



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

PLEASE INCLUDE IN SENATE BUDGET VERSION

- **Raise the Personal Needs Allowance for Nursing Home Residents from current \$72.80/mo. to \$120/mo. to keep pace with inflation ((4000-o601).**
- **Raise the Personal Needs Allowance to tie annual revision to inflation (Outside Section amending C.117A, Section 1).**
- **Require MassHealth to Follow an Inclusive Public Process for Policy Change (Outside Section).**
- **Increase Funding to Meet the Needs for Elder Mental Health Outreach Team Program by increasing the appropriate to \$4,500,000 (9110-1640).**
- **Establish a process for establishing a Livable Wage for Care Workers (Outside Section)**
- **Increase Support for Alternative Housing Vouchers (AHVP) by \$500,000 (7004-9030)**
- **Increase Funding for Home Care Purchase of Services to \$271.321,030 (9110-1630)**
- **Increase Funding for Home Care Case Management to \$103,827,110 (9110-1633)**
- **Include Language Clarifying Rate Setting Process for Home Health and Home Care Services (Outside Section amending C.118E, s. 13D)**
- **Increase Funding for Independent Living Center by \$2,000,000 (4120-0200)**
- **Establish the Human Service Transportation Consumer Advisory Board HST, (Outside Section inserting new section in C.6 MGL)**
- **Increase Funding for Elder Supportive House to \$13,705,272 (9110-1604)**
- **Increase Funding for SHINE Benefits Counseling by \$2,000,000 (9110-1455)**
- **Include Funding for the Road Map to Health Care Safety for a pilot program of electronic health record safety event monitoring**

including a program of health care safety education to \$2,200,000 (4100-0063)

- **Increase the Asset Limit for Seniors in MassHealth to \$10,000 per individual and \$15,000 per couple (Outside Section amending C.118E, s.25)**
- **Direct the Governor’s Office of Climate Change to conduct a study of the effects of extreme Heat on older adults (0411-1020)**

PLEASE RETAIN THESE ITEMS FROM HOUSE VERSION

- **Approve House Level Fund the PCA Program at current year levels. (4000-0300) with the following language;** provided further; that the personal care attendant program shall maintain the same eligibility criteria and level of services in fiscal year 2025 as were available in fiscal year 2024;
- **Approve House Increase of \$15/older adult for Council on Aging Formula Grants ((9110-9002)**
- **Retain House Language for Nursing Home Bed Holds ((4000-0601)**
- **Retain Language to Respond to Increase Older Adult Suicides (4513-1026)** provided further that funds shall be expended for a program to address elder suicide behavior and attempts with the geriatric mental health services program within the department of elder affairs;
- **Retain increase in Elder Nutrition Meals on Wheels to \$15,872,860 (9110-1900)**
- **Retain Increase in PACE Workforce Elder Service Plan by \$150,000 (4000-0601)**
- **Retain House Funds for LGBTQIA statewide virtual senior center of \$160.000 ((9110-1900)**
- **Retain Funding for various Veterans Outreach Centers (4513-1026)**
- **Retain Language Directing Mass Health to notify those 55 and over of eligibility for PACE, SCO, and One Care; and to notify those 65 and over enrolling in these programs annually. (Outside Sections)**

INFORMATION IN SUPPORT OF DIGNITY – ENDORSED AMENDMENTS

- **Raise the Personal Needs Allowance for Nursing Home Residents from current \$72.80/mo. to \$140/mo. to keep pace with inflation ((4000-o601). Increase by \$3.500,000**

- **Raise the Personal Needs Allowance to tie annual revision to inflation (Outside Section amending C.117A, Section 1).**

EXPLANATION - 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. During that timeframe, the PNA was reduced to \$60/month for well over a decade. It was only as a result of significant advocacy that in FY 2008, the PNA was finally reinstated to \$72.80/month.

The Personal Needs Allowance of \$72.80 would need to be nearly \$163 today to purchase the same amount of goods and services, according to the CPI Inflation Calculator.²

The number of nursing home residents who are SSI/SSP (State Supplement Program) recipients and receive a portion of their personal needs allowance from DTA is 3,113.

Most nursing homes do not provide: services like television and telephone; personal comfort items, including candy and tobacco products; cosmetic products and services beyond those included in basic service; personal clothing; personal reading materials; flowers or plants; and social events beyond what is offered by the facility. These items and services will usually need to be provided by the resident or the resident's family.³

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¹ <https://www.medicaidplanningassistance.org/personal-needs-allowance/>

² [Inflation Calculator | Find US Dollar's Value From 1913-2024 \(usinflationcalculator.com\)](https://www.usinflationcalculator.com/)

³ <https://www.ncoa.org/adviser/local-care/nursing-homes>

⁴ <https://www.medicaidplanningassistance.org/personal-needs-allowance/>

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- **Require MassHealth to Follow an Inclusive Public Process for Policy Change (Outside Section).**

Dignity Alliance Massachusetts recommends the following provision in the budget, "Increasing Public Participation on Structural Change Initiatives to the Comprehensive System of Long-Term Care Benefits and Services."

The 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.

What Will this Amendment Do: 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.

Context: This amendment is a necessary response to a **most** impactful and unexpected RFR 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.

Background: The MassHealth "Single Independent Assessment Entity" ("IAE") initiative will have the effect of changing how hundreds of thousands of annual LTSS assessments will be conducted across the Commonwealth. It will be shifting the task from the current care delivery system comprised of Independent Living Centers, Aging Services

⁵ [Inflation Calculator | Find US Dollar's Value From 1913-2024 \(usinflationcalculator.com\)](https://www.usinflationcalculator.com/)

⁶ <https://www.ncoa.org/adviser/local-care/nursing-homes>

Access Points, OneCare Plans, PACE Plans, and numerous community-based Providers; and centralizing the task with an IAE.

The IAE initiative will result in displacing hundreds of nurses who are currently responsible for conducting the assessments from their current community-based care organization. While it is anticipated most, if not all, of the nurses will be recruited and employed by the IAE, the prospect of so suddenly stripping this level of clinical expertise from the current care delivery system is met with great concern. Most notably, Dignity Alliance raises particular concern with the likely secondary impact of this initiative negatively affecting the quality of ongoing services being provided as a result of local Providers losing so much of their existing nurse workforce.

At this time, Dignity Alliance is focused on the lack of public process and constructive dialogue that accompanied the February announcement. Our focus is on re-setting the issue and facilitating a discussion about the problems that MassHealth is trying to solve with this most drastic solution.

EOHHS is already painting the picture to legislators about how broken the system is and how much better and simpler it will be with the IAE. Unfortunately, they're not comparing apples to apples as the IAE has less conditions and parameters and the scenarios they are painting as to how it will be in the "new world" are not based on the realities we know exist and totally shows their lack of operational knowledge.

- **Increase Funding for Independent Living Center by \$2,000,000 (4120-0200)**

EXPLANATION: Independent Living Centers are funded in a separate line item with pass through funds, and not through rate setting. Because of this they are always overlooked when it comes to increased funding.

Please consider these numbers:⁷

- 23% funding increase Competitive Integrated Employment Services (CIES) and Acquired Brain Injury (ABI) Venders have received in FY 24 through Chapter 257
- 15.85% average proposed increase for CIES Venders in FY 25 budget
- 1 – Number of line-item funding increases ILCs have received since 2016.
- 31,585 – Number of individuals living with disabilities ILCs worked with in F/Y 2023
- 23.74% – Percentage of total inflation since 2016.
- 15%-25% - Percentage ILC wages are below like positions in other agencies.
- 18% - Percentage of open positions.
- 10% + - Percentage ILC health insurance premiums increase annually.
- 47 – Number of bilingual staff employed at the ILCs.
- 24% - Percentage of ILC staff who maintain a second job to make ends meet.

⁷ <https://www.disabilityrc.org/advocacy/state-budget-priorities#:~:text=Massachusetts%20ILCs%20need%20more%20state%20funding%20to%20ensure,Education%20support%20services%20Housing%20application%20and%20search%20assistance>

- 40% - Average turnover rate for ILC staff.
- 50% + - Number of staff with a disability.
- 14 – Number of counties served by the ten ILCs. (This is every county in the state).

Facts about ILCs⁸

- Massachusetts ILCs need more state funding to ensure we can continue to meet increasing demands for services. Some of our services include:
 - Nursing Facility Transition
 - Peer Counselling
 - Employment support services
 - Outreach to impoverished, unserved and underserved people.
 - Education support services
 - Housing application and search assistance
 - Youth Services
 - Advocacy Services
 - ADA Assessments
- ILCs are a requirement of the Rehabilitation Act of 1973; there are 10 ILCs in MA.
- ILCs are consumer-directed, consumer-controlled, cross-disability non- profit agencies and serve tens of thousands of individuals annually. We serve individuals of all cultures, races, across all disabilities, ages, sexual orientation, and gender identification.
- ILCs are critical in keeping individuals with disabilities independent in the community and out of costly institutional settings.
- ILCs support people with disabilities in going back to work and being productive in their communities.

Historically the Independent Living Centers have been underfunded in comparison to agencies who do similar work. Over 50% of our staff are individuals living with a disability and our ability to pay them a living wage is undermined by our low rate of funding. The ILCs receive minimal if any funding through Chapter 257 funds so we are not able to compete with agencies that do benefit from these funds for staff wages. We urgently request this funding increase, which is long overdue, in order to continue to not only hire and retain staff to maintain our services but grow to meet ever-increasing demand for our services.

An amendment is needed to increase the line item from the Governor’s recommended \$8 million (level funding) to \$10 million.

⁸ Ibid.

- **Increase Funding to Meet the Needs for Elder Mental Health Outreach Team Program by increasing the appropriate to \$4,500,000 (9110-1640).**

EXPLANATION – The Governor’s H2 for FY ’25 provides 2,508,293. Currently, \$2.5 million was appropriated in FY’ 24, the same amount as in the previous budget. Dignity Alliance recommends this be increased by at least \$1 million.

Background:

- 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.

Recommendation:

- Add \$1 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.

Proven Track Record:

- EMHOTs overcome treatment barriers by working with older adults **in their own homes** to address issues associated with behavioral health conditions, such as chronic diseases, social isolation, housing insecurity, and financial challenges.
- The current allocation of \$2.5 million is a significant investment which provides vital services but is only enough to cover less than 50% of the municipalities.

Estimated Cost Savings:

- From 7/1/2021 through 12/31/2021 92 individuals referred to EMHOTs were in crisis. If these 92 individuals were hospitalized due to lack of EMHOT services, the economic impact would be between \$460,000 to \$1,472,000 (at \$5k to \$16k per admission).
- This is massive increase over the \$826 average per client cost of the EMHOTs for the 564 EMHOT clients who received services in the first six months of 2021.
- Providers report that EMHOTs are critical to helping avoid unwanted and costly nursing home admissions.

Section 15 of chapter 118E of the General laws, as so appearing, is hereby amended by striking in the fifth paragraph the figure "\$60" and inserting in place thereof the following figure: -\$160

- **Establish a process for establishing a Livable Wage for Care Workers (Outside Section)**

Under a blazing sun, a farm laborer bends to pluck cotton from a bush, while under the harsh neon lights of a faraway factory, a woman hunches over a sewing machine turning that cotton into clothing. Though distant strangers working different jobs, they are part of the same supply chain. And as they work, they might both be worrying about the same thing—how to feed, shelter, and protect their families. Nearly 700 million people live in extreme poverty, defined by the World Bank as surviving on less than \$1.90 a day. This brings such devastating problems that the United Nations made its first Sustainable Development Goal a commitment to “end poverty in all its forms.” Increasing employment alone is not enough to achieve this though, as around half the people in extreme poverty have jobs—they just aren’t paid adequately. They are the working poor.

More than 170 countries have a set minimum wage, but it often falls short of what is needed for people to escape poverty. Instead of a minimum wage, there are growing calls for governments and business to support a living wage that more realistically covers people’s needs. While there is no universally agreed amount, a living wage should reflect the true cost of living and cover the needs of workers and their families. Beyond that, a living wage should also allow some extra money to provide security and improve lives.

When workers earn a living wage, they have money to not only buy enough food, but to buy more nutritious food that brings health benefits for the whole system—workers are less susceptible to illness, less likely to take sick days, and can afford health care that helps them recover more quickly when they do get sick.

- **Increase Support for Alternative Housing Vouchers (AHVP) by \$500,000 (7004-9030)**

Alternative Housing Voucher Program (AHVP) Line Item # 7004-9030 The Alternative Housing Voucher Program provides mobile housing vouchers to individuals with disabilities under 60 years old who qualify for Chapter 667. In 1995, when the program was first launched, there were 800 vouchers. Now there are only 475. Living in the community of our choice is a fundamental civil right that non-disabled people often take for granted. AHVP ensures people with disabilities can live independently in their own homes, rather than facing the impossible choice between homelessness and institutionalization. AHVP works to keep people housed. All contacted housing authorities reported that, once someone gets a voucher and is able to find an apartment with it, they stay there long-term. Housing Authorities reported that waiting lists were so long because vouchers only become available when people die or no longer need the

voucher. In fact, it is the program's success in keeping people housed that contributes to its long waiting lists.

The Problem:

- As of March 2017, 1,440 adults with disabilities are currently on the waiting list for an AHVP voucher in 14 of the 23 issuing Public Housing Authorities.
- Those waiting can expect to spend over 5 years waiting for housing assistance.
- People with disabilities are more than twice as likely as the nondisabled population to experience homelessness, and are at a significantly higher risk of experiencing housing insecurity.
- Having stabilized housing is the most important factor in someone staying healthy, something especially true for people with disabilities.
- There are numerous people currently stuck in institutional settings like nursing homes who could utilize AHVP to regain their independence.

DHCD has committed to raising the rental ceiling, stabilizing voucher holders whose situations had become dire in our current rental market. They expect all vouchers will be leased shortly. Increased funding for AHVP will allow people with disabilities to escape from homelessness, abusive and unsafe situations, and institutions that they are trapped in for lack of access to stable, affordable, accessible housing.

The Solution:

Increase funding for line-item #7004-9030 to \$7.7 million. This will:

- Assist people with disabilities secure long-term, stable housing.
- Give people with disabilities the tools they need to escape homelessness, substandard housing, and abusive situations, take care of their own health, and contribute to their communities.
- Allow people in nursing homes to regain their freedom by moving them back into their communities so they can contribute and live full, meaningful lives.
 - **Increase Funding for Home Care Purchase of Services to \$271.321,030 (9110-1630)**

In Massachusetts, the need for increased funding to support Home Care Purchase of Services in Fiscal Year 2025 (FY25) is crucial. Ensuring adequate resources for home care services is essential for the well-being of our communities.

Here are some relevant initiatives and grants related to home and community-based services in Massachusetts:

Home and Community Based Services (HCBS) ARPA Grant Programs:

In 2021, Massachusetts received enhanced federal funding under the American Rescue Plan Act (ARPA) to support Medicaid HCBS.

The Supportive and Social Day Program Expansion Grant aims to increase the capacity of Social and Supportive Day Programs for older adults and individuals with Alzheimer's Disease and Related Dementias (ADRD).

The Mobile Applications Grant supports behavioral health providers in offering access to behavioral health mobile apps for Medicaid members.

The HCBS and Human Services Workforce Grant focuses on training, recruiting, and retaining the HCBS and human services workforce.

The Hospital to Home Partnership Program (HHPP) builds partnerships between hospitals and Aging Services Access Points (ASAPs) to enhance communication and coordination during hospital-to-home transitions.

The Adult Day Health and Day Habilitation Programs Community Inclusion Transportation Grant Program helps ADH and DH providers expand their transportation capacity.

Advocating for increased funding for Home Care Purchase of Services is essential to support vulnerable populations and promote community well-being. Let's work together to ensure that our state allocates the necessary resources to meet these critical needs.

- **Increase Funding for Home Care Case Management to \$103,827,110 (9110-1633)**

Certainly! **Home Care Case Management** plays a crucial role in supporting individuals who require assistance to remain in their homes and communities. Adequate funding is essential to ensure the well-being of our aging population and those with disabilities.

Here are some relevant initiatives and funding opportunities related to home care services in Massachusetts:

1. **Supportive and Social Day Program Expansion Grant:**

- This grant, totaling approximately \$4.5 million, aims to enhance the capacity of Social and Supportive Day Programs throughout the state. These programs serve older adults and individuals living with Alzheimer's Disease and Related Dementias (ADRD).

2. **Home- and Community-Based Services and Human Services Workforce Grant:**
 - This grant provides **\$42.5 million** in funding for training, recruiting, and retaining the home care and human services workforce. It supports direct care staff nurses, behavioral health professionals, community health workers, and long-term service and support staff.
3. **Hospital to Home Partnership Program (HHPP):**
 - HHPP, a two-year, **\$3 million** program, aims to strengthen communication and coordination between hospitals and **Aging Services Access Points (ASAPs)**. Eligible partnerships can use grant funds to support hospital-to-home transitions, ensuring patients receive appropriate care after hospital stays. ¹
4. **Adult Day Health and Day Habilitation Programs Community Inclusion Transportation Grant Program:**
 - This **\$2 million** program assists Adult Day Health (ADH) and Day Habilitation (DH) providers in expanding their transportation capacity. By improving transportation options, we can enhance access to these vital programs for older adults and individuals with disabilities. ¹

Additionally, Massachusetts has previously received enhanced federal funding under the **American Rescue Plan Act (ARPA)** to support **Medicaid Home and Community Based Services (HCBS)**. These funds are critical for maintaining and expanding essential services.

As we advocate for increased funding, let's continue to prioritize the well-being of our residents and ensure that home care case management remains accessible and effective for all who need it.

- **Include Language Clarifying Rate Setting Process for Home Health and Home Care Services (Outside Section amending C.118E, s. 13D)**

Purpose: This provision would clarify the rate setting processes that are already in place for both home health and home care services. This provision does not set the rates or dictate the amount for future rates set by Mass Health and EOHHS. It does make the rate setting process more transparent and ensures rates set by the state follow the rate setting laws and reflect the actual operating costs incurred by home health and home care providers.

The single largest cost factor impacted by the rate setting process is staffing - the ability for providers to ensure fair and adequate wages and benefits for their dedicated home-based workforce. The rate setting process directly impacts and determines the ability of providers to retain and recruit sufficient staff to meet the Commonwealth's need to ensure the provision home health and home care services to vulnerable elders, persons with disabilities and children and individuals with medically complex needs. The proposal deals with home Health rates set by Mass Health which are reviewed every two years.

Prior to 2020, the home health aide rate had not been adjusted since 2007 with no explanation or insight into the rate determination analysis.

The provision also deals with Home Care purchase of service rates set every two years by EOHHS under Chapter 257 of the Acts of 2008.

Transparency: This proposal adds transparency so providers, consumers and the Legislature can better understand the methodology and criteria used to set home care and home health rates.

Methodology: The methodology for rate setting should reflect all operating costs and governmental mandates that affect the cost of providing essential home care and home health services. This provision articulates the cost factors that should be included in the methodology and rate setting process including new regulatory costs and governmental mandates. Recent examples include changes in the state's minimum wage, the Paid Family and Medical Leave Act, health insurance, employee benefits and training, and increased technology costs. In determining the methodology for setting rates, the Secretary shall consult with stakeholders impacted by the rates.

Reporting Requirement: This proposal requires that reports be filed with the Legislature concurrent with the promulgation of new home care and home health services rates. This reporting will increase transparency and foster a better understanding of the true cost of providing home care and home health services and how the rates directly impact access to services for consumers.

Goal of this Provision: To end the need for the Legislature to fund supplemental rate add-ons for home care and home health workers every year through the state budget process. The goal is to ensure the existing rate setting process works and provides consistent rates that accurately reflect the true cost of providing home care and home health services to consumers across the Commonwealth. This provision was discussed and developed with input from a variety of stakeholder engagements and built off a Home Care Licensure Commission report (as established by the legislature).

- **Establish the Human Service Transportation Consumer Advisory Board HST, (Outside Section inserting new section in C.6 MGL)**

This outside section would establish a Human Services Transportation consumer advisory board within the Department of Health and Human Services. This board would have a mandate to improve the quality, reliability, and safety of non-emergency transportation to medical, community, and other health and human services for people with disabilities across the Commonwealth.

- **Increase Funding for Elder Supportive House to \$13,705,272 (9110-1604)**

EXPLANATION: Mass Home Care requests that the Legislature approve this increased allocation which would allow for the 61 existing and in-development affordable, supportive housing sites to be maintained across the Commonwealth and create 20 additional sites. To fully support 61 Supportive Housing sites for FY25 with an opportunity for 20 additional sites, the necessary funding level for line-item 9110-1604 is \$15,635,592.00. Elder Supportive Housing Programs employ a Supportive Housing Coordinator onsite in the building who provides tenancy preservation support and manages on-site 24/7 emergency coverage. Supportive Housing Coordinators direct a variety of programs open to all housing site residents, including congregate meal programs, on- and off-site social activities, workshops, health clinics, and educational programs. Elder supportive housing provides critically important services and supports to low-income older adults at a time when our state is facing a severe affordable housing shortage, and this program is a necessary component when addressing chronic homelessness among older adults in the Commonwealth. With approximately 7,500 units currently available, this expansion could potentially add 1,000 to 2,000 additional units for low-income and housing-insecure older adults.

- **Increase Funding for SHINE Benefits Counseling by \$2,000,000 (9110-1455)**

EXPLANATION: Increase the SHINE Health Benefits Counseling Program Line Item 9110-1455 by \$3 million Mass Home Care requests that the Legislature add \$3 million to line item 9110-1455 to support the ongoing costs of SHINE (Serving the Health Insurance Needs of Everyone) health insurance benefits counseling and to prepare to expand services to meet the growing need, especially when the asset limit for Medicare Savings Programs is eliminated in early 2024 and many more older adults will need assistance applying for these vitally important programs. What is SHINE benefits counseling? SHINE provides free health insurance information, counseling, and assistance to Massachusetts residents and their caregivers. SHINE counselors (more than 650 volunteers in FY2022) are trained and certified to assist older adults and individuals with disabilities in understanding their Medicare and MassHealth benefits, along with other health insurance options. Almost 100,000 individuals relied on SHINE counseling in FY2022 (vs. just over 70,000 in FY2021 - a more than 42% increase) and the demand continues to grow. With over 10,000 people reaching retirement age in our country every day, continued funding of this initiative is critical to ensure that our SHINE benefits counselors can continue to provide local, trusted, and

unbiased health insurance counseling information and assistance at no cost to older adults and individuals with disabilities across Massachusetts.

- **Include Funding for the Road Map to Health Care Safety for a pilot program of electronic health record safety event monitoring including a program of health care safety education to \$2,200,000 (4100-0063)**

EXPLANATION: In recent decades, the United States health care system has made unprecedented strides in improving and extending the lives of patients, but these achievements have also resulted in care delivery that is more complex, time-pressured, insufficiently coordinated, and, ultimately, prone to error. Betsy Lehman’s death from an overdose of chemotherapy at a leading Massachusetts hospital in 1994 helped catalyze a national effort to improve safety. From the work of the last 25+ years, we now have a much better understanding of how to reduce risks of harm. But bringing new approaches to myriad health care settings and prioritizing health care safety at the provider, state, and national levels have proven challenging, and our health care system is still not nearly as safe as it could be. To accelerate progress, the Roadmap to Health Care Safety for Massachusetts sets five goals that will be reached through a sustained, collective statewide effort among provider organizations, patients, payers, policymakers, regulators, and others. Strategies and action steps for advancing these goals adhere to seven guiding principles: • Move the health care system toward a mindset of zero tolerance for defects that can result in physical or emotional harm to patients, families, and staff; • Support approaches to continuous, proactive safety improvement that break down silos and enable all stakeholders to carry out their respective roles; • Promote a “just culture” by adopting a fair and consistent approach to safety improvement that fosters psychological safety in the health care workforce and holds leadership accountable for breakdowns and shortfalls; • Advance health equity through the elimination of disparities in safety and quality outcomes on the basis of race, ethnicity, age, disability, sex, gender, language, and economic factors; • Encourage an approach to health care and safety that maximizes the benefits of coproduction, recognizing that patients and families provide expertise essential to personcentered care; • Reduce low-value administrative burdens; and • Remove all forms of waste from work, making it easier to do the right thing. 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

- **Increase the Asset Limit for Seniors in MassHealth to \$10,000 per individual and \$15,000 per couple (Outside Section amending C.118E, s.25)**

The Problem: Thousands of seniors struggle to afford their healthcare. Many cut back on other necessities in order to pay for prescriptions, premiums, and, co-payments. Medicare provides a foundation for health security to people 65 and over, but for far too many, the out-of-pocket costs and coverage gaps are severely burdensome.

Massachusetts has been recognized as a national leader in healthcare reform, but these advancements left seniors behind. Seniors spend on average three times as much of their income for healthcare than their younger counterparts, and out-of-pocket spending continues to increase with age. Individuals 85 and over spend more out of pocket than any other age group, and women spend more than men despite having lower average incomes.

Congress has created opportunities for states to streamline enrollment and expand eligibility to assistance programs. Unfortunately, the current eligibility standards in Massachusetts prohibit those who need the most assistance from accessing the programs. Eleven other states, including Mississippi, Alabama, Arizona, New York, and Connecticut, have expanded access to federal programs that help seniors with Medicare costs - Massachusetts has not!

The Solution: The time is now to bridge the gap to affordable healthcare for seniors, particularly those living below \$35,000/yr (300% of the Federal Poverty Line), just as Massachusetts has done for residents under the age of 65. What we can do to reduce the age-based inequity:

1. **Eliminate the asset test for the Medicare Savings Programs, and raise the income eligibility to 300% FPL (\$35,010).**
 2. **Increase MassHealth's asset and income eligibility limits for MA residents age 65 and over.**
 3. **Simplify the application process to reduce barriers to assistance for seniors.**
- **Direct the Governor's Office of Climate Change to conduct a study of the effects of extreme Heat on older adults (0411-1020)**

EXPLANATION – Research has demonstrated that older adults are more vulnerable to extreme heat than younger people as their bodies don't cool down as efficiently. Heat stress can worsen underlying conditions like heart, lung, and kidney disease, and extreme heat can trigger delirium. Poor air quality makes it harder to breathe, especially among people who already have breathing difficulties.⁹ Dignity Alliance believes that this new office should focus on issues that will directly influence public policy that impacts residents of the Commonwealth. Since the population of older adults in Massachusetts is expected to reach 28% by 2030, it is important to understand this climate issue at this stage.

⁹ <https://www.weforum.org/agenda/2023/07/older-adults-more-susceptible-heat-illnesses/>

Population¹⁰	2020	2025	2030	2035
60+	1,721,462	1,925,417	2,049,347	2,098,125

INCLUDED IN THE HOUSE VERSION

- **Approve House Level Fund the PCA Program at current year levels. (4000-0300) with the following language;** provided further; that the personal care attendant program shall maintain the same eligibility criteria and level of services in fiscal year 2025 as were available in fiscal year 2024;

EXPLANATION: House Democrats won't pursue budget cuts Gov. Maura Healey proposed that would cut off services to the elderly and people with disabilities. The House budget chief revealed the approach Wednesday following several protests about the cuts recommended by Healey. Dozens of people with disabilities held a four-hour protest in front of the governor's office on Tuesday, telling Healey's aides that they were "thrown under the bus" by her budget that would cut over \$100 million worth of services they need to live at home and maintain their independence.

Under the governor's budget, 6,000 people would lose access to Personal Care Attendants (PCAs), who help people with disabilities with everything they need to live at home, including bathing, dressing, meal preparation, feeding, help using the bathroom, housekeeping, grocery shopping and other day-to-day tasks. Advocates say the program is [a key part of "civil rights" for people with disabilities](#), who with the help of PCAs can live at home, work and participate in their community, and not be "segregated" into nursing homes or other long-term care institutions.

- **Approve House Increase of \$15/older adult for Council on Aging Formula Grants ((9110-9002)**

EXPLANATION: These grants play a crucial role in enhancing the quality of life for seniors by supporting various initiatives such as social programs, health services, and community engagement. The Massachusetts Councils on Aging (MCOA) work diligently to ensure that older residents receive the necessary assistance and resources they need to thrive. The House Budget increased the allocation to \$15 for seniors age 60 and over,

- **Retain House Language for Nursing Home Bed Holds ((4000-0601)**

¹⁰ <https://mcoaonline.com/2023/01/25/mcoa-submits-fy24-budget-request-to-governor-healey/>

The Massachusetts Bed Hold budget amount, protects a MassHealth nursing home resident from being forcibly removed from his/her room while not at the nursing home for hospitalizations or personal leaves (family visits, life events, etc.).

The Massachusetts Bed Hold budget is a policy protecting nursing home residents on MassHealth who temporarily leave the nursing home overnight for either a hospital stays or personal reasons, such as family/friend visits, community connections, acclimating able-residents back into the community, etc.

The Bed Hold policy states that a nursing home must hold a resident's bed, in the same room, if:

- The resident is in a hospital for no more than 20 days at a time.
- The resident is away from the nursing home overnight to visit family members/friends or other personal reasons. Personal leaves are limited to no more than 10 days a year.

When in a nursing home, a resident's bed means home. Bed Holds make sure a resident will not be forcibly removed from his/her home.

- **Retain House Language to Respond to Increase Older Adult Suicides (4513-1026)** provided further that funds shall be expended for a program to address elder suicide behavior and attempts with the geriatric mental health services program within the department of elder affairs;

EXPLANATION - Suicides are a highly significant, yet largely preventable public health issue. The Massachusetts Department of Public Health's (DPH) Suicide Prevention Program works in collaboration with multiple national, state, and local partners to reduce them. Suicide is a leading cause of mortality in the United States, with an age-adjusted rate of 14.1 deaths per 100,000 population in 2021 (1). Older adults tend to have higher rates of suicide, although they represent a low percentage of the total number of suicides (2). Factors that specifically affect older adults can include declines in physical and cognitive functioning, changes in mental health, and other factors often associated with getting older, like bereavement, loneliness, and lack of social connectedness.¹¹

- **Retain increase in Elder Nutrition Meals on Wheels to \$15,872,860 (9110-1900)**

¹¹ [NCHS Data Brief, Number 483, November 2023 \(cdc.gov\)](https://www.cdc.gov/nchs/data/briefs/483.pdf)

Increase the Senior Nutrition Program Line Item 9110-1900 by \$3 million For over 40 years, our Aging Service Access Points (ASAP) network and the Executive Office of Elder Affairs (EOEA) have administered the Massachusetts Senior Nutrition Program. This initiative supports 27 local nutrition programs throughout the state, serving over ten million meals to approximately 83,000 older adults each year. The Senior Nutrition Program, commonly referred to as “Meals on Wheels,” delivers meals to older adults in their own homes and provides meals at more than 400 statewide congregate meal sites, including local Councils on Aging and senior affordable housing sites. In Massachusetts, 45% of those receiving home-delivered meals have relied on this program for three years or longer, and onethird of program clients say they would experience food insecurity without the support of the Senior Nutrition Program. A Consumers Affairs report published in late 2023 estimated a 6.6% increase in grocery costs in Massachusetts vs. 2022, and nationally there was a 25.5% increase in grocery costs over the prior two years. The increase in food costs has led to an increase, in some cases up to 10%-20%, in catering vendor costs which the ASAPs must absorb. Our ASAPs routinely need to rely on fundraising to cover the shortfall in funding for this crucial program. Approval of this level of increased funding is critical for the Meals on Wheels and Senior Nutrition Programs throughout the Commonwealth to serve low-income older adults already enrolled in the program and to provide the necessary resources to meet the increased demand for services. This program is more than just a meal – it also includes nutritional screening, education, and counseling. These meals are medically tailored for people with specific illnesses which can improve health outcomes, lower the cost of health care, and increase quality of life. Our programs also offer a range of cultural, ethnic, and religiously tailored meals. Delivered daily by staff or volunteers, Meals on Wheels serves as a wellness check and provides what for many individuals is their only social interaction during the week. As the COVID-19 pandemic revealed, social isolation can have a dire impact on individuals – especially our most vulnerable populations

- **Retain Increase in PACE Workforce Elder Service Plan by \$150,000 (4000-0601)**

The Harbor Health Elder Service Plan offers a personalized healthcare program provided by our own geriatric professionals guided by a care plan developed and customized for the individual’s needs.

Your healthcare is coordinated by a team of caring professionals at the PACE Day Center, transportation included, or when needed in your home. PACE provides care for participants 24 hours a day, seven days a week and 365 days a year.

- **Retain House Funds for LGBTQIA statewide virtual senior center of \$160.000 ((9110-1900)**

Outstanding Life, the first non-profit Massachusetts LGBTQIA+ Virtual Senior Center, obtains funding from the Commonwealth. Received \$125,000 funding in FY '24 for the operation of a statewide virtual senior center for LGBTQIA+ older adults." The organization's mission is "to improve the quality of life of LGBTQ+ older adults by creating opportunities for connectedness through free online programming." Currently, Outstanding Life serves hundreds of LGBTQ+ seniors through their virtual senior center, located at www.outstandinglife.org and their free private membership site.

Outstanding Life was founded for and by older LGBTQ+ adults, after many studies pointed to an increased risk for deteriorating health for this population segment. Many LGBTQIA+ adults do not have children or family members who, traditionally, are the companions and caretakers of older adults, and many feel isolated within their own communities. The organization was tailor-made to address these issues head-on with the thoughtful use of current technologies. "When we invest in supports for our community, it is important to understand the unique challenges of those most marginalized. Too often, our aging population is overlooked and isolated from supports that already exist. OutstandingLife.org will bridge the gap between our aging LGBTQIA+ population and their community to provide a safe space to connect, socialize, learn, and grow. I look forward to seeing this program flourish." said Senator Robyn Kennedy (D- First Worcester).

According to David Aronstein, Outstanding Life Chair "We are thrilled by and grateful for this historic funding. The legislature and the Governor agreed that addressing LGBTQ+ seniors' need for connection, support, and growth is essential. Every town and city in the Commonwealth has a Council on Aging. But, because the LGBTQ+ population is dispersed throughout the Commonwealth, building a safe and welcoming community online makes perfect sense. We think that Outstanding Life is a great example of "Massachusetts for Us All!" ."

Elisabeth Connell, Executive Director of Massachusetts Association of Councils on Aging added "MCOA is very excited to welcome Outstanding Life to the community of senior centers in Massachusetts! Outstanding Life will be creating and operating a Virtual Senior Center for LGBTQIA+ older adults. The creation of this intentional space for the LGBTQ+ older adult community to connect and thrive is inspiring, and MCOA looks forward to seeing the impact of this innovative virtual senior center on the LGBTQ+ older adults in our state!"

Outstanding Life's Executive Director, David Conner added "We are grateful to Senator Robyn Kennedy and her incredible team for including the needs of Massachusetts LGBTQ+ older adults into legislation and helping foster connectedness amongst an often-excluded group of seniors. Through this statewide work, including a growing partnership with the Massachusetts Councils on Aging (MCOA), Outstanding Life can now expand our outreach work across the Commonwealth. We also realize the work ahead of us when it comes to digital equity, so with our friends at the National Digital Inclusion Alliance (NDIA) and Little Brothers Friends of the Elderly (LBFE), we will

continue to grow our senior technology training programs to help bridge the gap of today's digital divide. We welcome all LGBTQ+ older adults to learn about the variety of free programs created by LGBTQ+ people, for LGBTQ+ older adults, in the Outstandingly community."

- **Retain Funding for various Veterans Outreach Centers (4513-1026)**

Operated by the Department of Veterans' Affairs (VA), Vet Centers are community-based counseling centers that provide a wide range of confidential social and counseling services to Veterans, service members, and their families. Counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief and transition after trauma.

Additionally, Vet Centers are a liaison between the Executive Office of Veterans' Services (EOVS) and the VA to assist Massachusetts veterans, dependents, and survivors in obtaining federal compensation, pension, burial, dependents and survivor's benefits, as well as home loans, educational benefits, and vocational rehabilitation benefits.

- **Retain Language Directing Mass Health to notify those 55 and over of eligibility for PACE, SCO, and One Care; and to notify those 65 and over enrolling in these programs annually. (Outside Sections**

Three Integrated Care Programs:

- ♣ One Care
- ♣ PACE (Program of All-inclusive Care for the Elderly)
- ♣ SCO (Senior Care Options)

Objectives of the Integrated Care Programs:

- ♣ Support members to stay in their homes and communities by integrating all aspects of preventive, acute, behavioral health, and long-term care
- ♣ Establish accountability for delivery, coordination, and management of quality medical and behavioral health service and supports
- ♣ Integrate Medicaid and Medicare programming and financing