary response to a most impactful and unexpected proposal that was published by MassHealth on 2/16/24 with little to no stakeholder engagement beforehand. Regardless of the merits of the IAE initiative, it is generally expected that any initiative that would result in such a sweeping degree of system change would be preceded by a robust vetting process with Lawmakers, Consumers, and Providers. While helping people in need of services, determining eligibility annually, and getting those who qualify connected to the service that fit their needs could be improved, the case has yet to be made

of why current services and those who have the experience would be summarily dismissed and replaced by a large, impersonal, potentially out of state, management system.

EHS 563

Asset Update for MassHealth Seniors

Mr. DiDomenico moved that the proposed new text be amended by inserting after section ____ the following section: -

"SECTION ____ . Section 25 of chapter 118E of the General Laws is hereby amended by inserting after subsection (5) the following:

(6) the cash surrender value of any life insurance owned by the applicant or member or his or her spouse without regard to the face value of the policy or policies.

The division shall submit a state plan amendment to implement this section no later than 30 days after the effective date of this section and subsequently promulgate all regulations necessary to implement said income and resource exemptions.

(7) resources in the amount of \$10,000 per individual and \$15,000 per couple.

The division shall submit a state plan amendment to implement this section no later than 30 days after the effective date of this section and subsequently promulgate all regulations necessary to implement said income and resource exemptions.”

Why is this important? Raising the asset limit is especially important for individuals with disabilities and those who need long-term care because, unlike other forms of health insurance, it covers nursing home care, home health care, and personal care attendants. Unfortunately, the MassHealth eligibility rules are very complicated. Many of those complications have to do with the asset limit, which has remained at \$2,000 for many forms of MassHealth since 1989 — 34 years. Massachusetts has done an admirable job of eliminating the asset limit for many forms of MassHealth for those under age 65 who are not seeking coverage of nursing home care. But it remains in place for anyone over 65 and anyone who needs nursing home care at any age. (Spouses of nursing home residents are limited to approximately \$150,000 in “countable” assets, which includes just about everything except the family home.) (ALSO see Item #123)

Rest Homes

Ms. Jehlen moved that the proposed new text be amended in section 2, in item 4405-2000, by striking out the words “provided further, that rates for residential care facilities and rest homes effective July 1, 2023, established under section 13D of chapter 118E of the General Laws, shall cumulatively total not less than rates effective January 1, 2023” and inserting in place thereof the following words:- “provided further, that rates for residential care facilities and rest homes effective July 1, 2024, established under section 13D of chapter 118E of the General Laws, shall cumulatively total not less than rates effective January 1, 2024”; and in line-item 4408-1000, by striking out the words “provided further, that rates for residential care facilities and rest homes effective July 1, 2023, established in section 13D of chapter 118E of the General Laws, shall cumulatively total not less than rates effective January 1, 2023” and inserting in place thereof the following words:- “provided further, that rates for residential care facilities and rest homes effective July 1, 2024, established under section 13D of chapter 118E of the General Laws, shall cumulatively total not less than rates effective January 1, 2024”

Why is this important? Rest homes are generally non-medical versions of nursing homes for older adults and people with disabilities. They suffer from the same staff shortages and needs for staff training experienced by other parts of long-term care. This amendment will help to improve rates for reimbursement to address staffing challenges.

Human Service Transportation Consumer Advisory Board

Ms. Moran moved that the proposed new text be amended by adding the following section:-

“SECTION XX. Chapter 6 of the General Laws is hereby amended by adding the following section:-

Section 222. (a) There is hereby established within the executive office of health and human services the human service transportation (HST) consumer advisory board, hereinafter referred to

as the board, to advance the quality of nonemergency transportation to medical, community and other health and human services for persons with disabilities across the commonwealth and to identify challenges and solutions to address the experience and concerns of consumers using this service in order to ensure that HST is safe and reliable for all consumers.

(b) The board shall engage in activities that support its goals to identify challenges and solutions, make recommendations for improvements and propose guidelines on non-emergency human services transportation in order to provide the highest quality of service for consumers in the commonwealth, identify opportunities for improved service and productivity and provide a strong safety net for vulnerable populations in rural and urban communities. These activities shall include, but not be limited to:

(i) activities that elicit consumer experiences, feedback and insight into program participation as well as the ability to invite representatives from vendors, providers and referral sources in their attempt to capture information relevant to their purpose;

(ii) a minimum of six public meetings annually, as required by subsection (d);

(iii) consumer listening sessions pursuant to paragraphs (2) and (3) of subsection (d);

(iv) an annual report, as required by subsection (d); and

(v) any other activity consistent with the purpose of the board.

(c) The board shall consist of 13 members who shall include; the secretary of health and human services or their designee who shall be a non-voting member and shall serve as the convenor of the board; the director of MassHealth or their designee who shall be a non-voting member; and 11 voting members appointed by the governor: 1 of whom shall be appointed from a list of 3 consumers recommended by the Massachusetts developmental disabilities council; 1 of whom shall be appointed from a list of 3 consumers recommended by the Massachusetts Mental Health

Association; 1 of whom shall be appointed from a list of 3 consumers recommended by the statewide independent living council; 1 of whom shall be appointed from a list of 3 consumers recommended by Stavros center for independent living; 1 of whom shall be appointed from a list of 3 consumers recommended by Independence Associates center for independent living; 1 of whom shall be appointed from a list of 3 consumers recommended by the Boston Center for Independent Living, Inc.; 1 of whom shall be appointed from a list of 3 consumers recommended by the Dignity Alliance; 1 of whom shall be appointed from a list of 3 consumers recommended by Arc Massachusetts, Inc.; 1 of whom shall be appointed from a list of 3 consumers recommended by the Disability Law Center; 1 of whom shall be appointed from a list of 3 consumers or consumer surrogates recommended by Mass Senior Care and the Massachusetts Council on Aging; and 1 of whom shall be appointed by the governor at their discretion.

(d)(1) The board shall meet a minimum of six times a year, all meetings of the board shall be held remotely and open to the public. Notice of remote meetings shall be posted as soon as reasonably possible prior to meeting. Notice shall be printed or posted in a legible, easily understandable format and shall contain the date, time and instructions for remote access and participation. The convenor of the meeting shall further include with the notice a listing of the topics that the convenor reasonably anticipates will be discussed at the meeting.

(2) In order to engage in activities that elicit consumer experiences, feedback and insight into program participation as well as the ability to invite representatives from vendors, providers and referral sources in their attempt to capture information relevant to their purpose, the board shall host and report on two virtual consumer listening sessions annually, preceded by targeted outreach to users of human services transportation services.

(3) The consumer advisory board shall file an annual report of its recommendations with the clerks of the house of representatives and senate, the house and senate committees on ways and means, the joint committee on transportation, the joint committee on children, families and

persons with disabilities, the secretary of health and human services and the secretary of transportation not later than December 1. The recommendations shall be used by the human services transportation office to improve non-emergency human services transportation broker services.

The human services transportation office will provide the Board with an update of its actions with regard to the report's recommendations.

(4) The human services transportation office shall staff the consumer advisory task force, assist with facilitation for board outreach activities, and ensure its operation and scheduling.”

Why is this important? Large transportation systems with contracted services to provide mobility to people with disabilities, need consumer input in resolving concerns or complaints. The Human Service Transportation Advisory Board is designed to serve such a purpose as well as determining that taxpayers are getting service that's been promised.

EHS 591

Elder Supportive Housing Programs

Ms. Rausch moved that the proposed new text be amended in section 2, in item 9110-1604, by striking out the figure “\$11,369,484” and inserting in place thereof the following figure:-
“\$13,705,272”.

Why is this important? Massachusetts' Supportive Senior Housing Initiative provides an assisted living level of care to elderly residents living in state-aided elderly public housing. This program allows low-income seniors with moderate care needs to age-in-place instead of being forced into Medicaid-funded nursing homes prematurely. The program helps seniors stay in their homes as long as possible by providing necessary health and home care services. Participants are “nursing home eligible,” however they do not need the extensive level of services which nursing homes are designed to provide. The program meets the needs of the older adults without the higher cost of nursing homes and allows the seniors to maintain their independence as long as possible.

OTH 802

Home Equity Theft

Mr. Montigny moved that the proposed new text be amended by inserting after section ____ the following sections:-

“SECTION ____ Subsection (c) of section 2C of chapter 60 of the General Laws is hereby amended by striking out paragraph (9) and inserting in place thereof the following paragraph:-

(9) A purchaser shall provide notice in accordance with section 53 of this chapter.

SECTION ____ Said section 2C of chapter 60 is hereby amended by striking out subsection (j) and inserting in place thereof the following:-

(j) If the purchaser of a tax receivable on any parcel of real estate subsequently forecloses upon the property, it shall request that the land court approve all reasonable expenses it has incurred and shall provide a notice to the former owner of the right to redeem for this amount within 1 year. Notice shall be served in the manner required by section 53 of this chapter.

Why is this important? The U.S. Supreme Court recently curbed state and local governments from seizing and selling the homes of people with unpaid property taxes and keeping the proceeds beyond the amount owed, deeming the practice unconstitutional. In the Court’s view the practice violated the Fifth Amendment's bar on the uncompensated taking of private property by a government for public use, a provision known as the "Takings Clause." This amendment corrects Massachusetts law to conform to the decision.

OTH 804

Veterans’ Outreach Centers – Home Base

Mr. Velis moved that the proposed new text be amended in section 2, in item 1410-0012, by striking out the figure “\$2,000,000” and inserting in place thereof the following figure:-

“\$2,500,000”; and in said item by striking out the figure "\$8,470,622" and inserting in place thereof the following figure:- “\$8,970,622”.

Why is this important? Massachusetts has a responsibility to support our veterans. In the word of Abraham Lincoln, “to care for him who has borne the battle and for his

widow and orphan.” The funds are needed to keep the promise to our veterans that we have their back and leave no one behind.

OTH 827

Commission on the History of State Institutions in the Commonwealth PAC

Mr. Barrett moved that the proposed new text be amended by inserting the following section:-

“SECTION X. Item 5011-0100 of section 2 of chapter 126 of the acts of 2022 is hereby amended by inserting after the word ‘Hospital’ the following words:- ‘and such funds shall not revert but shall be available through June 30, 2025.’”

Why is this important? The tragic story of the lives of those Massachusetts residents who were confined to state mental institutions in the previous two centuries needs to be told, less we forget the barbaric conditions under which they were forced to live in the name of humane treatment. The amendment seeks to retain unspent funds to finish the project.