

# Senior Action Leader



## A VOICE FOR SENIORS AND THEIR FAMILIES

Published by the Massachusetts Senior Action Council

[www.MassSeniorAction.org](http://www.MassSeniorAction.org)

Summer 2023

### Equity for Senior Healthcare Eligibility, Rules should be the same for over age 65 as under 65!

June 13, 2023, Mass Senior Action Council members flooded the Gardner Auditorium at the Massachusetts State House to call for healthcare equity for Massachusetts seniors.

Two panels of dedicated MSAC activist testified demanding change to state regulations that block coverage for low and middle-income people 65 and older while members from across the state stood in support and applause behind them.

Antiquated income and asset limits penalize people once they turn 65 years old. Seniors are the only demographic with asset limits and have a much lower income threshold than people under 65.

Medicaid, also known as MassHealth provides health care coverage for 74 million people, including over 7.8 million older adults and people with disabilities who rely on Medicaid for critical benefits like home- and community-based services (HCBS). Over its 56-year history, Medicaid has undergone significant change and growth. Most notably, the enactment of the Massachusetts Healthcare Reform which expanded Medicaid coverage to millions of low-income adults under age 65 and implemented eligibility criteria and program rules that have lifted people out of poverty and helped to address racial disparities. The Reform, however, did

not change eligibility or program rules for MassHealth eligibility for people 65 and older.

Massachusetts continues to use outdated and overly stringent eligibility criteria that force older adults and people with disabilities relying on the program to live in deep poverty in order to gain access to care. The asset limit for MassHealth has not

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President Kathy Paul, Vice Presidents Mary Napolitano, and Rosa Bentley testify at the Healthcare Fiance Committee Hearing.

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**Social Media:**

Twitter: @SeniorActionMA

Facebook: www.facebook.com/MassSeniorAction

**Chapter Meeting Information:**

**BOSTON CHAPTER**

**When:** 2nd Thursday of the month at 1:00 pm

**Location:** Virtual or Charles St. AME Church  
551 Warren Street, Dorchester

**CAMBRIDGE/ SOMERVILLE CHAPTER**

**When:** 3rd Friday of the month at 10:00 am

**Location:** Virtual or Cambridge Senior Center  
806 Mass Avenue, Cambridge

**NORTH SHORE CHAPTER**

**When:** 3rd Wednesday of the month at 11:00 am

**Location:** 10 Church Street, Lynn

**METRO NORTH CHAPTER**

**When:** 4th Wednesday of the month at 1:30 pm

**Location:** Malden Senior Community Center  
7 Washington Street, Malden

**GREATER SPRINGFIELD CHAPTER**

**When:** 4th Wednesday of the month at 1:00 pm

**Location:** Virtual

**CONTRIBUTORS:**

- Kathy Paul - MSAC President
- Carolyn Villers - MSAC Executive Director
- Pam Edwards - MSAC Organizing Director
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**STATE EXECUTIVE COMMITTEE**

- Kathy Paul, President
- Rosa Bentley, 1st Vice President
- Mary Napolitano, 2nd Vice President
- Martha London, Treasurer
- Bernice Ezell, Secretary
- Joanne Paul, Membership Coordinator
- Edna Pruce, Ex officio

**At Large or Outside Chapter Areas**

**When:** 4th Wednesday of the month at 1:00 pm

**Virtual Meetings on Zoom**

**Call MSAC for meeting info: 617-284-1275  
or info@MAsenioraction.org,**

**MEMBERSHIP APPLICATION FORM**

*Enclosed are membership dues for:*

- \$10 1-year individual
- \$15 1-year couple
- \$50 individual lifetime
- \$75 couple lifetime

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Yes, I would like all notices sent by email, instead of postal mail, including this quarterly newsletter.**

*Make checks payable to: MSAC*

**Mail to: Mass Senior Action, 108 Myrtle Street, Suite 112, Quincy, MA 02171**

# MESSAGE FROM THE PRESIDENT **Kathy Paul**

Hello all you beautiful activists:

The days are heating up and so is MSAC's action! I love standing for justice next to all of you in our famous blue shirts.

For those who have not been to a MSAC event you do not know what you are missing. Standing side by side to raise the senior voice and make our communities better is the best feeling in the world.

More importantly we need you to join us and make our voices louder to tackle the inequities seniors are facing.

Since January MSAC has been meeting with MassHealth in an attempt to improve the healthcare application process.

What we have found is that if you do qualify for benefits, you will be jumping through hoops before you actually receive the benefits you

qualify for.

This does not have to happen. One approach, the smart approach, would be to pass a single payer like Medicare for all for everyone. From birth to death, you are covered no matter your income or address. This works in so many other countries but here we have applications and roadblocks.

While we fight for Medicare For All, we are trying to simplify the current system. MSAC is pushing MassHealth to collect the information from one single application, input that information, and then very clearly tell the applicant what they qualify for and which program they will be covered by. Sounds simple, right?

The problem is the people deciding how the application process works, they are not listening to the seniors who are trying to fill out the



application.

That is where MSAC comes in. We collected the stories from people trying to navigate the healthcare maze. We have been successful in changing some of the regulations but we still have a ways to go.

I ask you to read this newsletter and then add your voice. Join MSAC and let's tear down the obstacles to affordable healthcare, safe housing, transportation, and racial justice.

## Join in the Action!

**We want to hear from you!**

**Become a supporter by donating monthly or 1 time.**  
[www.MassSeniorAction.org](http://www.MassSeniorAction.org) or [info@MAsenioraction.org](mailto:info@MAsenioraction.org)

**Monthly local meetings in person and on zoom listed on page 2.**



**MISSION:** As a democratic, grassroots, senior-run organization, Massachusetts Senior Action is committed to empowering seniors and others to act collectively to promote the rights and well-being of all people, but particularly vulnerable seniors.



## Personal Care Attendants Key to Independent Living. Pay and Hours biggest obstacle to retaining and recruiting workforce.

At the end of April, Tara Lynn Southard arrived at the Mattapan branch of the Boston Public Library on a mission. She had a stack of flyers in her hands. “Part-time PCA needed” they read, with a list of requirements: must wear a mask; be respectful of service dogs; able to work up to 20 hours, mostly at night; vehicle not required.

Southard, who uses a wheelchair and lives on her own on the Jamaica Plain-Roxbury border, had been without a personal care attendant for a month, after her last PCA quit after just two weeks.

PCAs help her with daily activities like transferring out of bed and into the shower, dressing, cooking and laundry. The worker shortage had gotten so bad that she decided to literally take the matter into her own hands, bringing those flyers to an event hosted by the union 1199SEIU, which represents PCAs and other healthcare workers.

Two months later, she still doesn't have a PCA.

Southard is just one of thousands of people with disabilities across the



**Community members march to the state house to demand dignity for personal care attendants.**

state who are struggling to find and keep personal care attendants, who help disabled people live their own independent, dignified lives out of institutions. More than 40,000 people with disabilities who are low-income rely on the MassHealth program, but advocates say subpar wages have led to a critical shortage of PCAs in recent years, leaving many vulnerable people without care they need.

The lack of PCAs is just one part of a wider shortage across the direct care industry and for services that support people with disabilities

that emerged during the pandemic, as workers left for higher-paying jobs in other fields.

For some people, the PCA shortage is not just an inconvenience — it's a matter of life and death. Charlie Carr, legislative liaison at the Disability Policy Consortium, is mourning his friend Laura Rauscher, a longtime disability advocate who worked at Smith College.

Rauscher developed massive sores on her hips because she didn't have PCAs to help her at home. She had surgery in a hospital and went to a skilled nursing facility to recover, but never left.

“She couldn't get out because she couldn't get PCAs, and she died there, after months of waiting to get PCAs,” Carr said. “So it's not a shortage. ... It's a crisis.”

**If we care so much about the seniors in our country, why do we pay their caregivers so little?**



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The PCA program was born out of the independent living movement that began in California in the 1970s and spread to many other states. Massachusetts' program formed in 1974.

Carr was there at the beginning. He was 21 at the time, one of 15 people living in an institution in Waltham. After the Boston Center for Independent Living was formed to facilitate the new PCA program, he moved to an apartment complex in Medford. He has lived outside of institutions ever since, thanks to the "liberating" program.

The PCA program has shifted in recent years to give the disabled individual, known as the "consumer," more control. PCAs are paid by the state through a contract agency, but it is the consumer's responsibility to hire, train and fire their own personal care attendants.

Dennis Heaphy, lead researcher at the Disability Policy Consortium, lives in Back Bay and has used PCAs since the mid-1980s. Heaphy said the program allows him to live a meaningful life with opportunities he might not otherwise have.

But he has dealt with gaps in his coverage more and more frequently in recent months. Without PCAs, his quality of life suffers. "I've gone without dinners. I've had to stay in bed," he said.

One problem, he said, is the low wages for PCAs that aren't adjusted for people who have more complex needs. When he advertises on

Craigslist, it's not uncommon to get very few responses.

"People who came and wanted to interview, and they look at me — I'm a quadriplegic — and the amount of work they'll have to do when they can get paid the same amount of money working with someone with half my needs get, [or get] paid the same or more money working in a store," he said.

**Advocacy for higher wages**

The PCA workforce is made up largely of women of color, many of whom are immigrants. They make \$18 an hour. The union that represents them, 1199SEIU, is currently in contract negotiations and is asking the state to increase pay to \$25.

Disability advocates are calling on Gov. Maura Healey to agree to that pay hike and give PCAs better benefits to attract more people to the job. While she was campaigning for governor, Healey said addressing the PCA shortage was a top priority of hers. She has also proposed building a worker pipeline through more job training and certifications.

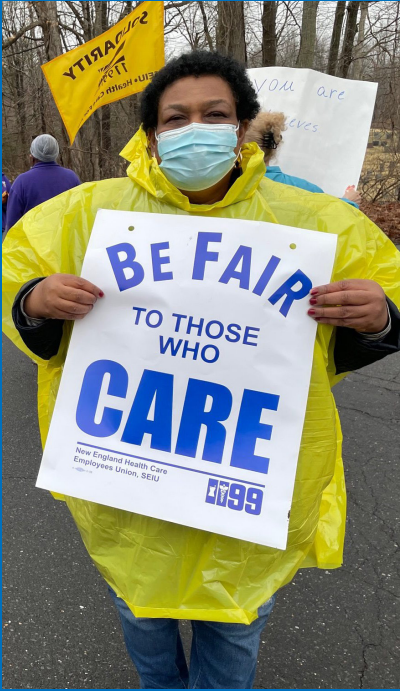
A spokesperson for Gov. Healey told GBH News that the governor has "deep appreciation" for the work PCAs do. "Our administration is committed to ensuring they are supported and currently negotiating a new contract with PCAs," the spokesperson said.

Not all consumers and PCAs agree with some of the other proposed changes to the program. Heaphy and Carr say some of the proposals, like the training requirements, have caused tension between the

union and consumers; they say some of those measures would just serve to increase barriers to joining an already too small pool of workers.

"This is really an equity issue," Heaphy said. "The state should be reducing barriers to people getting employment, rather than creating barriers." *By Meghan Smith. May 30, 2023*

**Tell your State Legislators, "Massachusetts needs to invest in community based care workers. Including better pay, free education, and a voice at work."**



The image shows a woman standing outdoors in a yellow raincoat and a light blue face mask. She is holding a white sign with blue text that reads "BE FAIR TO THOSE WHO CARE" and the 1199SEIU logo. In the background, there are trees and other people, including one holding a yellow sign with the word "WAGE" visible.



## Long-Term Care Payroll Tax Study Passes Senate: One step closer to addressing long term care funding.

Mass Senior Action Council was called upon to help pass legislation to fund a study to address the cost of long term care and to create a new funding source for the state's home and community based care.

One of the biggest challenges facing older adults and their families is the ability to pay for long term services and supports (LTSS) when needed. Of those turning 65 today, 70% will need some help with Activities of Daily Living (bathing, eating, dressing, etc) while just over 50% will have more significant LTSS needs at some point in their lives. At the same time, the cost of LTSS is prohibitive for most, and is especially problematic for the growing "middle income," those who do not qualify for Medicaid, but are unable to pay for needed care privately. Only 8 percent of Massachusetts residents age 55+ have private long term care insurance. Many individuals end up impoverishing themselves by "spending down" their resources to become eligible for MassHealth coverage. Our current system puts

a tremendous strain on families who must shoulder the burden of care, often requiring a family caregiver to leave the workforce in order to meet the care needs of a family member.

Not only does the lack of affordable coverage for LTSS negatively impact individuals and families, but the reliance on MassHealth to pay for needed long term care also takes an enormous toll on the state budget. The rapid growth in Medicaid expenditures, a growing share of which is allocated to LTSS, threatens to crowd out other policy priorities.

Several states including Washington, Michigan and California have already begun to take steps to develop state-solutions to financing long-term services and supports. These solutions are based on social insurance principles that assure wide coverage at affordable premiums. Massachusetts has long been a leader in expanding coverage to health insurance, which became a model for the Affordable Care Act. The state is therefore in a natural position to lead on the development of a state-based solution to paying for LTSS and helping middle income elders live out their years in their own home without the threat of financial ruin.

The study will take an important step in the process of evaluating solutions by appropriating funding for an actuarial study. An



**Photo: MSAC President Kathy Paul testified at the state house in support of funding the study to improve funding for home care services.**

actuarial study will use state demographic data to model and predict the costs of different state-based social insurance solutions similar to paying into social security or medicare as well as strategies designed to encourage the growth and affordability of private long-term care insurance options. This step is necessary in obtaining critical data needed to move forward any state-based solution.

Mass Senior Action Council believes that social programs like Medicare and Social Security work better when everyone pays in. We will still fight for a Medicare For All system which covers all health care needs including long term care.

Now that the Senate voted to go ahead with the study, we will now be advocating during the conference committee process. Tell your state legislators, long term care solutions should be a priority.



## Medical Aid in Dying legislation gains support in The House

Top House and Senate Democrats have not publicly mentioned legalizing medical aid in dying as a priority, but one legislative sponsor believes the chances of action are better than ever now that Gov. Maura Healey is in the corner office.

Rep. Jim O'Day said the long-debated, controversial measure previously rejected by voters did not advance in prior sessions in large part because its backers "didn't know what Governor [Charlie] Baker would do should this bill reach his desk."

O'Day said. "I think those numbers are changing this session. From all outward appearances, our current governor, I believe, with the safeguards with our current iteration of the bill, would support this bill."

Voters narrowly rejected a ballot question in 2012 that would have authorized licensed physicians to provide prescription medicine that would end the life of a willing, mentally capable adult diagnosed with a terminal illness likely to cause their death within six months.

Since then, supporters have been unable to secure momentum among the legislative leaders, even as other states continue to allow or even expand the practice.

Gov. Phil Scott of neighboring Vermont on Tuesday signed a bill that allows residents from other states to travel there and make use of its aid in dying law, bringing an end to a Vermont residency requirement.

The End of Life Options MA Coalition argues that public support is firmly behind the proposal, publishing results from a Beacon Research poll that found nearly three-quarters of voters support legalizing medical aid in dying.

Chris Anderson, president of Beacon Research, said "We're seeing very high, stable support for this. It's notably higher than it was a decade ago when this question made it onto the ballot,

The topic has long been a controversial one, generating hours of intense testimony at committee hearings. Opponents argue that legalizing the practice of medical aid in dying

### The Safeguards included in "An Act Relative to End-of-Life Options":

#### Mandatory Mental Health Evaluation:



A terminally ill person must be counseled by licensed mental health professional to confirm they are capable of making an informed decision, and understand the full impact of the decision.

#### Multiple Opportunities to Change Your Mind:



Counselors must communicate all other treatment and end of life options available to the terminally ill person, provide resources to access these options, and confirm that the terminally ill person is aware they can stop the process at anytime.

#### Eligibility Requirements:

\*Capable of making an informed decision, \*be acting voluntarily, \*be terminally ill  
\*have prognosis of 6 months or less to live, \*be able to self-ingest the medication

could expose patients with disabilities or terminal illness to new risks and would violate medical ethics.

Neither House Speaker Ron Mariano nor Senate President Karen Spilka has named action on the topic a priority for the 2023-2024 session.

A Healey spokesperson said, "the Governor supports legislative action to allow medical aid in dying, provided it includes sufficient safeguards for both patients and providers,"

JoAnn Vizziello, who was diagnosed with an incurable blood cancer in 2016, told reporters Wednesday that she wants Massachusetts to implement a medical aid in dying law so she can have "the comfort of knowing that I can have a peaceful death" if her illness progresses. "Opponents often raise concerns about the possibility of coercion, but we don't need to speculate about this. There's more than 25 years worth of data from multiple jurisdictions who have already passed bills similar to our medical aid in dying bill," Vizziello said. "That data shows that there has not been a single substantiated case of abuse or coercion, nor have there been any civil or criminal charges filed related to this practice -- not one."

*MSAC's state board has not taken a position on the bill. This is for informational purposes only. For more information contact "The End of Life Options MA".*

## Massachusetts is failing seniors and disabled. Lawsuit aims to force the state to comply with the ADA.

After being hospitalized from several medical challenges, John Simmons arrived at a nursing home in Everett for what he expected to be a short stay. Three years later, he's still there. Simmons, who uses a wheelchair and relies on portable oxygen to help him breathe, could live on his own. But like many people with disabilities in Massachusetts, he's stuck in a nursing home because he can't find an affordable place where he can live.

"I'm able to groom myself without help. I can cook. I can clean. I might not do it all fast and everything as some people can, but I can do it," Simmons said. "It's just me getting a roof over my head, to be able to utilize those services," Simmons said. "Where would I go? To a shelter? A shelter doesn't have the accommodations for me — I'm on oxygen, they don't have those accommodations there."

Simmons, 74, is a plaintiff along with Mass Senior Action Council, in a federal class action lawsuit filed in October in Boston that contends the state of



Massachusetts is allowing thousands of people with disabilities to languish and often deteriorate in nursing facilities, even though they could be living independently. The lawsuit seeks to compel the state to expand existing programs and set up new ones to help people with disabilities transition out of nursing homes.

"It's considered a violation of the Americans with Disabilities Act (ADA) to unnecessarily keep people with disabilities warehoused in institutional settings when people could safely live in a more integrated setting in the community," said Deborah Filler, a lawyer with Greater Boston Legal Services, one of the groups representing the plaintiffs.

Simmons says he wanted to join the lawsuit because he saw the toll that being inside a nursing home during the pandemic took on people who couldn't get out.

"I know three or four people who are here now, who would be able to suffice on their own if given the opportunity," he said about his experience at the Rehabilitation & Nursing Center at Everett. "We need to re-enter our life at some point in time because it's almost like a prison sentence."

Simmons went to the nursing home because he felt like he had no options after being released from the hospital three years ago. He had been living in a fourth floor

apartment with no elevator in East Boston, which had become increasingly difficult to access. He eventually lost his housing voucher, which had helped him pay the rent.

Simmons is grateful for the medical care he's received in the nursing home, but he says it's taken a toll on his mental health. A pandemic-era policy prevents residents from leaving the facility on their own unless they are going to a medical appointment, and Simmons misses his independence and simple pleasures like grocery shopping, going for a walk outside and doing his own laundry. "I'm unable to get out, walk around the community. I'm unable to do my own food shopping. I'm unable to do my own laundry," he said. "I haven't seen a full moon in years. You know, those are things that go into making a wholesome life."

Simmons' story is not unique, say disability advocates. It underscores the challenge that many disabled people face in finding affordable housing, especially in the Boston area.

For a population that is twice as likely to live in poverty as people without disabilities, stable housing is a lifeline that can be hard to achieve, especially in a region with so many people already rent-burdened and struggling with a lack of affordable housing.

"There's really no statistical

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area in the country where you can be a person on SSI and be able to afford to live just in your own apartment without any sort of rental subsidy from the state or federal government,” says Lisa Sloane, a director at Technical Assistance Collaborative. “It's not possible.”

When people with disabilities can't find affordable housing, the researchers found that they often end up institutionalized in nursing homes or jails, living on the streets or spending a large part of their limited income on housing.

A lack of funding and “bureaucracy” share part of the blame, according to Sara Spooner, a social worker who is serving as a legal guardian for five of the plaintiffs in the lawsuit, who range in age from mid-thirties to mid-sixties.

“These individuals, at least my five plaintiffs, are only in the facility because there's just nowhere else for them to go,” she said. “And so they are now stuck in the nursing facilities that are not equipped to manage them, and were never equipped to manage them, but have become the last stop for people whose diagnoses are under supported [by] state agencies.”

Advocates say there is a blueprint to follow if the state wants to act. They point to a wide range of services that would help: more accessible affordable housing, more subsidies and vouchers, increased resources home-based medical support, expanded support in group homes and better case

management to inform people of their options.

MSAC contends the state could increase capacity to help more disabled people by following a model set up by two previous legal cases which required state agencies to allow 3,000 people with intellectual disabilities and brain injuries to move back into the community by creating residential programs.

“It's a really important tool that was born out of some housing discrimination,” said advocate Olivia Richard, a member of Boston's Disability Commission Advisory Board.

Richard, who is paraplegic, knows first-hand how important access to housing is. After an accident in her late 20s, she needed to go to a nursing home for physical rehabilitation, but she quickly returned home because she was just about to lose her affordable housing. The apartment that was not set up for someone with her disability, and she caught herself on fire while trying to cook.

“Housing is everything. I know when at times when my housing has been shaky or has been inadequate, my health has gotten worse,” she said. “People with disabilities want to be successful people. And the way that we start that off is by providing affordable, accessible, integrated housing.”

When asked what would help, Simmons had an answer. “More affordable housing would help a lot,” he said.

John Simmons hopes, some day, to enjoy the



**Photo: John Simmons wants out of the nursing home. MSAC joined the lawsuit against the state to ensure John and others are able to age in the community.**

simple benefits of living an independent life. “I for one would like to go sit down in a restaurant, have a nice cup of coffee, maybe a slice of pizza,” he said. “You understand what I'm saying? And I would like to enjoy my life.” Excerpts from an article by *Meghan Smith / GBH News*



**Do you know someone who is in a nursing home but would like to live in the community?**

**Contact MSAC:**

**617-284-1275 or Info@  
MASeniorAction.org**

# Low Income Fare Victory Pilot Project Proves Participation Matters.

Did you sign a petition calling for a low-income fare? Your voice was heard!

As part of the budget process, elected officials are agreeing to a pilot program for a Low-Income Fare – one of the priorities for MSAC’s Transit campaign.

A Low-Income Fare (LIF) would slash transit costs for thousands of lower-income families across the state; seniors already benefit from subsidized fares on buses and trains, but the LIF would also cut costs for low-income seniors that **use the RIDE**.

This proposal would start small, setting aside \$5 million for a test of the low-income fare with a limited number of people to figure out how much the program will cost in the long run. But at a time when the cost of getting around is skyrocketing, this ‘pilot’ could lead to reduced costs for riders soon.



**One year ago, MSAC members stood with Boston Mayor Wu calling for a low income fare for the MBTA area - including for The Ride. Our voice was heard!**

We know participation matters. When people speak up change happens. MSAC wants to add your voice in our transportation advocacy.

The MSAC transit subcommittee created a survey to hear from you about your local transportation challenges. We want voices from across the Commonwealth. You can

take the survey at the link or by contacting MSAC transit organizer, Jake Tabor.

**Take the Transit Survey:**

**Digital survey:**

**[www.rb.gy/kelbx](http://www.rb.gy/kelbx)**

Or contact Transit Organizer, Jake Taber: (617) 637-7067 or [Jake@MAsenioraction.org](mailto:Jake@MAsenioraction.org).

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# SNAP Medical Expense Deduction:

Increase your Benefit by claiming your expenses.

### Lowest income:

Households with income below about \$900 max out on SNAP without claiming medical costs. Households under \$1,100 can get maximum SNAP if they self-declare at least \$35 in medical costs.

**Middle Income:** This is the “sweet spot.” Households with income over \$1,200 get the benefit of the \$155 Standard Medical Expense Deduction when costs over \$35 are claimed..

**Higher income:** Households with income above \$1,600 tend to see NO increase in SNAP unless out-of-pocket medical costs are roughly the same amount as their rent. Households under 200% FPL (\$2,265) are guaranteed the minimum benefit of \$23.

Monthly unearned income	Rent at 30% Income (plus heating/cooling SUA)	SNAP w/o Standard Medical Deduction	SNAP with Standard Medical Deduction	Notes
\$600	180	281	281	SNAP is maxed out at \$281 without medical expenses
\$700	210	281	281	
\$800	240	281	281	
\$900	270	281	281	
\$1,000	300	266	281	SNAP is maxed out at \$281 if the household claims at least \$35 in medical expenses
\$1,100	330	230	281	If the client pays actuals (medical expenses above \$190) every additional \$3 will boost SNAP by an additional \$1 - up to max \$281 benefit.
\$1,200	360	194	264	
\$1,300	390	158	228	
\$1,400	420	122	192	
\$1,500	450	86	156	
\$1,600	480	50	120	If a client's medical expenses are roughly the same amount they pay for rent per month, then SNAP will increase above \$23.
\$1,700	510	23	84	
\$1,800	540		48	
\$1,900	570		23	

**Remember: The medical expense deduction is highly under-utilized in MA. Check to see if you are eligible for higher SNAP. SNAP calculation**

**worksheets can be found here: [Masslegalservices.org/SNAPCalculator](http://Masslegalservices.org/SNAPCalculator) or call Project Bread: 800-645-8333, multiple languages available.**

## Medical Expenses could Increase SNAP benefits.

For all older adults (age 60 or over) and persons with disabilities:

Your SNAP benefits may increase if you have medical costs over \$35 per month, or if you pay more than \$190/month in medical expenses, you might get even more SNAP.



Insurance premiums & co-pays, glasses, vitamins, medical transportation, over the counter RX, glasses, dental. ANY out of pocket medical cost.



If you are age 60 or older, please call the DTA Senior Assistance Line (SAO) at (833) 712-8027 or Project Bread Hotline: 617-723-5000.

**Did you know you can pay for vegetable and herb plants with your SNAP card? All edible plants and seeds qualify for EBT, use at farmers markets or stores that accept EBT and sell garden plants.**



# Want to Save Money on Medicare?

Medicare Savings Programs Can Help You Save More than \$1,900 a year



This is not insurance. This is a program MSAC members won.

## Medicare Savings Programs Are Not Insurance.

Medicare Savings Programs – also known as “MassHealth Buy-In” programs—are federal programs managed by MassHealth to help those eligible with the costs of Medicare coverage.

### **LEVEL 1 BENEFITS** ALSO KNOWN AS "MASSEALTH SENIOR BUY-IN"

#### Qualified Medicare Beneficiary (QMB)

- Pays Monthly Part B Premiums
- Pays Part A and Part B Deductibles & Co-Pays
- "Extra Help" Prescription Assistance

#### Monthly Income Limits

**Individuals: \$ 2,329**

**Couples: \$ 3,142**

### **LEVEL 2 BENEFITS** ALSO KNOWN AS "MASSEALTH BUY-IN"

#### Specified Low-Income Medicare Beneficiary (SLMB) or Qualified Individual (QI)

- Pays Monthly Part B Premiums
- "Extra Help" Prescription Assistance

#### Monthly Income Limits

**Individuals: \$ 2,754**

**Couples: \$ 3,718**

**Program Asset Limits: Individuals - \$18,180 / Couples - \$27,260**

**(ASSET LIMITS WILL BE ELIMINATED BY JANUARY 2024)**



FOR MORE INFORMATION

 **(617) 284-1275**

 [info@MASeniorAction.org](mailto:info@MASeniorAction.org)

 [www.MassSeniorAction.org](http://www.MassSeniorAction.org)

**Current Eligibility above.**

**Starting Jan. 2024 assets will not be counted for MSP!**

*MSP cont'd from pg.1*

changed in Massachusetts since 1989 with the limit, just \$2,000 for an individual and \$3,000 for a couple. This limit ends up knocking people with meager savings off MassHealth upon turning 65. These individuals either forgo essential Medicaid coverage, including access to home care service, or are forced to spend down their assets to obtain Medicaid eligibility, including life insurance.

Mass Senior Action Council has been pushing the state to change these out-of-date policies and successfully expanded eligibility for the Medicare Savings Program (MSP) bringing relief to 70,000 people 65 and over. Now, we are focused on fixing the income and asset eligibility for MassHealth.

The State's Medicaid expansion program has a more generous income limit of 138% of FPL (\$20,120-single) for people 64 and under to qualify for coverage compared to the income eligibility limit of 100% FPL (\$14,580-single) people 65 and over for



**MSAC members from the across the state display signs with the price of items in 1989, when the state set the guidelines. Signs read, "Expenses are up but Assets are not!"**

MassHealth.

Former MSAC President and longtime MSAC healthcare committee Chair Edna Pruce testified at the June 13 healthcare finance committee hearing. Pruce celebrated the expansion of the Medicare Savings Program and elimination of the asset limit for seniors who qualify but reminded the committee it took the state 10 years to make these strides, "Earlier this year I celebrated my 90th birthday, and while I am proud of what we have accomplished over the past decade, this campaign has shown we have much more to do to reach our goal of healthcare equity.

May I remind you; the state's healthcare reform and the ACA provided groundbreaking cost relief and coverage to those under 65, but seniors were left behind each time. Meager savings continue to block seniors from qualifying for much needed healthcare and the income should match those under 65.

If the Commonwealth can afford to propose millions in tax breaks for the very wealthy, then surely it can allow a senior to keep their life insurance without sacrificing their needed health coverage.

As I said, we have made some great strides, and many will see relief, but we need **to do better. Do not make me wait another 10 years – when I turn 100 years old – to fix this 1989 problem."**

The affordability provisions in the Affordable Care Act (ACA) that ensures



**During the hearing, Edna Pruce applauded our victories while highlighting we have more work to do to reach equity.**

individuals do not have to pay more than 8.5% of their income for coverage do not exist in the Medicare program. People 65 and over were just left out. These policies contribute to the fact Massachusetts ranks 50th for economic security for older adults.

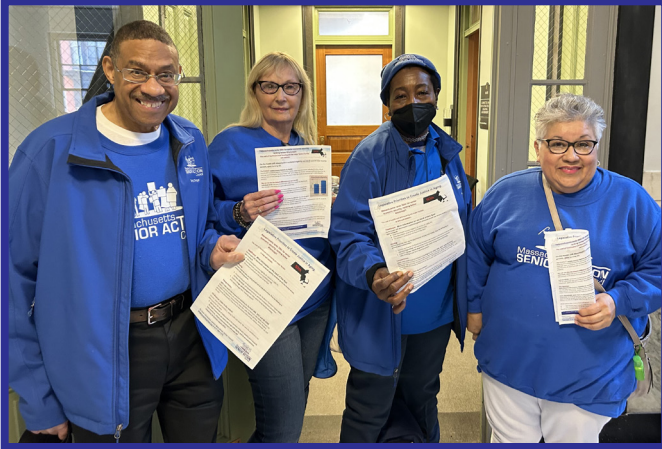
65 and over income limits should be at 138% FPL just like those who are under 65. A person who has life insurance should not be penalized, and the asset limit should be increased to 10,000 for an individual and 20,000 for a couple.

MSAC was well received by committee members. Chair Freidman thanked the mass of members in attendance, "I want to thank you for your dedication to this issue and coming today with very clear and impactful statements. Your voice was heard today."

Did you lose healthcare when you turned 65? Were you denied health coverage because of meager savings or life insurance? Are you on MassHealth and worried you will lose healthcare when you turn 65, join in our fight.



# MSAC Members In Action!



**Top Left:** People Power at the state house. Boston Chapter President Mack Knight Jr. joins North Shore Chapter members to flyer the senate and their work paid off! The asset test is removed from the MSP program. *See page 12 for info.*

**Top Right:** MSAC President Kathy Paul, Kamilah Sharif, and Joanne Paul met with Senator Miranda to push for long term care investments.

**Right 2:** MSAC members attend a state wide rally for affordable housing at the state house. Fighting for eviction protections and rent control.

**Right 3:** Cambridge/Somerville members joined in the successful campaign to remove the asset test from the Medicare Savings Program, proving participation matters!

**Bottom Right:** MSAC North Shore members celebrate winning a location for the Lynn V.A. clinic. This came after months of advocacy including demonstrations for 8 weeks in a row, hundreds of calls from the community to the veterans administration director, and a police escorted rolling rally to their Congressman's office. Participation Matters. When people say your voice doesn't matter, MSAC is proof it does!





# Meet The Members:

## Paulette Spriggs-Durrett, MSAC Boston Chapter.

Paulette is a woman that hears an issue, and is already ready to sign up for a solution. Her journey started with the Boston chapter of MSAC 6 years ago through chatting with another member about what things are available to do after retirement. She gravitated towards MSAC because she quickly found out that MSAC does not take it, but they take charge! Her first mobilization event took place during the S.O.S. (save our seniors) lobby day telling legislators to throw the seniors a life raft highlighting the high cost of healthcare for people over the age of 65.

that members were able to build connections in the legislature through sharing their life experience and that is something that no one can take away from you. Growing up lots of time she heard, “you can't beat city hall” but there she was surrounded by other senior activists who were being listened to because they were persistent and dedicated.

She has been an active member not only within the Boston Chapter, but on the State level as well, fulfilling her duties as the Boston



which she strongly feels aligns with the spirit of MSAC. It is important to her for folks to recognize that everyone has a different skill set but ultimately that's what makes a strong team. If we were all good at the same thing, we would miss those valuable moments of teaching and learning from each other.

Paulette encourages other retirees to join in the action.



**Members at the Save Our Seniors Rally - Paulette witnessed the people power MSAC holds at the state house.**

She hopes at some point everyone could experience a mobilization like the one she got to attend that day. She states “ We were very highly regarded at the statehouse, people were looking at us and recognized us and made sure they came over to say hey or how are you doing.” In addition, she spoke to the strength that exists in sharing your story, stating

Chapter State board delegate. Outside of her time at MSAC, Paulette is involved with many community organizations like Seniors on the Move, AARP #4685, Salvation Army and The Boston Disability commission advisory board.

She has always had a “can do, and lets do” attitude towards creating change

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**The asset limit for has not be adjusted since 1989!  
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MSAC is proud to win improvements for the Medicare Savings Program. This Victory brought relief to over 60,000 seniors who were struggling with the cost of healthcare. **WE ARE NOT DONE!**

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