



IN SUPPORT OF CERTAIN MATTERS UNDER CONSIDERATION BY THE JOINT LEGISLATIVE COMMITTEE ON ELDER AFFAIRS

June 24, 2025

Dignity Alliance Massachusetts appreciates the opportunity to provide testimony relative to several matters before the Committee on Elder Affairs and, in some cases, to suggest amendments.

S.466, An Act protecting vulnerable elders from abuse - SUPPORT

Abuse among our elderly is a common occurrence. Abuse can take many forms – ranging from neglect to physical assault. Elders that may be most susceptible to abuse include those with dementia or disabilities. No matter what form it takes, nursing home abuse is illegal in Massachusetts and needs to be stopped. In a survey conducted by The National Center on Elder Abuse, it was reported that elders who experience abuse had a 300% higher risk of death than those who had not been abused.

Incidents of abuse are rarely reported to the proper authorities. Older adults may be reluctant to complain for fear of retaliation or embarrassment, and family and friends of the victim might be unaware of the common warning signs. The process could benefit from improvements provided in S.466

More than 10,000 cases of suspected elder abuse are filed in Massachusetts each year. This is likely to be an underestimation, as only 1 in 24 cases of elder abuse are reported, in part because older people are often afraid to report cases of abuse to family, friends or the authorities.

The number of cases of elder abuse is projected to increase. Many states, including Massachusetts, have rapidly aging populations whose needs may not be fully met due to resource constraints. It is

predicted that by 2050, the population of people 60 years of age and older will be more than double what it is today.

Dignity Alliance supports this legislation in that it appears to strengthen the current statute concerning elder abuse by providing “whistle-blower” protections for those filing complaints of abuse, clarifies the definition with respect to abuse of incarcerated older adults, improves the role of protective services of older adults who may have experienced abuse, and details the handling of investigations and reports conducted of elder abuse.

S.467, An Act ensuring senior care organization quality and accountability - OPPOSE

Senior Care Options (SCO) is a comprehensive health plan that covers all of the services normally paid for through Medicare and MassHealth. This plan provides services to members through a senior care organization and its network of providers. It combines health services with social support services by coordinating care and specialized geriatric support services, along with respite care for families and caregivers. SCO offers an important advantage for eligible members over traditional fee-for-service care. There are no copays for enrolled members.

Enrollment in the Senior Care Options (SCO) program is available to Massachusetts residents aged 65 and older who are eligible for MassHealth Standard. While nursing home care is covered under the SCO program, it is important to note that there are specific eligibility criteria that must be met. These criteria include having a primary care provider within the SCO organization and receiving benefits via a single Medicaid plan provided by a managed care organization. The income limit for a single applicant is \$1,304.17 per month, and for married couples, the limit is \$1,762.50 per month. Additionally, applicants must live in a geographic region that offers SCO, excluding Dukes and Nantucket Counties.

The primary purpose of the SCO program is to keep older adults who meet the criteria for admission to a nursing home, in their own homes. Dignity Alliance has several concerns with regard to S.467.

* If a SCO plan were required to reimburse a nursing home serving as the residence of a SCO member, shouldn't that be offset by a reduction in MassHealth reimbursements to the nursing facility? Otherwise, reimbursement by MassHealth and SCO for the same resident would seem to be “double-dipping.”

* If the SCO plan provided for meals for the resident (potentially better quality and more nutritious than in a nursing home), why should the nursing home be reimbursed for meals that they aren't providing?

* Given the complexity of MassHealth funding, and the potential for cutbacks in federal funding for Medicaid, Dignity Alliance believes the proposal encompassed in S.467 needs careful financial analysis and study. **Dignity Alliance opposes this legislation** in its current form.

S.476, An Act establishing a special commission on a statewide-long-term services and supports benefit program - SUPPORT

Dignity /Alliance applauds the proposal to look at the Commonwealth's administration of long-term services and supports,

With demand for such services outpacing budget increases, the state needs to be open and transparent about the fact that services to individuals are being cut to try to control the budget. The proposed commission needs to address enrollment caps and other directives as the Administration seeks to tighten eligibility and rein in costs for the Enhanced Community Options Program (ECOP), which serves frail individuals who clinically qualify for nursing homes but are able to receive intensive at-home care. T

The commission also needs to investigate the impact of rate cuts to all Adult Day Health programs, which will result in the highest-quality, local nonprofit programs shuttering their doors. Adult Day Health is another program that helps older adults remain in their homes rather than ending up in a more expensive nursing home. Older adults served by such programs free up family caregivers for respite or employment,

Massachusetts is currently imposing a cap on the number of available Enhanced Community Options Program (ECOP) slots in an effort to "manage intake." This policy needs more study to determine if failure to provide home care could lead to more costly nursing home placement placing an even greater strain on the MassHealth budget.

ECOP functions as a "middle-income" home care program for older adults who do not qualify for MassHealth but struggle to afford private care on their own. Home care workers help participants with a wide range of services, including medication assistance, help showering and cleaning, Alzheimer's and dementia care, and cooking or home delivered meals. Without the care, providers say, these individuals are reliant on help from family members or neighbors, or need to be placed in more expensive nursing homes.

The new enrollment caps from the Executive Office of Aging & Independence (AGE), which outline monthly reductions for providers to reach through the end of the fiscal year, have spawned waitlists for ECOP. Waiting lists need to be transparent to show the public that there is an unmet need.

It is also important for the Commission to understand and make recommendations about the impact of federal policy choices on home care. Medicaid budget cuts will have a serious impact on such services. Immigration enforcement is also impacting the home care workforce,

While home and community-based services (HCBS) are not specifically being targeted in any proposed federal cuts to Medicaid, roughly two-thirds of funding for them come from the low-income healthcare program, meaning the home care workforce and the nation's most

vulnerable populations they serve would be negatively affected, panelists said March 1 at NACo's Health Policy Steering Committee meeting.

The rapidly aging population in the United States has increased demand for home and community-based services, resulting in a long-term care service and supports financing crisis, said Lisa Harootunian, director of health for the Bipartisan Policy Center. More than 4 million people rely on Medicaid-funded home and community-based services — including those with intellectual and developmental disabilities, older adults and people with complex medical needs. A “crucial” element of accessing those services is having a strong and robust direct-care workforce, she said.

The HCBS workforce is expected to grow more than any single occupation in the coming decade, creating more than an estimated 700,000 new jobs, but turnover is upwards of 80%, largely due to the challenging nature of the work and a retirement wave, with its workforce skewing older, said Stephen McCall, the director of research for PHI. Cuts to Medicaid would only exacerbate the workforce shortage, he noted.

Immigration enforcement policies have a significant impact on the home care workforce in the United States. The implementation of Secure Communities has led to a 7.5% reduction in the overall size of the home care workforce, with 70% of this effect attributed to a decrease in the number of immigrant workers. This reduction has resulted in older adults needing assistance being 2.9 percentage points less likely to receive any help at home, a 5% relative reduction. The effects are particularly concentrated among older adults with Medicaid coverage, who are 10.5% less likely to receive any help at home. These findings highlight the critical role immigrants play in providing essential home care services and the potential negative externalities of immigration enforcement on the availability of these workers.

Dignity Alliance supports the establishment of the Commission. However, we recommend increasing the number of consumer representatives by including representatives from the Personal Care Attendant Workforce Council, Centers for Independent Living, and Dignity Alliance

S.490, An Act relative to family visitation with a vulnerable adult – SUPPORT WITH RESERVATIONS

Family separation for older adults, according to the National Institutes of Health, can lead to significant emotional and health challenges. The loss of close family members can intensify feelings of loneliness and anxiety, which are often exacerbated by the physical limitations and health issues that come with aging.

Older adults may struggle to maintain social connections due to mobility issues, cognitive decline, and the smaller size of their social support network. This can result in a higher risk of loneliness and social isolation, which are associated with increased mortality rates.

To combat these challenges, it is essential to provide tailored mental health resources, such as therapy and counseling, and to engage in community activities and foster social connections. These

strategies can help older adults navigate the emotional and practical complexities of family separation and improve their overall well-being.to advance this important legislation.

Visitation, according to federal regulations, must be permitted at all times and state that visitation is critical for residents, acknowledging that past limits on visitation led to physical and psychosocial decline.

Key provisions include:

: • While visitation should still occur, states may instruct facilities to take additional measures to make visitations safer, including wearing well-fitting masks, such as surgical or KN95s. States should work directly with CMS on measures they are considering.

- When outbreaks occur, facilities should continue consulting with state and local health departments to determine when modifications to visitation policies are appropriate. All discussions with the health department should be documented as should all measures facilities have taken to attempt to control the spread of COVID-19.

- Facilities should continue permitting visitation as cases spike due to the Omicron variant. The guidance emphasizes residents' federal right to make choices about their lives in a facility and their right to visitation (42 CFR 483.10(f)(2) and (4)) and states that visitation must still be permitted despite rising cases.

The federal and state regulations apply to licensed facilities such as hospitals, nursing home, hospice. However, many older adults receive care at home from family caregivers. Caregivers' homes are private property and pushing a homeowner to open their doors to others may lead to unpleasant results. Nevertheless, our concern is primarily with the frail older adults who benefit from contact with family and friends.

S.490 represents an attempt to provide some guidance to these caregivers relative to visitors and other family members. **Dignity Alliance supports the bill with reservations,** although we suggest that enforcement will be difficult, relying primarily on a complaint being filed. The process suggested in the bill seems overly litigious. We question whether lower income family members or friends will take the time to go to court or whether the courts will welcome such cases.

If you have any questions, please contact me at dickmoore1943@gmail.com or (617) 413 – 7734. Thank you for the opportunity to share our position relative to S.154/H.253.

Submitted by Richard T. Moore, Chair, Legislative Work Group, Dignity Alliance Massachusetts.

Dignity Alliance Massachusetts is dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing new ways of providing long-term services, support, living options, and care, while respecting choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. As a non-profit, all-volunteer, grass-roots coalition of aging and disability service and advocacy organizations and supporters, Dignity Alliance Massachusetts works to secure fundamental change. For more information on the “Dignity Dozen

+1” 2025-2026 Legislative package, contact Former Senator Richard T. Moore, Legislative Chair, at rmoores8743@charter.net or visit the Dignity Alliance web site. info@dignityAllianceMA.org