The Dignity Digest

Issue # 330 April 1, 2025
The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

	***May require registration before accessing the article.**
DignityMA Zoom Sessions	Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.
Spotlight	**U. S. Department of Health and Human Services** March 27, 2025 *HHS's Transformation to Make America Healthy Again* The restructuring of HHS is proceeding in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative." Over the past four years, during the Biden administration, HHS's budget increased by 38% and its staffing increased by 17%. 1. The plan combines personnel cuts, centralization of functions, and consolidation of HHS divisions, including: • The current 82,000 full-time employees will be reduced to 62,000 • 28 divisions will be consolidated to 15 • 10 regional offices will become 5 • Human Resources, Information Technology, Procurement, External Affairs, and Policy will be centralized. 2. Regarding FDA, CDC, NIH, and CMS: • The FDA will decrease its workforce by approximately 3,500 full-time employees, with a focus on streamlining operations and centralizing administrative functions. This reduction will not affect drug, medical device, or food reviewers, nor will it impact inspectors. • The CDC will decrease its workforce by approximately 2,400 employees, with a focus on returning to its core mission of preparing for and responding to epidemics and outbreaks. This includes moving ASPR under CDC to enhance coordination of response efforts. NOTE: The "CDC" decrease would only be 1,400 if you included the individuals coming over from ASPR (approx. 1,000 individuals). • The NIH will decrease its workforce by approximately 1,200 employees by centralizing procurement, human resources, and communications across its 27 institutes and centers. • CMS will decrease its workforce by approximately 300 employees, with a focus on reducing minor duplication across the agency. This reorganization will not impact Medicare and Medicaid services. 3. The consolidation and cuts are designed not only to save money, but to make the organization more efficient and more responsive to Americans' needs, and to implement the Make America Healthy Again goal of ending the chronic disease epidemic.

4. No additional cuts are currently planned, but the Department will continue to look for further ways to streamline its operations and agencies.
5. A new Administration for a Healthy America (AHA) will consolidate the OASH, HRSA, SAMHSA, ATSDR, and NIOSH, so as to more efficiently coordinate chronic care and disease prevention programs and harmonize health resources to low-income Americans. Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team.
6. HHS will have a new Assistant Secretary for Enforcement to provide oversight of the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeal (OMHA), and the Office for Civil Rights (OCR) to combat waste, fraud, and abuse.
7. HHS will combine the Assistant Secretary for Planning and Evaluation (ASPE) and Agency for Healthcare Research and Quality (AHRQ) into the Office of Strategy to conduct research that informs the Secretary's policies and evaluates the effectiveness of the Department's programs for a healthier America.
8. The critical programs within the Administration for Community Living (ACL) that support older adults and people of all ages with disabilities will be split across the Administration for Children and Families (ACF), Assistant Secretary for Planning and Evaluation (ASPE), and Centers for Medicare and Medicaid Services (CMS).

American Society on Aging's Statement on the Restructuring of Department of Health and Human Services

The Trump Administration announced yesterday a major restructuring of the U.S. Department of Health and Human Services (HHS) that includes massive staff cuts and the elimination of the Administration for Community Living (ACL). ACL is the only federal agency exclusively focused on supporting older people and people with disabilities.

The American Society on Aging (ASA) is deeply troubled by losing the agency that oversees lifeline programs used by 11 million older Americans and their families every year. We are also very concerned by what this could mean for millions of adults with disabilities also supported by ACL, and for their ability to continue living and aging in communities with dignity and economic opportunity. The critical programs people receive through ACL's coordination include transportation, meals delivered to homes and served in community centers, health and wellness programs, support for families managing work and caregiving responsibilities, legal and elder rights services, and so much more. Every day, ACL's widespread reach touches so many lives, and if not ours today, likely tomorrow as we grow older.

Over 11,000 people turn 65 every day, and in four years we will have more older Americans than children for the first time. ASA believes that every federal agency should be factoring aging into its work. Yet ACL orchestrates a highly effective network through which services are delivered. We have serious questions about what its dissolution will mean for the continuity of critical services, and how HHS will effectively integrate ACL's operations into other agencies, especially with reduced staff.

In addition, for the past two years, ACL has made remarkable progress leading the first National Plan on Aging, effectively coordinating and advancing strategy across 16 federal agencies and departments. ACL has also established important initiatives like the Direct Care Workforce Strategies Center, which is working to ensure a well-prepared sector of professionals is available to help people and families who need care. Questions about how this momentum and coordination will continue at a time of such significant population change also remain.

Taken together with recent attacks on Social Security, Medicaid, Medicare, the prevention of elder fraud and abuse, and cuts to Alzheimer's disease funding, ASA is deeply concerned that this action and the gutting of HHS will further threaten our ability to live full, meaningful lives as we age. Eliminating ACL effectively renders older people, people with disabilities, and those who serve them invisible in the structure of HHS.

Defending the Administration for Community Living
SAGE

On March 27, the Trump Administration and DOGE proposed the so-called "Make American Healthy Again" (MAHA) plan, which would include the dismantling of the Administration for Community Living (ACL), the federal agency focused on aging and disability. This could have disastrous implications for older people, disabled people, family caregivers, and the programs upon which they rely.
Most people, including LGBTQ+ elders and people living with HIV, overwhelmingly prefer to age at home and receive care from family, friends, or chosen family. ACL has been the primary voice within the government to advocate for programs like home-delivered meals, adult day programs, caregiver respite, elder abuse prevention, transportation to medical care, free legal aid, and other critical resources. Programs that allow aging-in-place are both popular and cost-effective, reducing taxpayer spending on expensive institutional long-term care. Dismantling this agency would not only harm older people, family caregivers, and people with disabilities, but it would also

cost taxpayers more money and put additional pressure on our already-strained healthcare system.

"ACL has consistently fought for the right of all older people, including LGBTQ+ older people and older people living with HIV, to age-in-place," said Aaron Tax, SAGE's Managing Director of Government Affairs and Policy Advocacy. "It has a dedicated staff with unparalleled subject matter expertise that administers critical programs that support all of us as we age. ACL has been a champion for all of us. Now it's time for us to be a champion for ACL."

SAGE urges our community to call and email your Members of Congress and ask that they speak out against this potentially catastrophic plan. Critical supports for older people, disabled people, and family caregivers are on the line, and we must do everything in our power to preserve these life-saving programs.

TAKE ACTION NOW TO DEFEND CRITICAL PROGRAMS

Justice in Aging

March 27, 2025

We are alarmed by the announcement this morning that the Department of Health and Human Services (HHS) will dramatically reduce its workforce and shutter critical agencies that support older adults.

The announcement specifically calls for the Administration for Community Living (ACL), whose programs older adults and people with disabilities rely on to remain healthy and independent in the community, to be dissolved into other offices within the Department. ACL incorporates the Administration on Aging and the Administration on Disabilities, among others. The loss of an agency focused on older adults and people with disabilities will likely result in needs being overlooked and worse outcomes for older adults.

The press release that announced these changes stated that the services ACL and the other eliminated agencies provide will be absorbed into other parts of HHS but offered no specifics on how the programs ACL oversees will continue as the agency fires 10,000 people and closes five regional offices. HHS has provided no information about how the agency will continue vital services that people across the country rely on every day.

If access to the programs that ACL oversees is hindered, older adults and people with disabilities will lose the ability to choose where and how they want to live and fully participate in their communities. Many will be forced into institutions when they need help with activities of daily living such as bathing, dressing, and eating. Families who are struggling to care for loved ones will have nowhere to turn for the training, respite, and support they need. Older adults will lose access to Adult Day Programs where they can receive meals, socialize with others, and access basic preventative care. Availability of transportation services to senior centers and doctor appointments will end. When an older adult experiences financial exploitation or abuse, the free legal services they rely on will not be available.

This latest move is part of a pattern of attacks from this Administration on the well-being and health of older adults and people with disabilities, including the administration's support for

	Congress' planned cuts to Medicaid, DOGE's hollowing out of the Social Security Administration, the termination of funding for research into Alzheimer's disease and the shuttering of agencies like the Consumer Financial Protection Bureau that protect older adults and others from financial fraud and abuse. **The Consumer Voice** March 28, 2025 *National Consumer Voice for Quality Long-Term Care's Statement on Announced Restructuring and Cuts to the US Department of Health and Human Services* National Consumer Voice for Quality Long-Term is extremely troubled by the U.S. Department of Health and Human Services (HHS) announcement that it would be cutting thousands of jobs and restructuring critical agencies. Such actions are likely to result in reduced access to and oversight of services, impacting the health and safety of millions of older and disabled adults. Consumer Voice is particularly concerned that the Administration for Community Living (ACL) would be eliminated and absorbed by other HHS agencies. ACL provides and oversees critical programs for older adults and people with disabilities. ACL helps ensure that these individuals can receive support services in a setting of their choice, often helping them avoid institutionalization. ACL provides nutrition assistance, helps support caregivers, and helps protect vulnerable elders from abuse and neglect. It is essential to ensure the health and well-being of older adults and people with disabilities. Additionally, proposed cuts affecting Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA) and other critical agencies, as well as reduction in Regional Offices, combined with previous announcements of reductions in government staff and services, are threatening essential programs and placing some of our most vulnerable citizens at risk of institutionalization, homelessness, poor health, neglect, and abuse.
Quotes	*"If left to see to their own needs, a lot of them would stay in their homes and would slowly die. They wouldn't be able to get to their doctors' appointments unless they had a family member to help. They wouldn't get social care. They wouldn't have people coming into their homes and seeing the bed bugs or the lice in their hair. They wouldn't get their medications. . . Everybody's going to be responsible for taking care of the people who don't have health insurance, in some indirect way or another. It's going to affect us all."* Dr. Fred Levin, medical director of the Community PACE center in rural Newaygo, Michigan, commenting on the impact of federal funding for

Medicaid, *Medicaid cuts could hurt older adults who rely on home care, nursing homes*, **Stateline,** March 28, 2025

The restructuring of HHS is proceeding in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative."

HHS's Transformation to Make America Healthy Again **(U. S. Department of Health and Human Services,** March 27, 2025)

"I can't overstate how incredibly harmful Medicaid cuts would be. For now, we're continuing to work with our congressional delegation and medical societies across the country, who have all joined us. All 50 medical societies joined us in opposing these cuts."

Massachusetts Medical Society President Dr. Hugh Taylor, *Top doc: state medical societies united against Medicaid cuts*, ***State House News,** March 26, 2025

Medicaid covers 72 million Americans. A majority of American adults, including two-thirds of Republicans, say they want Congress to either maintain current Medicaid spending or increase it.

February 2025 poll from KFF, *7 Charts About Public Opinion on Medicaid* **(KFF,** March 7, 2025)

Older adults and people with disabilities already account for more than half of states' Medicaid spending, on average.

5 Key Facts About Medicaid Eligibility for Seniors and People with Disabilities, **KFF,** February 7, 2025

Reducing the number of caseworkers, without reducing the need for caseworkers, could just lead to more people being hospitalized. If the state goes through with the cuts, they need to be accompanied by a real effort to make the system more useable.

With federal funds running dry, Mass. Faces tough calls on mental health services, ***Boston Globe,** March 30, 2025

Non-cash renter households were generally older as well, even as cash renters skewed younger. Nearly one-third of non-cash renters were headed by someone age 65 or older, twice the rate of cash renters.

Non-Cash Rentals House More than Two Million Renters Affordably, **Harvard Joint Center for Housing Studies,** February 10, 2025

In 2023, [home] owners aged 65 and over contributed 27 percent of total improvement outlays, up from 14 percent two decades earlier.

Remodeling Soars to New Heights, but Industry Faces Numerous Challenges, **Harvard Joint Center for Housing Studies,** March 10, 2025

"As we know, Health and Human Services accounts for just over 50% of the state budget."

Senator Robyn Kennedy, Senate chair of the Joint Committee on Children, Families, and Persons with Disabilities, *State care agencies under microscope at Worcester hearing*, ***State House News,** March 25, 2025

"There is no reason that a family obligation, a car breakdown, a disability, or any other life circumstance should get in the way of making your voice heard on an issue you care about in your community. I'm glad that we are taking action to keep [Hybrid and Remote Public Meetings] in our civic engagement toolkit."

Senate President Karen E. Spilka, *Governor Healey Extends Hybrid and Remote Public Meetings to Increase Access*, **Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 28, 2025

"This decision by the Trump Administration [to terminate nearly $100 million in public health funding] is troubling and potentially devastating to public health. We rely on these funds to carry out important work at the Department and with our partners in the community."

Dr. Robbie Goldstein, Commissioner of the Massachusetts Department of Public Health, *Healey-Driscoll Administration Condemns President Trump's Termination of $11 Billion in Public Health Grants*, **Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 26, 2025

"[The MA Repay Program] is crucial to addressing workforce shortages and ensuring that all MassHealth members have access to the care they need."

Assistant Secretary for MassHealth Mike Levine, *Healey-Driscoll Administration Awards an Additional $76 Million in Student Loan Repayment for Behavioral Health and Primary Care Providers*, **Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 28, 2025

Older adults are the backbone of our families and communities, and when they thrive, we all thrive.

Supporting Older Americans' Basic Needs: Health Care, Income, Housing, and Food, **Justice in Aging,** March 2025

"What we found is that while avoidable mortality varies by state, all US states are getting worse."

Irene Papanicolas, professor of health services, policy and practice at Brown's School of Public Health, *US avoidable deaths rising compared with peer nations, study finds*, ***Boston Globe,** March 26, 2025

In an effort to keep the Benjamin open as a long-term care facility, [appointed receiver Joseph] Feaster has started discussions with Evans Senior Investments, a Chicago-based brokerage firm that is helping sell 22 Massachusetts nursing homes to five different buyers. . . The other option is to close the Benjamin and sell its real estate. . . The facility would be shut down – which the receivership was meant to avoid – and the residents would be transferred to other facilities.

Boston nursing home may have to be sold or closed, court-appointed overseer says, **CommonWealth Beacon,** March 28, 2025

[Federal cuts] are likely to result in reduced access to and oversight of services, impacting the health and safety of millions of older and disabled adults.

National Consumer Voice for Quality Long-Term Care's Statement on Announced Restructuring and Cuts to the US Department of Health and Human Services, **The Consumer Voice,** March 28, 2025

	Rather than blaming an entire generation (and equating demographics to natural disasters), let's recognize that people of all ages and circumstances benefit from increased housing supply. Instead of frowning on a natural preference of many people to age in community, we can gain more from addressing how downsizing, locating affordable options, or modifying one's home have been made largely unattainable for many. James Fuccione, Executive director, Massachusetts Healthy Aging Collaborative, *Don't lay our housing supply woes at boomers' doorsteps*, ***Boston Globe,** March 23, 2025 *We are alarmed by the announcement this morning that the Department of Health and Human Services (HHS) will dramatically reduce its workforce and shutter critical agencies that support older adults.* **Justice in Aging**, March 27, 2025 *"In so many cases, these are lifesaving programs and services, and [with the funding cut] we worry for the well-being of those who have come to count on this support."* Dannette R. Smith, commissioner, Colorado's Behavioral Health Administration, *Trump Administration Abruptly Cuts Billions From State Health Services*, ***New York Times,** March 26, 2025 *"I don't think the state can simply altogether cease performing the functions the $80 million would have helped subsidize. For that reason, I fear that scarce healthcare resources will have to be reallocated to make up some, if not all, of the difference, and that can only hurt long-term care."* Brendan Williams, president and CEO of The New Hampshire Health Care Association, *Nursing homes will feel loss of $11B for state health departments*, **McKnights Long-Term Care,** March 31, 2025
Dignity Alliance Massachusetts in the News	***Some Budget Cuts Won't Make Older Adults and People with Disabilities Healthier*** By Former State Senator Richard T. Moore Efforts to "Make America Healthy Again," may harm older adults and people with disabilities, who are the fastest growing part of America's population.

	This growing segment of the population also tends to be the most active consumers of health care services. Among his announced twenty-five percent workforce reduction at the Department of Health and Human Services, are elimination or reorganization of several key unites. Elimination of the Administration for Community Living (ACL), is a classic case of "penny-wise and pound foolish!" What will happen to the eleven million older Americans and their families and their ability to continue living and aging in communities with dignity and economic opportunity? Programs such as Meals on Wheels, Adult Day Health, curtailing elder abuse, respite, etc. that are currently administered by ACL. These investments are vital to preserving programs that serve so many older adults. Similarly, reorganization of the Agency for Healthcare Research and Quality – the unit that help to keep health care safer for patients by fighting medical mistakes and reducing health care acquired infections. Cuts that place such vital research and implementation at risk won't make America healthier, just the opposite. The cuts proposed for the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the National Institutes of Health, the National Institute on Aging, also are more likely to harm Americans, especially those who are older or with disabilities. Any large bureaucracy can be made more efficient and less costly, but cutting budgets with a chain-saw mentality, but DOGE interns unfamiliar with essential programs are not qualified to make such life-risking decisions. Let's urge the Trump Administration to take more time and give more thought to produce government efficiencies that make sense, not simply save cents. We, the People, deserve better. ***Boston Globe** March 22, 2025 *Don't lose sight of the struggles of veterans in nursing homes* By James Lomastro Dignity Alliance Massachusetts supports calls to end homelessness, especially among veterans. Pairing housing with support services is key. American Rescue Plan Act funds provide a unique opportunity to reduce the current homeless population to essentially zero. However, the plight of thousands of veterans currently residing in nursing home settings also requires attention. The Legislature has appropriated $200 million in a bond issue to address the needs of older veterans, particularly those who desire to live with maximum independence in their community in a less restrictive environment. However, there has been little movement on the use of those funds. While veterans may be secure in nursing home settings, recent revelations, particularly by the Disability Law Center in its report on Bear Mountain in Worcester, indicate the perils of veterans among those who live in these facilities. We encourage the Healey administration to move on this funding and invest it in suitable housing for veterans.
Call for Presentations	**Massachusetts Councils on Aging (MCOA) 2025 Fall Conference** *Call for Presentations* Planning for the MCOA 2025 Fall Conference is now underway. This year's theme is "Facing the Future Together". MCOA's call for presentations is

	officially open. The organizers are looking for engaging, innovative, and impactful sessions to make this year's conference the best one yet. If you have knowledge, insights, or creative solutions to share with the aging services network, you are encouraged to submit a proposal. Submissions are due by May 19, 2025. **Learn More & Apply**
Call to Action **Take Action on the PNA**  Ask your legislators to co-sponsor PNA legislation. https://dignityalliancema.org/take-action/#/25  Residents, family, staff: Add your story about personal needs allowances. https://tinyurl.com/PNAStory	***Increase the personal needs allowance (PNA) for nursing home residents***(*Dignity Alliance Massachusetts' **Top Legislative Proposal** for the 2025-2026 Session* House Sponsor: Rep. Thomas Stanley; Senate Sponsor: Senator Joan Lovely Please take a moment to contact your state senator and state representative, and other state legislators in your area to ask them to support the increase in the Personal Needs Allowance for nursing home residents both by supporting bills (SD2385, SD401, and HD830) that would increase the amount as well as amendments in the state budget when that gets debated in April and May. Nursing home residents are forced to make choices when purchasing items not provided by the nursing home since a monthly allowance of $72.80 doesn't go very far today! If it had been linked to increases in inflation when it was last set in FY'07, it should be at least $113.42. The Personal Needs Allowance is a minimal amount of monthly income that a nursing home resident can retain for personal use. It covers expenses such as clothing, hair appointments, vitamins, books, magazines, stationery, stamps, cell phone costs, and favorite snacks. By using our handy outreach form, it only takes a minute. In addition, if you should meet any state legislators in the next few months, let them know you'd appreciate their support of Dignity Alliance legislation and budget amendments. For more information / questions contact Dick Moore, DignityMA Legislative Workgroup Chair, rmoore8743@charter.net. **Ask Legislators to Increase the MA Personal Needs Allowance**
Advocacy Under the Golden Dome	*Older Adult Lobby Day* Tuesday, May 13, 2025 Great Hall, State House, Boston Organized by Mass Aging Access Multiple organizations, including DignityMA, will be participating. If you plan to attend, please register here: https://agingaccess.org/lobby-day/ For more information, contact Ellen Taintor, ETaintor@agingaccess.org
April Is National Volunteer Month	**Dignity Alliance Massachusetts - Five Years of Collective Effort** Five years ago, in the earliest days of the Covid pandemic, Dignity Alliance Massachusetts was established as a volunteer-driven to transform the provision of long-term services and care in the Commonwealth. Since that time, hundreds of individuals and

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<td>organizations have used their collective voices and efforts to make a real difference through legislation, regulatory reform, public policy, and information sharing.
On behalf of Massachusetts older adults, persons with disabilities, and caregivers, heartfelt appreciation is gratefully extended to all involved.
Together, we look forward to even more and greater achievements in the year ahead.
We welcome hearing from you about your involvement with DignityMA: what motivates your participation and what you would like to see accomplished in the year ahead.
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<td>Recruitment</td>
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<td>Guide to news items in this week's Dignity Digest</td>
<td>FY 2026 State Budget
State care agencies under microscope at Worcester hearing (*State House News, March 25, 2025)
Nursing Homes
Nursing homes will feel loss of $11B for state health departments (McKnights Long-Term Care, March 31, 2025)
State changes to civil monetary penalty spending frozen with CMS communications standstill (McKnights Long-Term Care, March 31, 2025)
Benjamin Healthcare Center
Boston nursing home may have to be sold or closed, court-appointed overseer says (CommonWealth Beacon, March 28, 2025)
Behavioral Health
With federal funds running dry, Mass. Faces tough calls on mental health services (*Boston Globe, March 30, 2025)
Housing
Don't lay our housing supply woes at boomers' doorsteps (*Boston Globe, March 23, 2025)
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Non-Cash Rentals House More than Two Million Renters Affordably (Harvard Joint Center for Housing Studies, February 10, 2025)
Medicaid
Medicaid cuts could hurt older adults who rely on home care, nursing homes (Stateline, March 28, 2025)
Top doc: state medical societies united against Medicaid cuts (*State House News, March 26, 2025)
7 Charts About Public Opinion on Medicaid (KFF, March 7, 2025)
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Health Care
US avoidable deaths rising compared with peer nations, study finds (*Boston Globe, March 26, 2025)
Avoidable Mortality Across US States and High-Income Countries (JAMA Network, March 24, 2025)
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	Leominster Woman Indicted For Posing As Caregiver To Steal From Elderly Victims In Worcester And Middlesex Counties **(Office of Attorney General Andrea Campbell,** March 28, 2025) **Public Policy** *Governor Healey Extends Hybrid and Remote Public Meetings to Increase Access* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 28, 2025) *Healey-Driscoll Administration Awards an Additional $76 Million in Student Loan Repayment for Behavioral Health and Primary Care Providers* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 28, 2025) **Federal Policy** *Supporting Older Americans' Basic Needs: Health Care, Income, Housing, and Food* **(Justice in Aging,** March 2025) *Trump Administration Abruptly Cuts Billions From State Health Services* **(*New York Times,** March 26, 2025) *Healey-Driscoll Administration Condemns President Trump's Termination of $11 Billion in Public Health Grants* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** March 26, 2025) **Public Sessions** *Statutory Advisory Board meeting* **(Massachusetts Commission for the Blind**, Tuesday, April 1, 2025, 12:00 p.m.) *Hearing* **(Joint Committee on Public Health,** Wednesday, April 2, 2025, 9:00 a.m.) *Virtual public hearing* **(MassHealth**, Friday, April 4, 2025, 10:00 a.m.) *Remote public hearing* **(Executive Office of Health and Human Services,** Friday, April 4, 2025, 11:00 a.m.) *Remote public hearing* **(Executive Office of Health and Human Services,** Friday, April 4, 2025, 1:00 p.m.)
Webinars and Online Sessions	**1. Boston University School of Social Work** Thursday, April 24, 2025, 5:30 to 6:45 p.m. *Exploring the Intersection and Impact of Social, Political, and Commercial Determinants of Health* Understanding the structural factors that shape health outcomes is essential to advancing health equity. Join the BUSSW E&I Committee and featured speaker Alyssa Benalfew-Ramos, MPH (SPH'19) for an interactive workshop exploring how social, political, and commercial determinants of health operate independently and collectively to shape health inequities. Participants will examine case studies that illustrate the real-world impact of these forces—from discriminatory housing policies to corporate influence on food systems and environmental health—while exploring strategies for integrating this knowledge into social work advocacy, education, and direct practice. Speaker: Alyssa Benalfew-Ramos, MPH, Chief of Policy, Black Economic Council of Massachusetts (BECMA) **REGISTER NOW**
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/**
FY 2026 State Budget	**2. *State House News**

	March 25, 2025 *State care agencies under microscope at Worcester hearing* By Colin A. Young Governor Healey's proposed a $62 billion fiscal year 2026 budget, focusing on veterans' services and several departments within the Executive Office of Health and Human Services. The hearing, hosted by Senator Robyn Kennedy and Representative Chynah Tyler, included testimony from Veterans Services, the state soldiers' homes, the Office of the Veteran Advocate, and various health and human services agencies. Kennedy emphasized the budget-focused nature of the hearing, noting that Health and Human Services constitutes over 50% of the state budget. Veterans Services Secretary Jon Santiago highlighted the proposed $206 million for his secretariat, including increases for veterans' benefits and the state-run veterans' homes. Superintendents from the Chelsea and Holyoke veterans' homes discussed modernization efforts and the upcoming expansion in Holyoke, which will require increased workforce spending. Lawmakers questioned Santiago on topics ranging from potential partnerships for veteran housing and the impact of federal VA cuts to unmet veteran needs and diversity within veterans' homes.
Nursing Homes	**3. McKnights Long-Term Care** March 31, 2025 *Nursing homes will feel loss of $11B for state health departments* By Kimberly Marselas Summary of Federal Grant Recission Impacting State Public Health and Long-Term Care: Following the COVID-19 pandemic's severe impact on nursing homes, experts advocated for better integration of long-term care facilities into local public health networks. States had been making progress in this area, implementing new infection prevention measures and outbreak monitoring, often including skilled nursing facilities, with the support of federal grants. This fiscal year, states were slated to receive $11.4 billion in such funding to bolster state and local health departments. However, the Department of Health and Human Services (HHS) has abruptly announced the rescission of these grants, a move that state officials and observers are criticizing as potentially illegal and detrimental to public health infrastructure. HHS stated that the funds were primarily used for COVID-19 testing, vaccination, community health workers, and addressing health disparities, arguing that the pandemic is over and the spending is no longer justified. States, facing unexpected and drastic cuts, counter that Congress intended these funds to strengthen local public health infrastructure and that the rescissions will terminate crucial programs. These include infectious disease surveillance in nursing homes, tracking healthcare staff shortages, and even local responses to ongoing outbreaks like the measles. Connecticut Governor Ned Lamont reported a loss of over $150 million for essential public health, mental health, and addiction services, including disease surveillance and newborn screenings. Illinois officials indicated a loss of $125 million intended for disease tracking technology, wastewater surveillance, and strengthening local health departments.

The director of Illinois' health department warned that these cuts would hinder critical upgrades to public health labs and impede efforts to prepare for future public health emergencies.
These cutbacks coincide with the federal government's own downsizing of its public health apparatus, potentially leaving state health officials to shoulder a greater burden in providing essential public health protections and services amidst increasing infectious disease outbreaks. The sudden withdrawal of pre-awarded funds, largely from the CARES Act, also creates financial challenges for state health departments already anticipating reduced federal revenues.
Brendan Williams, president and CEO of The New Hampshire Health Care Association, highlighted the potential "collateral damage" to long-term care, particularly as state agencies funding Medicaid face significant losses. He fears that scarce healthcare resources will need to be reallocated to compensate for the lost federal funding, negatively impacting long-term care.

4. **McKnights Long-Term Care**
March 31, 2025
State changes to civil monetary penalty spending frozen with CMS communications standstill
By Kimberly Marselas
Here's an outline summarizing the article on the freeze in CMS review of Civil Money Penalty Reinvestment Program applications:

I. Introduction
- States seeking to modify their use of Civil Monetary Penalties (CMPs) for nursing home quality improvement are in a holding pattern.
- The federal Centers for Medicare & Medicaid Services (CMS) has a communication freeze impacting application reviews.

II. Background on CMP Reinvestment Program
- Each state manages its share of CMP funds, collected from nursing home fines for Medicare non-compliance.
- CMS has historically been criticized for limited reinvestment of these penalties.
- Post-pandemic, CMS has become more restrictive regarding permissible program types.
- Examples of discontinued allowances: COVID-related communication/visitation tools.
- Recent restriction: workforce funding due to a federal staffing campaign.

III. Federal Staffing Campaign
- CMS plans to spend $75 million on nurse recruitment (advertisement, training, incentives).
- No updates have been provided since the campaign website launched in January.

IV. Permitted Uses of CMP Funds (Standing)
- Assistance for residents of closing/decertified facilities.
- Expenses for relocating residents from closed/downsized facilities (with state Medicaid agreement).
- Projects supporting resident/family councils and consumer involvement in quality assurance.
- Facility improvement initiatives (joint training, technical assistance for QAPI).

	V. Seeking Approval for Alternative CMP Uses • States can request permission for uses beyond the standing categories. • This requires an application and federal approval. • CMS centralized the application review process late last year. • Rationale for centralization: simplify workflows and improve effectiveness. • Potential complication: planned closure of at least half of HHS regional offices. VI. Communication Freeze and Impact • LeadingAge reports the pause in application review is due to a change in administration and a communication freeze. • CMS is unable to approve or communicate about applications until further notice. • State-level plan applications for the current year were due in October. • Unclear if any state plans with requested changes were approved before the mid-January start of the communication freeze (coinciding with the Trump presidency). VII. Data Availability on CMP Reinvestment • Data for CMP reinvestment funds for the last two years are unavailable. • A 2022 report indicated many states funded 0-3 grants. • Washington (41 projects) and Texas (37 projects) were notable exceptions with a higher number of approved projects.
Benjamin Healthcare Center	**5. CommonWealth Beacon** March 28, 2025 *Boston nursing home may have to be sold or closed, court-appointed overseer says* By Gintautas Dumcius *Receiver has started discussions with brokerage firm about historic Benjamin Healthcare Center in Mission Hill* Summary of the Benjamin Healthcare Center Situation: The Benjamin Healthcare Center, a historic nursing home in Boston serving a predominantly Black population since 1927, is facing potential closure again despite being placed in receivership a year ago to prevent this outcome. Court-appointed receiver Joseph Feaster has indicated that the options are to find a buyer or to close the facility and sell its real estate. This precarious situation is partly attributed to over $3 million allegedly "siphoned" by the former administrator, Tony Francis, and other former employees, as detailed in a recent civil lawsuit. Feaster states that the facility's current debt and state-imposed bed limits make its continued operation without a "significant infusion of funds" unlikely. He suggests potential solutions such as state funding, increased Medicaid support, an "angel donor," or mortgaging the property. Discussions with a brokerage firm to find a buyer are stalled due to a lack of reliable recent financial reports. Closing the facility would mean transferring its approximately 80 residents, predominantly Black elders, away from their long-term community and creating difficulties for their families. The Benjamin is noted as the only nursing home in the northeast US serving a primarily Black population.

	While the state has provided some funding to stabilize the facility, they have resisted covering forensic accounting, legal fees related to the lawsuit against the former administrator, and Feaster's receivership fees. The Attorney General's office is monitoring the situation and has requested more detailed financial records. Recent developments include allegations of mismanagement against Feaster and his assistant by a former administrator hired by Feaster and anonymous staff members, as detailed in letters submitted to the court. These allegations include claims of a hostile work environment and the improper hiring and payment of relatives. Feaster plans to address these allegations in court. A hearing is scheduled for April 2nd to discuss these concerns. Feaster has also accused the former administrator who made allegations against him of nearly causing the facility to miss payroll. The Attorney General's office has declined to comment on the latest allegations or confirm any investigation. Their priority remains ensuring residents have continued access to quality care and monitoring the progress towards a plan for the facility to emerge from receivership.
Behavioral Health	**6. *Boston Globe** March 30, 2025 *With federal funds running dry, Mass. Faces tough calls on mental health services* By The Editorial Board *The Healey administration's budget proposal calls for slashing caseworkers and some kids' residential treatment.* Summary of Healey's Proposed Budget Cuts to Mental Health Services: Massachusetts Governor Maura Healey's budget proposal includes significant cuts to the state's mental health service system, aiming to save the state $12.4 million by eliminating 170 Department of Mental Health (DMH) caseworker positions – half of the current caseworkers. These caseworkers play a crucial role in helping individuals with mental illness navigate the complex service system by providing regular check-ins, ensuring medication adherence and appointment attendance, and connecting clients with resources like outpatient care, health insurance, housing, and therapists. Critics argue that these cuts, driven by budgetary rather than clinical reasons, could lead to increased hospitalizations as individuals lose the support needed for outpatient care and staying connected to the system. While acknowledging the need to prioritize funding for inpatient care, concerns are raised that reducing caseworkers without simplifying the system will further burden individuals trying to access services. The proposal also includes closing intensive residential treatment facilities for children and adolescents with serious mental illness, which provide crucial support for young people transitioning from hospital care back home. This cut targets the 12-bed Cutchins Programs for Children and Families for children aged 6-12 (the only program of its kind in the state) and 30 adolescent beds run by NFI Massachusetts in Westborough (half the state's adolescent beds). Healey administration officials argue these programs are underutilized, projecting savings of $15.3 million through consolidation. However, program officials contend that underutilization is due to DMH's slow and cumbersome admission process, not a lack of need for the services. They warn that closing these facilities will leave children with nowhere to go after hospitalization,

	potentially leading to prolonged stays in emergency departments or unsafe returns home. Critics, including state Senator John Velis, argue that these cuts risk destabilizing vulnerable individuals, overwhelming emergency rooms, and increasing the overall strain on an already stretched mental health system. They emphasize the need for the Legislature to carefully examine the utilization of the residential programs and consider improving the system's functionality rather than simply making cuts. The proposed changes have sparked concerns about the impact on individuals with mental illness and their families, highlighting the critical role of both caseworkers and intensive residential treatment in the continuum of mental healthcare.
Housing	**7. *Boston Globe** March 23, 2025 *Don't lay our housing supply woes at boomers' doorsteps* By James Fuccione, Executive director, Massachusetts Healthy Aging Collaborative *Instead of blaming an entire generation, keep focus on root causes* A critical element for addressing an immense housing supply shortage is how we frame the issue and its potential solutions. Portraying older adults as a barrier to increased housing options is unproductive at best ("Empty nesters are not flying the coop," Address, March 16). This is especially the case when ageist terms such as "silver tsunami" are used to refer to a demographic trend. It's particularly troubling when the phrase is tied to a misleading prediction of an impending and sudden transfer of wealth and housing. Rather than blaming an entire generation (and equating demographics to natural disasters), let's recognize that people of all ages and circumstances benefit from increased housing supply. Instead of frowning on a natural preference of many people to age in community, we can gain more from addressing how downsizing, locating affordable options, or modifying one's home have been made largely unattainable for many. The article eventually notes these issues alongside significant policy progress, but we should lead with a focus on root causes. We can also build on the policy advances with creative solutions such as home sharing, financing for production of accessory dwelling units, and connecting housing with health and support services. **8. Harvard Joint Center for Housing Studies** March 10, 2025 *Remodeling Soars to New Heights, but Industry Faces Numerous Challenges* By Carlos Martín The US remodeling market experienced a significant surge post-pandemic, exceeding $600 billion and remaining 50 percent above pre-pandemic levels despite a recent slowdown. This growth is attributed to aging homes and households, as well as high property values. However, the fragmented nature of the industry, inflation, and a shortage of skilled labor pose challenges. Key takeaways from the "Improving America's Housing 2025" report include: • Unprecedented Pandemic Spending: Home improvement and repair spending rose from $404 billion in 2019 to $611 billion in 2022 and is

projected to stay above $600 billion through 2025. The average homeowner spent nearly $4,700 on improvements in 2023, about 9 percent higher than the 2007 peak.

- Climate Change Impact: Spending on disaster repairs increased dramatically from $16 billion in 2002-2003 to $49 billion in 2022-2023. Spending on energy-related home improvements reached $139 billion in 2023, nearly four times the 2003 figure. Average homeowner insurance premiums also rose by 17 percent between 2021 and 2023.
- Aging Housing Stock: The median age of US homes reached 44 years in 2023, necessitating more improvements. In 2023, spending on homes built before 1980 was 24 percent higher than on those built since 2010. The report highlights the need for financing and counseling to support low-income homeowners living in inadequate housing.
- Changing Demographics: Owners aged 65 and over accounted for 27 percent of improvement spending in 2023, up from 14 percent two decades prior. Homeowners of color represented 23 percent of improvement expenditures in 2023 (up from 14 percent in 2003), and immigrant owners accounted for 13 percent (up from 8 percent in 2003).
- Labor and Cost Challenges: The remodeling industry faces high material costs and labor shortages. A majority of remodelers reported a shortage of skilled trades between 2015 and 2023. Immigrants made up a record 34 percent of the construction trades labor force in 2023.

The report concludes that while the remodeling market is strong, significant additional investment is crucial for energy efficiency, disaster resilience, and accessibility in the nation's housing stock.

9. **Harvard Joint Center for Housing Studies**
February 10, 2025
Non-Cash Rentals House More than Two Million Renters Affordably
By Alexander Hermann and Nora Cahill

Non-cash renters are households that occupy a rental unit without paying rent. In 2023, they comprised over 2.1 million of the 45.6 million US renter households, representing 4.7 percent of the total, a decline from a high of 6.3 percent in 2001.

Who are non-cash renters? They fall into three main categories:

- Households living in homes on military bases (excluding barracks).
- Units provided for free in exchange for services or as a condition of employment.
- Units provided for free to family or friends.

Non-cash renters tend to live in lower-cost states and are less common in higher-cost states. They reside in distinct rental units, excluding situations where the owner lives in the home or where one roommate lives rent-free while another pays rent. They also do not include those whose rent is paid by someone else, such as through housing subsidies or by family members.

Key characteristics of non-cash renters include:

	• A large proportion (estimated to be an outsized share) live in homes owned by friends and family. • A small fraction live on military bases (under 1 percent). • A modest share live rent-free as a condition of employment; 42 percent did not work in the past year. • They are more likely to live in single-family (68 percent) and manufactured homes (12 percent) and less likely to live in apartments (19 percent). • Their homes tend to be older, with 60 percent built before 1980. • They are disproportionately lower income, with over 42 percent earning under $30,000 in 2023. • They are generally older, with nearly one-third headed by someone age 65 or older. • They are less likely to have a bachelor's degree. • They are more likely to live alone or be married couples without children. • They are disproportionately headed by a white person and less likely to be headed by a person of color. **Implications for affordability:** Non-cash rentals provide an affordable living situation for over 2 million households, preventing them from experiencing cost burdens. In 2023, 52 percent of cash renters were cost-burdened, compared to 0 percent of non-cash renters. However, if non-cash renters were to pay just the 25th percentile rent in their state, 50 percent would be cost-burdened; if they paid the median rent, 62 percent would be burdened. These arrangements also reduce competition for lower-cost rentals in the private market. However, the majority of renters facing affordability challenges do not have access to such arrangements. The report emphasizes the importance of expanding the lower-cost housing stock and adequately funding rental assistance programs to address the broader affordability crisis.
Medicaid	**10. Stateline** March 28, 2025 *Medicaid cuts could hurt older adults who rely on home care, nursing homes* By Anna Claire Vollers *Congressional Republicans' proposals to slash billions of dollars from federal Medicaid funding would shift burden to states.* This article from Stateline discusses the growing concerns among healthcare providers, advocates, and patients regarding potential federal cuts to Medicaid. Dr. Fred Levin, who oversees the care of about 100 older adults at a Community PACE center in rural Michigan, highlights the critical role Medicaid plays in the lives of his patients, stating it's "a matter of life or death" for many who rely on the program for medical and social services that allow them to remain living safely at home. The Community PACE center, funded by both Medicaid and Medicare, offers comprehensive day services to older adults. However, PACE

centers are an optional Medicaid benefit, unlike traditional nursing home care, which states are federally required to cover. Therefore, Levin fears that federal Medicaid cuts would likely lead to the closure of his center.
Across the nation, stakeholders are watching as Republicans in Congress consider significant Medicaid funding reductions to offset proposed tax cuts. While the specifics are still under debate, any federal cuts would shift substantial financial burdens to states, potentially forcing them to reduce benefits or restrict eligibility. Natalie Kean from Justice in Aging emphasizes the widespread impact of Medicaid, noting its involvement in most instances of nursing home care or in-home assistance for older adults.
Conservatives argue that Medicaid is too expensive and has expanded beyond its original intent. However, policy experts warn that reducing coverage for any group of Medicaid recipients could negatively affect vulnerable populations like children and older adults. While some Republicans, particularly those in states with large numbers of Medicaid recipients, have expressed concerns about deep cuts, a House budget plan proposing $880 billion in Medicaid reductions over the next decade has been passed and is now in the Senate.
States, constitutionally required to balance their budgets, would face difficult decisions about which benefits to cut. Older adults and people with disabilities already account for over half of state Medicaid spending. A key concern is the potential reduction in the federal match rate, the portion of Medicaid costs covered by the federal government, which could disproportionately impact poorer states.
Experts also worry that states might cut optional home-based and community care services, such as home health aides, as these are not federally mandated. These services are popular and can be more cost-effective than nursing homes, but their loss would place a significant financial burden on individuals and families. Furthermore, Medicaid cuts could exacerbate the existing shortage of long-term care workers by limiting states' ability to maintain competitive payment rates.
Dr. Levin emphasizes the broader consequences of potential PACE center closures, particularly in rural areas, where patients would face significant challenges accessing necessary healthcare. He concludes that the impact of Medicaid cuts would be far-reaching, affecting everyone in some way.

11. *State House News

March 26, 2025

Top doc: state medical societies united against Medicaid cuts

By Chris Lisinski

I. Introduction

- Head of Massachusetts Medical Society (MMS), Dr. Hugh Taylor, warns of inevitable "dramatic cuts" to Medicaid due to congressional spending cut mandate.
- Highlights concerns from MMS and national counterparts regarding patient impact.
- Contextualizes the issue within an event focused on MMS state legislative priorities.

II. MMS Concerns Regarding Federal Budget Resolution

- Congress passed a budget resolution directing $880 billion in cuts over 10 years.

- Dr. Taylor asserts that achieving these savings is impossible without significant Medicaid reductions.
- Meeting with Massachusetts congressional delegation in D.C. to voice concerns about Republican push to trim Medicaid.

III. Potential Impact of Medicaid Cuts

- Significant scaling-back of Medicaid funds will negatively affect healthcare services and access.
- Most vulnerable populations in Massachusetts will be impacted.

IV. Republican Stance vs. Reality of Budget Framework

- Republicans claim no intention to cut Medicaid, Medicare, or Social Security benefits.
- The focus is stated to be on reducing waste, fraud, abuse, and improper payments.
- House Energy and Commerce Committee tasked with finding $880 billion in cuts.
- Argument that this target cannot be met without affecting Medicaid and Medicare (major spending areas under the committee).

V. Massachusetts State Budget Context

- Governor Healey's FY2026 budget anticipates increased federal Medicaid reimbursement ($14.2 billion).
- This funding supports MassHealth, the largest single area of state spending.

VI. MMS Response and Future Actions

- Dr. Taylor emphasizes the potentially "incredibly harmful" nature of Medicaid cuts.
- Ongoing collaboration with Massachusetts congressional delegation and all 50 state medical societies to oppose cuts.
- Commitment to working with state partners to protect access for MassHealth population once specific legislative proposals emerge.
- Monitoring and navigating the evolving federal landscape.

12. KFF

March 7, 2025

7 Charts About Public Opinion on Medicaid

This data note provides an overview of recent KFF polling on the public's views of and connections to Medicaid, the federal-state government health insurance for certain low-income adults and children and long-term care program for adults 65 and older and younger adults with disabilities.

1. Most Americans Have Some Connection to Medicaid: A majority (65%) report that someone close to them has received help from Medicaid. Over half (53%) say that they or a family member has been covered.
2. The Public Holds Favorable Views of Medicaid: Majorities across political parties view Medicaid favorably. About three-quarters of the public have a favorable view, and this has been consistent since the late 1990s.
3. Nearly All Adults Say Medicaid Is Important: Over 97% of adults consider Medicaid at least somewhat important for their communities, and 56% see it as important for themselves and their families.
4. Few Want Decreased Federal Spending: Only 17% of adults want Congress to decrease federal spending on Medicaid. Most want spending to stay the same (40%) or increase (42%).

5. Some Misconceptions Remain: There's confusion about Medicaid, with only 38% aware it pays for nursing homes and long-term care. Many incorrectly believe most working-age Medicaid recipients are unemployed, and about half are unaware that undocumented immigrants are ineligible.
6. Views of Medicaid Vary by Partisanship: A majority (61%) see Medicaid as a health insurance program, but Republicans are more divided, with a slight majority (54%) viewing it as a welfare program.
7. Medicaid Expansion Is Popular: Two-thirds of people in states that haven't expanded Medicaid under the ACA believe their state should do so.

13. KFF

February 7, 2025

5 Key Facts About Medicaid Eligibility for Seniors and People with Disabilities

By Rhiannon Euhus, Alice Burns, and Robin Rudowitz

Options under consideration in Congress to reduce Medicaid spending by nearly one-third in future years could have major implications for seniors and people with disabilities. Nearly 1 in 4 Medicaid enrollees are eligible for the program because they are ages 65 and older or have a disability, and they have higher per-enrollee costs than other enrollees. Within this group, there are multiple eligibility pathways, most of which are optional for states to cover, and all of which have more complex eligibility requirements than coverage for children and non-elderly adults. Proposals to limit federal spending on Medicaid may create incentives for states to drop or reduce their eligibility or coverage for seniors and people with disabilities in response to fewer federal revenues. Loss of Medicaid coverage poses unique challenges for seniors and people with disabilities, people who are likely to live on fixed incomes, have high health care spending, and rely on Medicaid for coverage of long-term care.

Considering the proposed reductions in Medicaid spending, this issue brief describes Medicaid eligibility pathways, enrollment, and spending among people eligible through the age and disability-related pathways (known as “non-MAGI” pathways because they do not determine eligibility based on Modified Adjusted Gross Income, as is the case for people covered under the Affordable Care Act Medicaid expansion and other groups). This analysis uses the most recent data available to KFF at the time of the analysis (Medicaid T-MSIS data, 2021, see Methods).

1. Over half of Medicaid spending is on people eligible for Medicaid because of old age or disability. Over half of Medicaid spending ($339 billion in 2021) pays for care for people eligible through the non-MAGI pathways (Figure 1). Seniors and people with disabilities often have higher health care costs than other enrollees due to more complex health care needs, higher rates of chronic conditions and being more likely to utilize long-term care. There is significant state variation in the percentage of Medicaid spending that pays for non-MAGI enrollees (Appendix Table 1). In some states (Alaska, Nevada, Montana, Illinois and Indiana), only a third of spending went to these populations, and in five states (Alabama, Florida, Kansas, Mississippi, and North Dakota), care for seniors and people with disabilities accounted for at least two-thirds of spending (Figure 1). Differences in the percentage of spending across the states stem

from differences in eligibility criteria for both MAGI and non-MAGI eligibility pathways, which also affects relative levels of enrollment in these pathways, as well as demographic variation across states.

2. Most non-MAGI Medicaid enrollees are eligible through mandatory eligibility pathways that are tied to Medicare and Supplemental Security Income. Federal statutes require states to enroll people who receive Supplemental Security Income (SSI) in Medicaid and to enroll eligible Medicare beneficiaries in the Medicare Savings Programs. SSI is a disability program that provides monthly income to people who are unable to work on account of a disability and who have income and financial resources below federal limits. The Medicare Savings Programs provide Medicaid coverage of Medicare premiums and in most cases, cost sharing to Medicare beneficiaries with limited financial resources. People who are eligible for the Medicare Savings Programs, but not full Medicaid, only receive Medicaid coverage for the costs of Medicare premiums and usually, cost sharing. Beyond these two "mandatory" eligibility pathways, there are optional Medicaid eligibility pathways that states may choose to offer for people who have disabilities or are ages 65 and older, including options to expand coverage beyond what is required under federal law to low-income seniors and people with disabilities and coverage for people who need long-term care.

   Roughly two-thirds of Medicaid enrollees who qualify based on old age or disability are eligible for Medicaid through a mandatory pathway and those enrollees account for about two-thirds of Medicaid spending on non-MAGI enrollees (Figure 2). The remaining third of enrollees includes people coming in through optional income-related pathways (28% of all non-MAGI enrollees and 19% of spending) and those coming in on account of their need for long-term care (6% of enrollees, 16% of spending).

   Most seniors and people with disabilities who are eligible for non-MAGI Medicaid must demonstrate limited financial resources and go through an application process that requires documentation of their income and savings (Table 1). States that offer eligibility based on long-term care have higher income eligibility criteria for those eligibility pathways, but nearly all still require applicants to demonstrate having limited savings ($2,000 for an individual, $3,000 for a couple). Some assets, including the home, are excluded from the calculation of financial resources, but states are required to recoup the certain Medicaid costs after enrollees die through a process known as estate recovery. States that offer eligibility for seniors and people with disabilities based on income, have income limits generally little more than the federal poverty level with similarly low thresholds for applicants' savings; and most states have more complicated eligibility processes for non-MAGI pathways than they do for MAGI pathways.

3. Enrollees eligible because they need long-term care have much higher spending per enrollee. Among the four eligibility pathways specifically for people who use long-term care, per-enrollee spending is over $40,000 per year for three of the pathways (Figure 3). Per-enrollee spending for children with disabilities enrolled through Katie Beckett programs (which include Family Opportunity Act options too) is more similar to that of other eligibility pathways for seniors and

	people with disabilities (close to $20,000 per year) because many of those children also have private health insurance. In such cases, Katie Beckett coverage helps lower- and middle-income families cover the costs of long-term care for children, which are very difficult to save for. Although per-enrollee costs for people eligible through the long-term care pathways are high, they still represent a small share of total Medicaid spending because the number of people enrolled is so low. 4. Per-enrollee spending varies across states, especially for enrollees who use long-term care. For mandatory and income-related optional eligibility pathways, per-enrollee spending (including all services) varies from under $2,000 per enrollee to over $33,000 per enrollee for the Medicare Savings Programs and nearly $60,000 per enrollee for the SSI eligibility pathway (Figure 4). As large as that variation is, variation for the long-term care-related pathways is far greater: Variation in per-enrollee spending for people who use institutional care ranges from $24,000 to nearly $200,000 per year in Alaska. For people eligible through one of the two home care programs, per-enrollee spending ranges from about $3,000 to well over $100,000. in Washington, D.C. (Appendix Table 2). The large variation in spending among the long-term care related pathways reflects states having considerable flexibility in determining who is eligible to receive optional benefits, what services to provide, and how much to pay providers. Long-term care is 5. extremely expensive, with average nursing facility rates for all payers exceeding $100,000 per year, full-time home health aide costs nearing $70,000, and round-the-clock home health costs nearing $300,000 per year. Not all people use services for the full year, and Medicaid does not always cover 100% of the costs of people's care or pay the same rate as private payers, contributing to the variation in spending. There is little information about how much states pay providers, but a KFF survey about payment rates for home care showed significant variation among states able to report. The Biden Administration finalized regulations that would require states to report payment rates for Medicaid, but Congress or the Trump administration may seek to undo that rule. 6. Across all non-MAGI eligibility pathways, per-enrollee spending is higher in ACA expansion states. Although some researchers have criticized the ACA eligibility pathway as diverting resources away from Medicaid enrollees with disabilities, the data show per-enrollee spending for seniors and people with disabilities is two times larger in expansion states ($20,345 versus $9,950, Figure 5). The largest difference in per-enrollee spending stems from people eligible through optional income-related pathways, where spending is $17,000 per enrollee per year in expansion states but less than $5,000 per year in non-expansion states. Even in mandatory pathways, expansion states spent more per enrollee: Expansion states spent $6,386 more per enrollee eligible through the Medicare Savings Program pathway, and $7,219 more per enrollee through the SSI pathway.
Health Care	**14. *Boston Globe** March 26, 2025 *US avoidable deaths rising compared with peer nations, study finds*

By Christopher Gavin and Emily Spatz
"What we found is that while avoidable mortality varies by state, all US states are getting worse," said lead study author Irene Papanicolas, of Brown University
Summary:
Researchers from Brown and Harvard universities have found that, in contrast to most other high-income nations, avoidable deaths in the United States increased between 2009 and 2021 by an average of 32.5 deaths per 100,000 people. This rise, documented in a JAMA Internal Medicine study, encompasses deaths from causes like motor vehicle crashes and those preventable by vaccines or medical treatments.
Lead author Irene Papanicolas (Brown University) suggests these findings point to deep-seated issues within the US healthcare system and public policy. While drug-related deaths and suicides contribute significantly, deaths across nearly all major categories are increasing.
The study compared mortality data for those under 75 in all 50 US states with 40 high-income countries in the EU and OECD. During the same period, avoidable deaths decreased in EU countries by 25.2 per 100,000 and in OECD countries by 22.8 per 100,000. Notably, the US worsened compared to these nations even when excluding the COVID-19 pandemic years (2019-2021). Furthermore, every US state saw increases in deaths from various causes, except for cancer in some states.
Papanicolas argues that avoidable mortality is a more effective indicator of a country's health system and public health policy than life expectancy. While New England states performed relatively better, they still experienced increases. Massachusetts had the lowest increase nationally but still rose from 204 to 256 avoidable deaths per 100,000. Massachusetts was also one of the few states with a decrease in treatable mortality. Despite high healthcare spending in New England, it wasn't on par with OECD countries' outcomes.
The study suggests that rising healthcare costs in the US could be a contributing factor, as increased spending doesn't necessarily translate to improved health outcomes. Alan Sager (Boston University) attributes the findings to long-standing issues of inequality, income disparity, and wasted healthcare spending, along with a significant uninsured population and high out-of-pocket expenses hindering preventative care. He also points to clinical waste, high drug prices, and CEO salaries.
Papanicolas notes that the increase in avoidable deaths was largely driven by preventable mortality, indicating a potential lack of effective public health measures regarding drug overdoses, firearms, and alcohol-related deaths, which are all increasing. The study also found no clear link between higher state healthcare expenditures and better avoidable mortality rates. Despite the US having the highest per capita healthcare spending among the studied countries, its outcomes are troubling. The researchers plan to further investigate how the US can improve its health outcomes.

15. **JAMA Network**
March 24, 2025
Avoidable Mortality Across US States and High-Income Countries
By Irene Papanicolas, PhD; Maecey Niksch, BA; Jose F. Figueroa, MD, MPH
Key Points

	Question How did avoidable mortality vary across US states compared with 40 high-income countries between 2009 and 2021? **Findings** In this retrospective study, between 2009 and 2021, avoidable mortality increased in all US states, primarily due to increases in preventable deaths, while it decreased in comparable high-income countries. Health spending was significantly negatively associated with avoidable mortality for other high-income countries but not across US states. **Meaning** Avoidable mortality has worsened across all US states, while other high-income countries show improvement; results suggest poorer mortality is driven by broad factors across the entirety of the US. **Conclusions and Relevance** This cross-sectional study found that the stark contrast in avoidable mortality trends between all US states compared with EU and OECD countries suggests that broad, systemic factors play a role in worsening US population health. While other countries appear to make gains in health with increases in health care spending, such an association does not exist across US states, raising questions regarding US health spending efficiency.
Criminal Activity	**16. Office of Attorney General Andrea Campbell** March 28, 2025 *Leominster Woman Indicted For Posing As Caregiver To Steal From Elderly Victims In Worcester And Middlesex Counties* *Defendant Allegedly Used Stolen Identities to Gain Caregiving Work at Multiple Health Facilities, Then Stole Bank Cards and Thousands of Dollars from Elderly Victims* The Massachusetts Attorney General's Office (AGO) announced that a Statewide Grand Jury has indicted Regina Henaku, 33, of Leominster, on multiple charges related to the alleged theft of thousands of dollars from elderly individuals. Henaku is accused of posing as a professional caregiver and working at various healthcare agencies and long-term care facilities in Worcester and Middlesex Counties to gain access to and steal from at least 16 elderly victims. The indictments, returned on March 20, 2025, include nine counts of Larceny Over $250 from an Elder or Disabled Person, Credit Card Fraud, Attempted Larceny Over $250 from an Elder or Disabled Person, Identity Fraud, and Misleading the Police/Obstruction of Justice. The AGO alleges that between August and November 2024, Henaku fraudulently used the identities and professional credentials of a relative and a former co-worker to secure employment at five different healthcare facilities. During her brief tenures at these locations, including facilities in Framingham, Bedford, Hudson, and Leominster, she allegedly stole bank cards from at least 16 elderly victims (all over 60 years old, including MassHealth members). She is accused of using the bank cards of 11 of these victims to steal approximately $28,000 and attempting to steal from the remaining victims. Furthermore, the AGO alleges that Henaku misled the police about her identity during the investigation by falsely posing as a relative. The AGO emphasizes that these are allegations, and Henaku is presumed innocent until proven guilty. This case reflects the AGO's commitment to elder justice, as demonstrated by the establishment of the Elder Justice Unit in August 2023 and previous actions against those who exploit the elderly.
Public Policy	***17.*** **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**

March 28, 2025

Governor Healey Extends Hybrid and Remote Public Meetings to Increase Access

Legislation will increase access to public meetings across Massachusetts and allow remote participation through June 2027

Governor Maura Healey has signed into law "An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency." This legislation extends the authorization for state and local public bodies to conduct public meetings in a hybrid or fully remote format. Additionally, it allows participants in town meetings to participate remotely.

Governor Healey stated that the law aims to increase accessibility to government discussions for all residents, regardless of their location or circumstances. Lieutenant Governor Kim Driscoll emphasized the positive impact of increased public participation on local government. House Speaker Ronald J. Mariano highlighted the lesson learned during the pandemic about technology expanding access to civic participation. Senate President Karen E. Spilka noted the increased access, engagement, and transparency resulting from hybrid meetings and expressed gratitude for the collaborative effort. Senator Michael J. Rodrigues, Chair of the Senate Committee on Ways and Means, underscored that this extension, now effective through June 30, 2027, enables continued expanded resident participation and engagement in local government.

The Governor and Lieutenant Governor had previously proposed making these remote access provisions permanent through the Municipal Empowerment Act.

Statements of support were issued by Adam Chapdelaine, Executive Director of the Massachusetts Municipal Association, and Marc Draisen, Executive Director of the Metropolitan Area Planning Council, both praising the extension for enhancing transparency, accountability, public participation, and overall civic engagement.

18. **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**

March 28, 2025

Healey-Driscoll Administration Awards an Additional $76 Million in Student Loan Repayment for Behavioral Health and Primary Care Providers

MA Repay Program has invested more than $245 million so far to support health care professionals across Massachusetts and address workforce shortages in critical fields

Summary of Additional MA Repay Student Loan Repayment Awards

The Healey-Driscoll Administration is distributing an additional $75.8 million in student loan repayment awards through the MA Repay Program to over 1,700 behavioral health and primary care providers in Massachusetts. This funding aims to support a wide range of professionals, including physicians, nurse practitioners, physician assistants, psychiatrists, psychologists, social workers, and substance use disorder treatment professionals working in various settings like community health centers, hospitals, schools, and correctional facilities. This latest round of funding brings the total awarded by the MA Repay program since 2023 to over $245 million, benefiting more than 5,500 healthcare professionals statewide.

Governor Healey emphasized that this investment in the healthcare workforce will ensure a strong and skilled workforce capable of providing

	quality care. Lieutenant Governor Driscoll highlighted the program's role in investing in the health and well-being of communities by ensuring residents receive necessary care and supporting healthcare professionals in their careers. The MA Repay program, administered by the Massachusetts League of Community Health Centers (Mass League), accepted applications for four new programs focused on: Behavioral Health & Primary Care, Child & Adolescent Psychiatry, Substance Use Treatment Providers, and Expanded Behavioral Health. In exchange for a 4–5-year service commitment, eligible professionals can receive loan repayment awards ranging from $12,500 to $300,000. Health and Human Services Secretary Kate Walsh underscored the administration's commitment to supporting healthcare providers and addressing workforce challenges, particularly given the recent strain on healthcare workers. Assistant Secretary for MassHealth Mike Levine noted the program's crucial role in addressing workforce shortages and ensuring access to care for MassHealth members. Michael Curry, Esq., President and CEO of the Massachusetts League of Community Health Centers, expressed pride in partnering with the administration to provide financial relief and support to essential healthcare professionals in underserved communities.
Federal Policy	**19. Justice in Aging** March 2025 *Supporting Older Americans' Basic Needs: Health Care, Income, Housing, and Food* A combination of federal programs help Americans meet these basic needs and thrive as they grow older. These programs work together, forming a web of support that is critical to their success. For example, without resources to buy healthy food, older adults with diabetes or heart disease would jeopardize their health. Without long-term services and supports, many older adults would not be able to afford to live safely at home. Without housing assistance, many older adults on fixed incomes would have to choose between paying for rent or medicine. Older adults whose only income is from Supplemental Security Income (SSI) would not be able to afford groceries without the Supplemental Nutrition Assistance Program (SNAP), or pay the rent without rental assistance, or see the doctor without Medicaid. Outline: **Medicare** • Medicare is a federal health insurance program that is the primary source of coverage for over 66 million older adults and people with disabilities. **Medicaid** • Medicaid is a joint federal-state program that provides health and long-term care to people who otherwise could not afford it. **Social Security** • Social Security is a trusted program that reflects American values of hard work, fairness, and dignity. **Supplemental Security Income (SSI)** • SSI is a federal program that provides a limited income for over 8 million people who can no longer work to meet their basic needs, including 2.4 million older adults and people with disabilities.

Affordable Housing and Homeless Assistance

- Federal housing and homeless assistance programs provide vital support to many low-income older adults who
- would otherwise be unable to afford the cost of shelter.
- Housing Choice Vouchers
- Public Housing
- Section 202 Supportive "Senior" Housing
- HUD Homeless Assistance Programs
- The Low-Income Home Energy Assistance (LIHEAP) Program

Older Americans Act (OAA) Programs

- OAA programs reduce hunger, isolation, and barriers to care
- transportation services help older adults who live alone and would otherwise be homebound to access their doctors' offices, pharmacies, and meal sites
- Meals on Wheels and other nutrition programs feed over two million older adults, ensuring they stay healthy and lowering their risk of disability.
- Nutrition Assistance
- Legal Assistance

Download the Fact Sheet
Download the Issue Brief

20. *New York Times

March 26, 2025

Trump Administration Abruptly Cuts Billions From State Health Services

By Apoorva Mandavilli, Margot Sanger-Katz, and Jan Hoffman

States have been told that they can no longer use grants that were funding infectious disease management and addiction services.

Summary of Federal Grant Cancellations Impacting State Health Services:

The Department of Health and Human Services (HHS) has abruptly terminated over $12 billion in federal grants allocated to states for critical public health initiatives, including tracking infectious diseases, providing mental health services, and offering addiction treatment. These funds, initially provided as part of Covid-19 relief, were being utilized by underfunded state health departments to address a range of pressing health concerns beyond the pandemic.

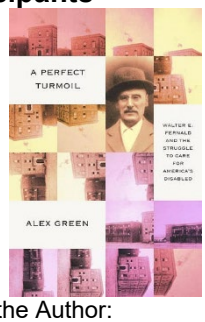
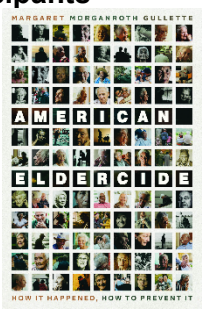
Effective immediately upon notification on Monday evening, states were instructed to cease all activities and incur no further costs related to these grants. The cancellations include approximately $11.4 billion from the Centers for Disease Control and Prevention (CDC) and about $1 billion from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The immediate impact is significant. In Lubbock, Texas, measles outbreak response efforts funded by these grants have been halted. Several state health departments were reportedly preparing for potential layoffs of epidemiologists and data scientists. Nationwide, thousands of public health employees and contract workers are expected to lose their jobs, with some infectious disease teams potentially facing up to a 90% staff reduction. Health officials warn that this sudden defunding will severely impair already strained public health systems, hindering their ability to manage chronic diseases, resurgent infections, and emerging threats.

HHS defended the decision, stating that the Covid-19 pandemic is over and the funds are no longer necessary. However, these grants had been broadened last year to address other urgent public health needs, including surveillance of respiratory viruses, various vaccinations, and emergency preparedness. States had also been using the funds to modernize outdated public health infrastructure, such as upgrading lab equipment and electronic record systems. The abrupt termination leaves these projects unfinished and the invested funds potentially wasted.
The SAMHSA funds, specifically intended for mental health and substance use issues exacerbated by the pandemic, were supporting vital programs like crisis response teams, services for adults with severe mental illness and young adults with early psychosis, and peer support for addiction recovery. States had also used these funds to bolster their 988 suicide lifelines. While the SAMHSA grants were set to expire in September, some CDC grants were intended to last until 2026 or 2027, leaving states unprepared for this immediate cessation.
Governor Maura Healey of Massachusetts, among others, has indicated that states are exploring legal options to challenge the grant terminations, as the funds were authorized and appropriated by Congress. Public health officials lament the lack of notice and opportunity for a transition, potentially leading to a significant setback in state public health capabilities and jeopardizing essential services for vulnerable populations.

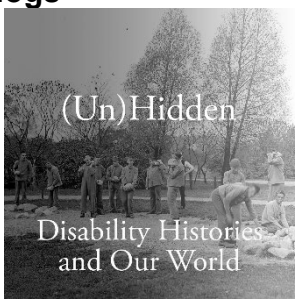
21. **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**
March 26, 2025
Healey-Driscoll Administration Condemns President Trump's Termination of $11 Billion in Public Health Grants
Millions cancelled for behavioral health care, respiratory illness prevention and treatment, state lab, community health centers, public health workers in Massachusetts
This press release from the Healey-Driscoll Administration strongly condemns the Trump Administration's decision to terminate over $11 billion in public health grants nationwide, including nearly $100 million allocated to Massachusetts. Key points include:
    - Sudden Grant Termination: The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) 1 abruptly terminated multiple federal public health infrastructure grants to state health departments, including Massachusetts.
    - Impact on Massachusetts: The terminated grants were expected to provide nearly $100 million to Massachusetts over the next year, with much of the funding already committed.
    - Essential Public Health Functions Affected: The funding supports critical public health services, including:
        - The State Public Health Laboratory (respiratory disease testing, including bird flu).
        - Vaccine infrastructure and community-based vaccination efforts.
        - Community health centers and workforce investments.
        - Behavioral health care.
    - Strong Condemnation: Governor Healey and Lieutenant Governor Driscoll criticize the Trump Administration's action as undermining public health and well-being.

	• Call for Federal Partnership: The administration emphasizes the need for a collaborative federal partnership to support state and local healthcare providers. • Nationwide Impact: The press release highlights the nationwide impact of the grant terminations, affecting both "blue" and "red" states. • Concerns from Health Officials: Secretary of Health and Human Services Kate Walsh and Commissioner of the Massachusetts Department of Public Health Dr. Robbie Goldstein express deep concern about the potential devastating impact on public health infrastructure. • Accusation against Elon Musk: Governor Healey also included Elon Musk in her statement, when referring to those undermining the health and well-being of the people. • Ongoing Analysis: The Massachusetts Department of Public Health is currently analyzing the fiscal and operational impacts of these terminations.
Public Sessions	**22. Massachusetts Commission for the Blind** Tuesday, April 1, 2025, 12:00 p.m. *Statutory Advisory Board meeting* Agenda includes a report from Commissioner John Oliveira and program updates. Agenda and Livestream **23. Joint Committee on Public Health** Wednesday, April 2, 2025, 9:00 a.m. Gardner Auditorium, State House, Boston *Hearing* Subject: long-controversial medical aid-in-dying legislation as well as bills dealing with emergency medical services, professional licensure and scope of practice. Supporters have been pressing for years for the Legislature to authorize medical aid-in-dying, an idea that voters narrowly rejected in a 2012 ballot question. While bills have cleared some committee thresholds, legislative leaders have signaled no intention to bring them forward for votes. Agenda and Livestream **24. MassHealth** Friday, April 4, 2025, 10:00 a.m. *Virtual public hearing* Proposed regulatory changes for mental health center services. The changes, slated to take effect Aug. 1, update requirements for behavioral health urgent care providers, the timing of Child and Adolescent Needs and Strengths reassessments, and service limitations. Written testimony accepted through 5 p.m. More Info and Access **25. Executive Office of Health and Human Services** Friday, April 4, 2025, 11:00 a.m. *Remote public hearing* Regulatory changes tied to rates for mental health services provided in community health centers and mental health centers. The regulations, expected to take effect Aug. 1, update the rates for structured outpatient addiction program services and recovery support navigators, establish rates for

	psychological testing services, and increase the rate for certified peer specialist services, among other changes. More Info and Access **26. Executive Office of Health and Human Services** Friday, April 4, 2025, 1:00 p.m. *Remote public hearing* Updating rates for adult day health services. Officials say they want to decrease the per diem and partial per diem rate for the basic level of care, as well as eliminate admission and re-engagement services. "The changes would save the state around $5.6 million. These rate updates are intended to maintain member access to all services," the hearing notice states. "Complex care and transportation rates are maintained at neutral levels to preserve current support for programs serving individuals with higher needs and to ensure continued access through stable transportation services." (Friday, 1 p.m. | More Info and Access)
Books by DignityMA Participants  About the Author: **Alex Green** teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, A Perfect Turmoil is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time. In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures. **Buy the book here**
Books by DignityMA Participants  About the Author: **Margaret Morganroth Gullette** is a cultural critic and anti-ageism pioneer whose prize-winning	***American Eldercide: How It Happened, How to Prevent It*** By Margaret Morganroth Gullette **A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.** Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up. Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how

work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.	governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide. Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone. **Buy the book here.**
Bringing People Home: The Marsters Settlement **Update from the January 2025 newsletter**	**Understanding MassHealth's Behavioral Health Community Partners Program** The BH CP program was created in 2018 as part of MassHealth's redesign of its managed care system that created new Accountable Care Organizations (ACOs), in addition to the existing Managed Care Organizations (MCOs). ACOs are required to provide comprehensive health, behavioral health, and related services to all members. The program was originally targeted to persons with behavioral health conditions in the community, and designed to help connect them to long-term services and supports (LTSS). Read more about what Community Partners means to providers. BH CPs perform comprehensive care coordination and care management, including: • Outreach and engagement • Comprehensive assessment and ongoing person-centered treatment planning • Care coordination and care management across services including medical, behavioral health, long-term • services and supports, and other state agency services • Support for transitions of care • Medication reconciliation support • Health and wellness coaching • Connection to social services and community resources Significantly, MassHealth (along with ACOs and MCOs) determine who should be assigned a BH CP, although anyone can request one. Read more about member assignment. **The BH CP Program for Nursing Facility Residents** In response to our demand letter to EOHHS, the BH CP program was expanded in 2022 to include people in nursing facilities who had been determined to have a Serious Mental Illness (SMI) by the Commonwealth's Pre-admission, Screening, and Resident Review (PASRR) screening and evaluation staff at UMass. The expansion was designed to provide care coordination and access to a limited array of behavioral health services to PASRR-eligible residents of nursing facilities. Significantly, although BH CPs are available to serve any person in the community with any level of a behavioral health condition or substance use disorder (SUD), only the small subset of people with SMI in nursing facilities who meet federal

	PASRR definition are eligible for BH CP. Given the restrictive nature of this definition, and particularly the "recent treatment requirement" (subpart section iii.B), significantly less than 25% of all people with a behavioral health condition or SUD in nursing facilities. As part of its review of PASRR evaluations, DMH determines which nursing facility residents should be referred to BH CP. The assigned regional provider then conducts outreach to the individual, undertakes a comprehensive assessment, assembles a care planning team that should include representatives from the nursing facility, prepares a person-centered care plan that should be coordinated with the nursing facility care plan, refers the individual to all needed services, and then monitors implementation of the care plan. Some behavioral health services are supposed to be provided by and through the nursing facility, while community health care professionals provide others. We have concerns about many nursing facilities' capacity to provide direct behavioral health treatment and the availability of community providers to assist people in nursing facilities. During the last quarter for which data has been shared with CPR (April-June 2024), there were 1,720 people identified through the PASRR process as having SMI under the federal PASRR definition. Of these, only 603 individuals were referred to the BH CP program. And of those that were referred, only 238 duplicated individuals received any behavioral health services. Only 6 people received a specialized service from DMH. Although the BH CP can refer people with SMI for community-based specialized services, like Clubhouses, it does not appear that any did. It appears that few ILCs, ASAPs, or Community Liaison Transition Program staff are aware of the BH CP, know who is or could be served by the program, or coordinate with BH CPs on transition issues. It also appears that BH CPs are not regularly involved in transition planning or activities for people with SMI interested in leaving the nursing facility. Thus, there is a significant question whether the program is meeting its contract obligations, whether assessments are comprehensive and professionally appropriate, whether the care planning teams and care plans are functioning as required, whether the program is providing and monitors needed behavioral health and specialized services, and whether it is facilitating transitions to the community for its participants. Even without reviewing any individualized records or documentation, the data strongly suggests the program is falling far short of its mandate.
Support Dignity Alliance Massachusetts **Please Donate!**	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.

	As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. **Consider a donation in memory or honor of someone.** **The names of those recognized will be included in The Dignity Digest and posted on the website.** **https://dignityalliancema.org/donate/** Thank you for your consideration!	
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.	
Websites		
Blogs 	***(Un)Hidden: Disability Histories and Our World*** By Alex Green *Uncovering hidden disability history and its place in our lives*. Alex Green is a DignityMA participant. He teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy.	
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in *The Dignity Digest.*	
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	**Nursing home**	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program

MassHealth Eligibility Information	**MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care** **Table of Contents** (Last updated: December 16, 2024) **Massachusetts Medicaid Long-Term Care Definition** **Income & Asset Limits for Eligibility** **Income Definition & Exceptions** **Asset Definition & Exceptions** **Home Exemption Rules** **Medical / Functional Need Requirements** **Qualifying When Over the Limits** **Specific Massachusetts Medicaid Programs** **How to Apply for Massachusetts Medicaid**
Money Follows the Person	**MassHealth** *Money Follows the Person* The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version
Determination of Need (Pending proposals)	**Massachusetts Department of Public Health** ***Lasell Village, Inc. – Conservation Long Term Care Project*** **Application Documents** • Application (PDF) | (DOCX) • Capital Costs (XLSX) • Affiliated Parties (PDF) | (DOCX) • Change in Service (PDF) | (DOCX) • CPA Report (PDF) | (DOCX) • Attachments (PDF) | (DOCX)
Nursing Home Closures (pending)	**Massachusetts Department of Public Health** *Phillips Manor Nursing Home* *Closure date: February 25, 2025* • Notice of Intent to Close (PDF) | (DOCX) • Draft of Closure and Relocation Plan (PDF) | (DOCX) Notice of Intent to Close (PDF) | (DOCX) "We would additionally request a one-year temporary deactivation of our license as we are in the architectural phase of evaluating the building." Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.
Nursing Home Closures	**Massachusetts Department of Public Health** *Highview of Northampton* *Closure date: December 6, 2024* *Marion Manor, South Boston* *Closure date: September 11, 2024* *Bridgewater Nursing & Rehab, Bridgewater*

	Closure date: May 24, 2024 *Savoy Nursing and Rehabilitation Center,* New Bedford Closure date: April 3, 2024 *New England Sinai Hospital Transitional Care Unit* Closure date: April 2, 2024 *South Dennis Health Care*, Dennis Closure date: January 30, 2024 *Arnold House Nursing Home*, Stoneham Closure date: September 22, 2023 *Willimansett East,* Chicopee Closure date: June 6, 2023 *Willimansett West,* Chicopee Closure date: June 6, 2023 Chapin Center Springfield Closure date: June 6, 2023 *Governors Center*, Westfield Closure date: June 6, 2023 *Emerson Rehabilitation and Transitional Care Unit* Closure date: May 17, 2023 *Stonehedge Rehabilitation and Skilled Care Center*, West Roxbury Closure date: February 10, 2022 *Heathwood Healthcare*, Newton Closure date: January 5, 2022 *Mt. Ida Rest Home*, Newton Closure date: December 31, 2021 *Wingate at Chestnut Hill,* Newton, MA Closure date: October 1, 2021 *Halcyon House*, Methuen Closure date: July 16, 2021 *Agawam HealthCare*, Agawam Closure date: July 27, 2021 *Wareham HealthCare*, Wareham Closure date: July 28, 2021 *Town & Country Health Care Center*, Lowell Closure date: July 31, 2021
Nursing homes with admission freezes	**Massachusetts Department of Public Health** *Phillips Manor Nursing Home*
Massachusetts Department of Public Health Determination of Need Projects	**Massachusetts Department of Public Health** ***Determination of Need Projects: Long Term Care*** **2023** **Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure** **Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project** **2022** **Ascentria Care Alliance – Laurel Ridge** **Ascentria Care Alliance – Lutheran Housing** **Ascentria Care Alliance – Quaboag** **Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation**

	Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure **Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation** **Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation** **Next Step Healthcare LLC-Conservation Long Term Care Project** **Royal Falmouth – Conservation Long Term Care** **Royal Norwell – Long Term Care Conservation** **Wellman Healthcare Group, Inc** **2020** **Advocate Healthcare, LLC Amendment** **Campion Health & Wellness, Inc. – LTC - Substantial Change in Service** **Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure** **Notre Dame Health Care Center, Inc. – LTC Conservation** **2020** **Advocate Healthcare of East Boston, LLC.** **Belmont Manor Nursing Home, Inc.**
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* *https://www.cms.gov/files/document/sff-posting-candidate-list-november-2024.pdf* **Updated December 4, 2024** CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)
Newly added to the listing

- Somerset Ridge Center, Somerset
  https://somersetridgerehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225747
- Tremont Healthcare Center, Wareham
  https://thetremontrehabcare.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225488/

Massachusetts facilities which have graduated from the program

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
  https://tinyurl.com/MarlboroughHills
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225063

Massachusetts facilities that are candidates for listing (months on list)

- AdviniaCare Newburyport (10)
  https://www.adviniacare.com/adviniacare-country-center/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225332
- Charwell House Health and Rehabilitation, Norwood (34)
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Fall River Healthcare (16)
  https://www.nextstephc.com/fallriver
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225723/
- Norwood Healthcare (5)
  https://www.nextstephc.com/norwood
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225597
- Plymouth Harborside Healthcare (5)
  https://www.nextstephc.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225284
- Plymouth Rehabilitation & Health Care Center (29)
  https://plymouthrehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225207
- RegalCare at Glen Ridge (20)
  https://www.genesishcc.com/glenridge
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225523
- Royal Norwell Nursing & Rehabilitation Center (11)
  https://norwell.royalhealthgroup.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225482/

Massachusetts Facilities that have graduated from the program

- Marlborough Hills Rehabilitation & Health Care Center, Marlborough
  https://marlboroughhillsrehab.com/
  Nursing home inspect information:

	https://projects.propublica.org/nursing-homes/homes/h-225063/ • Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ **No longer operating** • South Dennis Healthcare, South Dennis https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** **Data updated April 24, 2024** This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) Deficiency Tag | # Deficiencies in # Facilities | MA facilities cited B | 284 | 198 | Tag B C | 108 | 85 | Tag C D | 7,496 | 1,469 | Tag D E | 1,965 | 788 | Tag E F | 656 | 317 | Tag F G | 568 | 384 | Tag G H | 44 | 33 | Tag H I | 3 | 2 | Tag I J | 57 | 27 | Tag J K | 8 | 5 | Tag K L | 5 | 2 | Tag L **Updated April 24, 2024**
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes: • **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • **Weekend staff**: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred

	methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.
DignityMA Call Action	• The MA Senate released a report in response to COVID-19. **Download the DignityMA Response to Reimagining the Future of MA**. • **Advocate** for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals **–** **State Legislative Endorsements**. • **Support** relevant bills in Washington **–** **Federal Legislative Endorsements**. • **Join** our **Work Groups**. • **Learn** to use and leverage social media at our workshops: **Engaging Everyone: Creating Accessible, Powerful Social Media Content**
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org

Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Workgroup	Workgroup lead	Email
General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
Assisted Living	John Ford	jford@njc-ma.org
Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org
Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
Legislative	Richard Moore	rmoore8743@charter.net
Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group lead for more information.

Interest Group	Group lead	Email
Housing	Bill Henning	bhenning@bostoncil.org
Veteran Services	James Lomastro	jimlomastro@comcast.net
Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
Incarcerated Persons	TBD	info@DignityAllianceMA.org

***Bringing People Home*: Implementing the *Marsters* class action settlement**	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/
REV UP Massachusetts	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page.
The Dignity Digest	For a free weekly subscription to *The Dignity Digest:* https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke
Note of thanks	Thanks to the contributors to this issue of *The Dignity Digest:* • Wynn Gerhard • Bill Henning • Chris Hoeh • Jim Lomastro • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.* *If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.*

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and *The Dignity Digest are available at:*
https://dignityalliancema.org/dignity-digest/
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.