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Senate Ways and Means FY 2025 Budget Proposal: Preliminary Analysis of Key Issues Affecting Low-Income Massachusetts Residents

May 8, 2024

On May 7, 2024, the Senate Committee on Ways and Means released its budget proposal for fiscal year 2025 (FY 25), which is referred to as Senate 4. MLRI offers this preliminary analysis of selected budget topics affecting low-income residents of the Commonwealth.

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Cash Assistance, SNAP and Related Items Administered by DTA

Account Description		FY 24 Appropriation (*=Net Supps &	FY 25 Governor's Budget	FY 25 House Budget	FY 25 SWM
		Cuts)			
4403-2000	TAFDC	\$431,499,004*	\$496,214,609	\$496,214,609	\$496,214,609
4401-1000	Employment	\$19,925,509	\$18,388,929	\$18,388,928	\$18,388,929
4400-1979	Pathways to Self	\$1,000,000	\$1,000,073	\$1,000,074	\$1,000,073
4408-1000	EAEDC	\$182,055,295*	\$178,982,092	\$178,982,092	\$183,182,092
4405-2000	State supplement to SSI	\$202,700,528	\$207,132,056	\$207,132,056	\$207,132,056
4403-2007	Supp. Nutrition Program	\$350,000	\$350,000	\$350,000	\$350,000
4400-1020	Secure Jobs Connect	\$5,050,000	\$5,000,000	\$5,050,000	\$5,000,000
4403-2008	Transportation Benefits for SNAP Path to Work Participants	\$500,000	\$500,000	\$500,000	\$300,000
4403-2119	Teen Structured Settings	\$10,883,264	\$13,846,348	\$13,846,348	\$13,846,348
4401-1003	Two Generation Economic Mobility	\$3,500,000	\$3,500,000	\$3,500,000	\$0
4400-1100	Caseworkers	\$95,405,257	\$96,440,103	\$96,440,102	\$96,440,103
4400-1000	DTA Administration and Operation	\$80,071,407	\$104,599,612	\$104,123,615	\$102,335,936
4400-1025	Domestic Violence Specialists	\$1,989,567	\$2,194,657	\$2,194,658	\$2,194,657
4400-1001	Food Stamp Participation Rate Programs	\$4,904,705	\$5,019,027	\$5,019,027	\$5,019,027
4400-1004	Healthy Incentives Program (HIP)	\$5,050,0001	\$25,133,851	\$15,000,000	\$20,000,000
4400-1031	Replacing Stolen SNAP Benefits	\$1,000,000*	\$0	\$0	\$0
4400-1032	State-funded SNAP for legally- present immigrants	\$6,000,000*	\$0	\$0	\$0

¹ See discussion below in (4) Additional Nutrition Items Administered by DTA, about funding history for HIP.

- 1. Cash Assistance (including TAFDC, EAEDC, SSI State Supplement, Nutrition Assistance)
 - Senate Ways and Means would provide a 10% increase for both TAFDC and EAEDC delayed until April 2025. The House provided a 10% increase for TAFDC and no increase for EAEDC. The Governor proposed no increase at all.

On January 8, 2024, the Governor eliminated 10% grant increases for TAFDC and EAEDC enacted and signed by the Governor into law in the FY 24 budget. The increases were scheduled to go into effect in April 2024. Under the Senate Ways and Means budget, grants would be frozen until April 2025.

- The maximum TAFDC benefit for a family of three is currently only \$783 a month; the EAEDC grant for one person is \$401 a month. Grants were last increased effective October 2022. Current grant levels are well below half the federal poverty level, also known as Deep Poverty. Deep Poverty recently increased to \$1,076 a month for a family of three.
- The Senate Ways and Means Committee's Executive Summary states that the proposed increases "provide the necessary support as caseloads increase, and continue the Deep Poverty increases." The Summary also highlights the Senate's role in raising grants: "In recent years, the Senate has led the way in expanding these benefits which deliver immediate relief to individuals and provide direct economic stimulus to our communities. This increase signals the determination of the Senate to uphold its commitment to support working families, amidst the current revenue outlook.
- Senate Ways and Means, like the House, would keep the annual TAFDC clothing allowance (item 4403-2000) at \$450 per child. The Governor would have cut the clothing allowance to \$400 per child. Like the Governor, the House and Senate Ways and Means keep the longstanding provision that increases the standard of need in September by the amount of the clothing allowance, thereby allowing very low-income working families to qualify. According to DTA, a few hundred families qualify for TAFDC in September because of the increase in the standard of need.
- Senate Ways and Means proposes \$496.2 million for TAFDC (4403-2000), the same as the Governor and the House, even though Senate Ways and Means proposes a 10% grant increase next April and \$50 more for the clothing allowance. Apparently, Senate Ways and Means and the House are projecting a lower caseload average for FY 25 than the Governor.
- Senate Ways and Means, like the Governor, does not propose any changes to antiquated TAFDC policies to streamline administration of TAFDC by removing behavioral and eligibility rules many with racist origins that do not serve the Department's goals of assuring that families can meet their basic needs, improving

families' quality of life, helping families achieve economic stability, and reducing racial disparities. Examples of such rules are Learnfare (sanctioning children if they are determined to have had too many absences the school does not record as excused); requirements that the parent pursue child support against the noncustodial parent, even when doing so is not in the child's best interest; and terminating children when they reach age 18 if they won't graduate from high school by age 19. Both the Governor, the House, and Senate Ways and Means would continue the denial of cash assistance to pregnant persons in their first two trimesters.

- The line item (item 4403-2000), like the House, also includes language urged by advocates and omitted by the Governor -- requiring the Governor to give 75 days' advance notice to the Legislature before cutting benefits or making changes in eligibility. The advance notice language prevented the Governor from eliminating the clothing allowance in September 2010. The previous fiscal year, the advance notice provision was critical to giving the Legislature time to persuade the Governor to rescind cuts to TAFDC. The advance notice language was not in the FY 24 Conference Report or final FY 24 budget. Including the advance notice language is especially important when revenues are lower than anticipated because the notice period gives the Legislature a window in which to act to reverse a cut. Unfortunately, this year, although the Legislature had enough time to reverse the Governor's elimination of the cash assistance increases scheduled to go into effect in April 2024, the Legislature did not choose to act.
- The line item for TAFDC (4403-2000), like the House, also includes language urged by advocates and omitted by the Governor barring DTA from changing the way benefits are calculated unless the change would result in a benefit increase. The Legislature adopted this language after a previous Administration proposed counting a parent's SSI benefits against the TAFDC grant, which would have caused many children to lose their TAFDC. The House unlike the Governor also includes the current requirement of 75 days' advance notice before DTA proposes any changes to the disability standard and the requirement that DTA tell recipients about their eligibility for child care.
- The TAFDC line item (4403-2000) includes language adopted several years ago at advocates' urging removing the reduction in benefits for families in shelter. The language was included in last year's budget but omitted by the Governor.
- Senate Ways and Means, like the House, does not propose to continue the FY 24 provision of stipends for applicants and recipients who participate in DTA advisory boards. The stipend is \$400 a year and is not counted as income. Because the cost of the stipends is apparently very low, DTA might continue paying them even if there is no express authorization to do so. We recommend that DTA also provide stipends to former recipients who participate in Advisory Boards, unless they are employed by an agency that pays for their time while they attend meetings.
- Transitional Support Services are earmarked at not less than \$1 million (item 4403-2000), the same as the Governor's proposal, and a slightly higher minimum than the House budget proposal. Currently, these families are eligible for four

- months of transitional benefits after TAFDC ends, starting at \$280 a month and reducing month by month to \$70 in the fourth month.
- The Employment Services Program (ESP, item 4401-1000) would be funded at \$18.4 million (a slight decrease from FY 24) and the Pathways to Self Sufficiency line item (4400-1979) would be level-funded at \$1 million. These are the same dollar amounts the Governor and the House proposed. Like previous Governor's budgets, House 1 does not propose any earmarks for ESP. Like the House, the Senate Ways and Means proposal earmarks not less than the FY 2024 spending amounts for the Young Parents Program and education and training for TAFDC parents, not less than \$170,000 for learning disability assessments, and not less than \$200,000 for the DTA Works Program (paid internships at state agencies). The House proposes to earmark \$1.5 million for ORI job search services; Senate Ways and Means proposes to double that amount. Like the House, Senate Ways and Means includes the current requirement omitted by the Governor that the Administration report on program outcomes.
- EAEDC (Emergency Aid to Elders, Disabled and Children, item 4408-1000) funding would be increased to \$183.2 million, \$4.2 million more than the House, to provide funds for a 10% grant increase in April 2025. The Governor and the House did not propose any increase to EAEDC benefit levels, which are currently only \$401 a month for a single person with no income, and \$521.70 a month for a couple. EAEDC benefits paid while a recipient is applying for SSI are reimbursed to the state once SSI is approved, so the state would recover the cost of benefits paid for some EAEDC recipients. Like the House, Senate Ways and Means' proposed EAEDC line item includes language omitted by the Governor requiring advance notice to the legislature before the Administration cuts benefits or makes changes in eligibility. Senate Ways and Means' proposed line item, like the House, also specifies that homeless persons shall receive the same basic grant as recipients who incur shelter costs; the Governor did not include this requirement.
- The state supplement for SSI (Supplemental Security Income, item 4405-2000) would be funded at \$207.1 million, the same as the Governor's budget and the House and about \$5 million more than the FY 24 General Appropriation.
- The Supplemental Nutrition Program (item 4403-2007) would be funded at \$350,000, the same as the Governor's proposal and the House. This program provides a small state supplement to thousands of low-income working families who also receive federal SNAP benefits.
- Secure Jobs Connect (item 4400-1020) would be funded at \$5 million, the same amount the Governor and the House proposed. This program provides employment support, job training and job search services for homeless or previously homeless families through community-based organizations.
- Transportation benefits for SNAP Path to Work participants (item 4403-2008) would be funded at \$300,000, which is \$200,000 less than the Governor proposed and the House proposed. This account provides transportation assistance to SNAP beneficiaries who need transportation to participate in a work activity.

- Increasing participation in SNAP (item 4400-1001). The Senate, the House, and the Governor each propose \$5 million for this item, a small increase over the FY 24 appropriation. The line item provides funding for Project Bread's Food Source Hotline and other DTA projects to increase access to SNAP benefits. SNAP outreach activities are 50% federally reimbursable.
- Funding for grants to support economic mobility among high risk parents (item 4401-1003) would not be funded at all. The Governor and the House would continue \$3.5 million in funding.
- 2. State-funded SNAP for legally present immigrants (item 4400-1032) would receive no continued funding from the Governor, the House, or Senate Ways and Means. The FY 23 Supplemental Budget, signed by the Governor on December 4, 2023, provided \$6 million for state-funded SNAP for legally present immigrants with humanitarian statuses who are barred from federal SNAP, including parolees, battered immigrants and immigrants "permanently residing under color of law." The benefits ran out at the end of April. This month, 4,890 households no longer have state SNAP to put food on the table. Nor can households who do not get SNAP access the HIP program. Without additional funding, families will be forced once again to go without food or sacrifice paying for housing to buy food. Some of these immigrants are waiting for work authorization; many others are essential workers in the service, healthcare and construction industries whose wages are too low to meet their families' needs. La Colaborativa in Chelsea and food pantries across the Commonwealth are unable to fulfill the growing demand for food assistance. Unlike emergency food sites and other labor-intensive feeding programs, state SNAP is easily administered as an EBT benefit designated for food. It is an efficient and effective way to reduce hunger in the Commonwealth.
- 3. Funding to replace stolen SNAP benefits (item 4400-1031) not included. Congress enacted partial replacement for benefits stolen by skimming or phishing starting October 1, 2022, capping replacement amounts and ending replacement on September 30, 2024 (the end of federal fiscal year 2024). The Legislature enacted supplemental budgets authorizing funding to fill gaps in federal relief through FY 24. Most recently, the FY23 supplemental budget signed in December 2023 included \$1 million in state funding to address federal limits and ensure all SNAP families are made whole after SNAP is stolen. Most of that funding has not been spent and could be carried over to FY 25 to wrap around the federal replacement benefits and provide replacement benefits after September 30, 2024 if the federal replacement authorization ends. Like the Governor and the House, Senate Ways and Means does not carry over the unspent funds. If state funds are not provided, some households will not get replacement when their benefits are stolen through no fault of the household.

In addition, the federal government has decided not to allow states to use federal funds to replace stolen Summer EBT benefits (for more on Summer EBT, see below). Unless unspent funds from this line item are carried over to FY 25, families who have their Summer EBT benefits stolen will receive no replacement.

Teen Living Programs (item 4403-2119) would be funded at \$13.8 million, the same amount the Governor and the House proposed.

5. DTA Administration

- The DTA worker account (item 4400-1100) would be funded at \$96.4 million, \$1 million more than FY 24, the same amount proposed by the Governor and the House. The increase is not enough to address the DTA's staffing shortage.
- The number of Massachusetts households on SNAP has increased 47% since the pandemic began in March 2020. Combined with the end to federal COVID workload management flexibilities, this caseload increase has resulted in significant access delays in recent months. Since July 2023, about 1 in 2 calls attempting to reach a DTA worker were automatically disconnected due to high call volume. In February 2024, 60% of these calls were automatically disconnected. And, in the past year more than 25% of all application denials were for missing a required interview with a DTA worker in large part because it has been so difficult to reach DTA.
- Additional workers are necessary to timely process cases, provide meaningful customer service, and address the delays and backlogs that drive high call volume. Additional workers are also necessary to continue to address the "SNAP Gap" of MassHealth recipients with income below 150% of the federal poverty level who are likely eligible for but not receiving SNAP (in 2020 estimated to be between 600,000 to 700,000 individuals). DTA is currently receiving roughly 8,000 SNAP applications per month from MassHealth applicants thanks to the advocacy of the Common Apps Coalition. Failure to close the SNAP Gap leaves hundreds of millions in federal nutrition benefits on the table. Staffing challenges impair the state's ability to close the gap, meet federal standards, and serve very low-income families quickly.
- DTA central administration (item 4400-1000) would be funded at \$102.3 million. While this is \$22 million higher than FY 24, it is less than the \$104.6 million proposed by the Governor and the \$104.1 million proposed by the House. The substantial increase is needed for DTA to be able to manage the growth in SNAP caseloads and serve eligible families equitably and promptly. Some of the proposed increase over FY 24 may reflect proposed spending on a Mobile EBT pilot and increased spending needed to administer Summer EBT. Some of the increase is likely related to significant IT and systems needed to ensure DTA's programs are accessible to families and operated in accordance with federal law.
- Funding needed for chip/tap EBT for SNAP and cash assistance security. We hope that some of the proposed increase is intended to address funding to issue chip/tap EBT cards, which are critical to improving SNAP and cash assistance security. SNAP and cash assistance benefits are accessed via Electronic Benefit Transfer (EBT) cards that rely on a magnetic stripe, which are much more vulnerable to skimming theft than industry standard chip/tap cards. As a result, since 2022 criminals have stolen millions of dollars from low-income MA residents through no fault of the household. Improved technology is long overdue. California and Oklahoma are working towards becoming the first states in the country to begin issuing chip/tap EBT cards Massachusetts must follow other states' lead to protect low-income consumers and tax dollars.

- Summer EBT. The Governor's Budget Brief on Food Security stated that House 2 supports the operation of Summer EBT in FY 25. We hope the Senate Ways and Means proposal is also intended to support the administration of Summer EBT. Summer EBT will provide \$120 per child in federally-funded food benefits (like SNAP food dollars put on an EBT card). Summer EBT covers children eligible for free and reduced-price meals under the National School Lunch Program (NSLP). Massachusetts was one of 38 states to commit to providing Summer EBT benefits to eligible K-12 children in summer 2024. This year, Summer EBT will bring the Commonwealth approximately \$62 million federal dollars to help an estimated 500,000 children in low-income families buy food. The federal government pays half of Summer EBT administrative costs; states are responsible for the other half. Thus, funding for the operation of Summer EBT is essential.
- Funding for DTA domestic violence workers (item 4400-1025) would be funded at \$2.2 million, the same as the Governor's budget and the House.

6. Additional Nutrition Item Administered by DTA

• The Healthy Incentives Program (HIP) (item 4400-1004) is funded at \$20 million, about \$5 million lower than the Governor's proposal of \$25.1 million. HIP is a dollar-for-dollar match, up to a capped amount, for SNAP recipients who buy fresh fruits and vegetables at EBT/HIP-approved farmers markets, mobile markets, community supported agriculture (CSAs) and farm stands. HIP participation is especially high among low-income older adults, helping them to access locally grown food and decrease social isolation. Immigrant households who rely on state-funded SNAP have no access to HIP unless the Legislature continues funding for SNAP for legally present immigrants barred from federal SNAP. Over 100 farmers, CSAs, and farm stands now participate in HIP.

Child Welfare:
Department of Children and Families and Related Items

Account	Description	FY 24 General Appropriation	FY 25 Governor's Budget	FY 25 House Budget	FY SWM
	Department of Children and Families	\$1,361,379,048	\$1,530,904,262	\$1,530,310,850	\$1,532,759,243
4800-0015	Clinical Support Services and Operation	\$140,416,735	\$154,341,248	\$153,122,836	\$152,797,836
4800-0030	Local/Regional Management of Services (Lead Agencies)	\$9,525,854	\$11,423,980	\$11,923,980	\$11,201,980
4800-0038	Services for Children and Families (Family Foster Care)	\$355,808,909	\$376,723,635	\$376,848,635	\$373,873,635
4800-0040	Family Support and Stabilization Services	\$88,757,132	\$139,539,127	\$139,539,127	\$139,539.127
4800-0041	Congregate Care Services	\$431,019,785	\$495,889,634	\$495,889,634	\$495,889,634
4800-0058	Foster Adoptive and Guardianship Parents Campaign	\$975,000	\$975,000	\$975,000	\$975,000
4800-0091	Child Welfare Training Institute	\$4,742,908	\$4,920,601	\$4,920,601	\$4,920,601
4800-0200 and 4000-0051	Family Resource Centers	\$28,307,519	\$27,329,607	\$27,329,607	\$34,300,000
4800-1100	DCF Social Workers	\$294,567,006	\$311,500,072	\$311,500,072	\$311,500,072
0930-0100 and 0930- 0101	Office of the Child Advocate	\$9,827,671	\$7,342,353	\$8,765,276	\$7,642,352

- 1. The Senate Ways and Means budget funds DCF at slightly over \$1.5 billion, as did the House and the Governor. This is an increase of \$171.4 million over FY 24. Much of this increase consists of an almost \$83 million increase in spending on separating children from their parents and placing them in the foster system, bringing total foster care spending to \$869.8 million. At the same time, SWM, as did the House and the Governor, provides the largest ever increase, almost \$51 million, in services to keep and return children safely with their families, for a total of \$139.5 million. Despite the welcome increase in funding for services to ensure child wellbeing within their families, it is still much too low, particularly in comparison to funding to separate families.
- 2. SWM spending on the foster system includes \$376.9 million for family foster care (item 4800-0038) and \$495.9 million for congregate care (item 4800-0041)

for children to live in residential foster care facilities.

- **3.** Massachusetts and national data shows that the Massachusetts foster system harms children.
 - Black and Latinx children and youth in the Commonwealth are separated from their families at 2.4 times and 2.5 times the rate of their white counterparts. (MA DCF 2022 Annual Data Report.)
 - In addition, professional consensus in the field is that children should not be placed in congregate care unless their treatment needs require an institutional setting because congregate care is associated with, among other things, higher rates of delinquency and arrests (Ryan et. Al., Juvenile *Delinquency in Child Welfare: Investigating Group Home Effects*, Children and Youth Services Review, 2008) and worse educational outcomes, (Casey Family Programs, *What are the Outcomes for Youth Placed in Congregate Care Settings?* 2018). Despite professional consensus that congregate care be used sparingly, Massachusetts has the 7th highest rate of reliance on congregate care in the nation. (Child Welfare Outcomes Report, 2020, Figure V-1)
 - Massachusetts decided to forego federal reimbursements for most foster care costs rather than comply with quality of care and appropriateness of placement standards now required under the federal Family First Prevention Services Act of 2018. This not only raises the costs of congregate care in the Commonwealth, but reduces accountability for the quality of care in these facilities.
- 4. Best practice in the field points to an alternative to runaway foster and congregate care budgets, racial disparities, harms to children, and destruction of families. This alternative is to invest in families to address the issues that may put children at risk in order to keep them safely within their own families.
 - Only a very small portion of the cases that come to DCF's attention involve physical and sexual abuse. Most (upwards of 75% in Massachusetts and nationally) involve neglect which is often conflated with poverty and/or a parent's disability. These situations can be addressed to some extent by DCF with adequate Family Stabilization and Support services and mostly with adequate community support that can be made accessible to families at risk of child welfare system involvement. Paragraphs 5-9 briefly note how the SWM budget addresses several key up-front preventive investments in families.
- 5. House Ways and Means' funds Family Support and Stabilization Services (4800-0040) at \$139.5 million, a \$50.8 million increase over the FY 24 allocation and the same amount as the House and Governor's budget.
 - While SWM deserves credit, as does the House and the Governor, for proposing a larger increase to this small line item than it has received in the past, the proposed level of funding is still completely inadequate for the number of children and youth who are supposed to be getting these services. While 87% of the children in

DCFs caseload need family support and stabilization services to remain or return safely home with their parents, SWM allocates under 14% of the Department's services budget to the services these children need. The remaining 86% of the services budget is allocated to the costs of separating children from their families.

- This inadequate funding for services to keep children safely at home coupled with massive funding to remove them from their families undermines DCF's ability to achieve its core mission under federal and Massachusetts law which is to provide all available services to keep children safely at home before placing them in the foster system. (See, MGL c. 119, §1)
- 6. Importantly, SWM increases funding for Family Resource Centers (items 4800-0200 and 4000-0051) by almost \$6m for a total of \$34.3 million, increasing an important source of community-based support for families that does not require their involvement in the child welfare system.
 - These community-based centers provide one of the few means by which families in crisis can voluntarily receive services to address risks to children to avoid harm and unnecessary child welfare system involvement. This is a cornerstone of primary prevention. Family Resource Centers can connect families to voluntary community and state services, educational programs, and peer support. They also provide a mechanism for the juvenile court to refer families to community-based services in order to fulfill the requirements of the Children Requiring Assistance ("CRA") law which replaced the former CHINS program with a system of community-based services for families in need.
- 7. Another key primary prevention support is domestic violence services. The domestic violence line item (item 4513-1136) would be increased by \$3.4 million to \$75.6 million.
 - Domestic violence services in this line item are services that can help prevent abuse and neglect. They include beds for domestic violence shelters, supervised visitation, support to victims of domestic violence, and salaries for DCF domestic violence staff.
- 8. The line item for the **Bureau of Substance Abuse Services** (4512-0200), which provides the substance use treatment needed by the many caregivers and youth at risk of DCF involvement due to substance use disorders, **would be cut by \$18.8 million to \$193.5 million.** This is a smaller cut than in the House budget and than the Governor proposed.
- 9. Many programs discussed in other sections of this budget analysis provide the **concrete supports** that vulnerable families need to adequately support their children and avoid unnecessary DCF involvement and family separation.
 - These cannot all be cataloged here, but they include TANF and SNAP benefits, adequate housing, health care and benefits, unemployment benefits, and child care. A large body of research shows that providing concrete support to families promotes

child wellbeing and reduces child welfare system involvement. See, e.g., Chapin Hall, Child and Family Well-being System: Economic & Concrete Supports as a Core Component.

10. SWM funds other key child welfare items as follows:

- SWM increases **funding for social worker salaries** (item 4800-1100) by \$17 million to \$311.5 million and increases training (item 4800-0091) by \$177,693 to \$4.9 million.
- SWM increases funding for **DCF's administrative account** (item 4800-0015) by \$12.4 million to \$152.8 million. Importantly, **it maintains the current requirement that DCF provide a racial impact statement about its use of its risk assessment tool.** The House did not maintain this requirement. DCF has failed to comply with this requirement for the past two years despite the strong likelihood that this risk assessment tool has negative racial impacts on DCF-involved families.
- It increases the **lead agency account** (item 4800-0030) by \$1.7 million to \$11.2 million. Lead agencies are regional nonprofits that contract for services but do not directly provide services themselves.

11. Funding for the Office of the Child Advocate (items 0930-0100 and 0930-0101) would be reduced by \$2.2 million to \$7.6 million.

- The OCA's budget consists of a main line item (10930-0100) and a separate line item for the State Center on Child Well-Being and Trauma (0930-0101). The Trauma Center is operated by the UMass Chan Medical School in collaboration with the Office of the Child Advocate. The SWM cuts would come from the OCA's main line item. This is consistent with the cuts the Governor proposed and in the HWM budget. The allocation in the House final budget was increased by amendment to \$8.8 million which is still lower than in the FY 24 budget.
- The previous administration increased the OCA's budget by over 1,300% (from \$700,000 to \$10 million). The FY 25 SWM funding level, while reducing that funding, would still maintain funding at an extraordinarily high level. It will remain important to examine the outcomes for child welfare system-involved children and families that have resulted from this large investment.

Health Issues in MassHealth and ConnectorCare

Account	Description	FY 24 General Appropriation	FY 25 Governor's Budget	FY 25 House Budget	FY 25 SWM
4000-0300	EOHHS and Medicaid Administration	\$141,994,304	\$167,914,925	\$161,312,888	\$146,849,925
4000-0430	MassHealth CommonHealth Plan	\$164,554,085	\$197,558,111	\$197,558,111	\$197,558,111
4000-0500	MassHealth Managed Care	\$5,831,782,318	\$6,122,042,394	\$6,122,042,394	\$6,124,542,394
4000-0601	MassHealth Senior Care	\$4,486,914,509	\$4,580,139,945	\$4,580,289,945	\$4,615,139,945
4000-0700	MassHealth Fee For Service Payments	*\$5,423,843,883	\$4,232,605,645	\$4,232,855,644	\$4,210,001,231
4000-0880	MassHealth Family Assistance Plan	\$249,457,668	\$371,307,845	\$371,307,845	\$371,307,845
4000-0940	MassHealth ACA Expansion Populations	\$3,176,913,030	\$2,427,764,172	\$2,427,764,172	\$2,422,764,172
4000-0990	Children's Medical Security Program (CMSP)	\$30,017,088	\$35,000,000	\$35,000,000	\$35,000,000
1595-5819	Commonwealth Care Trust Fund	**\$0	\$35,000,000	\$35,000,000	\$35,000,000

^{*}The FY24 appropriation for 4000-0700 reflects the GAA of \$3.601B plus \$2.117B added by chapter 77 of the Acts of 2023 less \$294M reduced by 9C cuts.

1. SWM generally follows the Governor's lead on funding for MassHealth accounts but like the House rejects her plan to cut PCA services

• SWM in its executive summary says it has funded MassHealth at \$20.3 billion gross (\$8.19 billion net). This is generally in line with funding in House 2 and the House bill. Also in line with the other branches is SWM's recognition of the continuing budgetary consequences of "unwinding" Medicaid policies enacted by Congress during the COVID-19 pandemic. Those consequences include the decline in the MassHealth caseload since redeterminations resumed on April 1, 2023, and the loss of the enhanced federal Medicaid revenue on December 31, 2023. SWM also appears to be going along with the Administration's plan to sustain the \$20.3 billion

^{**}The FY24 appropriation for 1595-5819 reflects the GAA of \$50M reduced by a \$50M 9C cut.

level of funding for MassHealth through increased revenue from an increase in the existing hospital assessment and adjustments to the existing assessment on managed care plans and other surcharge payors, and to hold down costs through enhanced program integrity efforts, and by "carefully managing" expenses. However, there was one notable exception where SWM, like the House, rejected the Governor's planned cuts in the Personal Care Attendant (PCA) program as discussed further in section 2 and in the bullet below.

- The SWM executive summary states that its spending plan is \$113 million over House 2 levels for the PCA program, but there is no earmark for that amount. SWM has increased funding over House 2 in t he MassHealth Senior Care account (4000-0601) but it has decreased spending by a greater amount in the MassHealth Administrative account (4000-0300) and in the MassHealth Fee for Service account (4000-0700). It is always difficult to predict the effect of increases or decreases in the MassHealth accounts when there is no language in the line item specifically overriding the assumptions the Administration has built into House 2. There is such language to prevent program cuts in the PCA program in both the House budget and SWM, and given the size of the accounts which now include payment for PCA services (4000-0601 and 4000-0700), MassHealth should be able to manage its accounts to comply with the proviso. Another factor which makes the variations in MassHealth accounts less significant than they may appear is that the Administration always asks for transfer authority to move money between accounts, does not get it in the GAA, but almost always gets transfer authority in a Supplemental budget. With MassHealth, it's all about the total appropriation unless there is a proviso or earmark in the House or Senate bills.
- Another difference between the SWM budget and the House in the 4000-0300 account is a proviso applicable to Health Care for All. Both bills include a proviso authorizing EOHHS to continue to contract with HCFA to work with community-based organizations doing outreach and enrollment work. This has been an important initiative to find and enroll marginalized populations during the unwinding. The House budget earmarks \$500,000 for this and the invaluable work of the HCFA Helpline which operates state-wide and helps thousands of people a week to apply, renew, sign up for a plan, understand and use their health coverage. SWM does not include an earmark for the Helpline. We anticipate an amendment will be introduced to remedy this omission.
- SWM in its executive summary notes that the MassHealth redetermination process which began April 2023 has resulted in a net caseload decrease of nearly 360,000 members from the peak of 2.4 million members, with 1.8 million renewals, 810,000 departures, and 310,000 new members. The volatility of the MassHealth caseload is not just a challenge for budgeting, it reflects a problem known as "churning" which adversely affects MassHealth members and the healthcare system as a whole. Churning refers to eligible individuals who lose coverage for procedural reasons related to confusing notices, forms and procedures, difficulty getting accurate information in calls to MassHealth, difficulty getting an interpreter over the telephone, burdensome and unnecessary verification requirements, and mail delay among other reasons. Of people who departed coverage, EOHHS reports that only

32% had actually been found by MassHealth to be ineligible. The remainder were terminated for procedural reasons. Some may have not completed the process because they no longer wanted or needed MassHealth coverage, but many were bewildered by the process and inadvertently lost coverage. Disruptions in care like this adversely affect health, lead to medical debt and impose added administrative costs on the agency as well as MassHealth providers and plans. In FY 2025 the agency will have new authority to provide 12-month continuous eligibility which together with lessons learned during the unwinding should make headway on this problem. Also in 2025 we will know more about whether MassHealth "departures" have increased the rate of the uninsured.

2. SWM rejects House 2's cuts to MassHealth's PCA Program and creates a working group of stakeholders to report back to the legislature on the PCA Program (Line Item 4000-0601)

- SWM rejects the proposed cuts to the Personal Care Attendant (PCA) program contained in House 2. MassHealth's PCA program helps members with permanent or chronic disabilities to live in the community and manage their own care by paying for personal care attendants to help members with their activities of daily living (ADLs) such as bathing, eating, toileting and transfers, and "instrumental activities of daily living" (IADLs) such as shopping, housekeeping, laundry, and meal preparation. To qualify people must need help with at least two ADLs.
- House 2 proposed two cuts to the PCA program: (1) imposing an additional eligibility threshold of needing at least 10 hours a week of support with ADLs, and (2) capping the number of hours for meal preparation. MassHealth projected the new 10-hour threshold would cause 6,000 members to lose their eligibility for the PCA program, and the two cuts together would result in about \$114 million in gross savings.
- Disability advocates forcefully argued that the effect of the cuts proposed in House 2 would be to shift some members to entirely state-funded programs that receive no federal match, or to force some members into more restrictive institutional settings that cost far more than PCA services, a loss for both the state and for members with disabilities. Both the House and now SWM protect the current structure of the PCA program.
- SWM added a proviso to line item 4000-0601, the MassHealth Senior Care account, that "the personal care attendant program shall maintain the same eligibility criteria and scope of services in fiscal year 2025 as were available in December 2023." The House added a similar proviso to several different MassHealth line items. However, SWM adds another new proviso to line item 4000-0601, proposing that EOHHS convene a working group "to review the scope of services and eligibility thresholds" of the PCA program. Membership of the working group would include stakeholders and advocates from the disability community, including representatives from the Personal Care Attendant Workforce Council, 1199 SEIU United Healthcare Workers East, Massachusetts Senior Care Association, Massachusetts Senior Action Council, The Arc of MA, and the Disability Policy Consortium. The working group would be

tasked with submitting recommendations to the Secretary of Administration and Finance, House and Senate Committees on Ways and Means, and the Joint Committee on Health Care Financing by March 7, 2025.

• The PCA program is also one of the targets of another Administration initiative. EOHHS is looking for a single organization to be selected through competitive bids to both do the clinical assessment and make the clinical eligibility determination for the PCA program and certain other long term services. Assessments for the PCA program are now conducted primarily by Independent Living Centers, Aging Service Access Points (ASAPs) and other community organizations under contract with MassHealth as Personal Care Management Agencies. There is widespread concern among stakeholders about the proposal itself and the process by which it was put out for procurement before the Administration had consulted with stakeholders on problems with the current system and ideas for how best to address them. An amendment is likely to be filed to require EOHHS to hold hearings on its proposal and report to the legislature before going to procurement.

3. Funding to Support ConnectorCare enrollment growth in FY2025 (1595-5819)

- In anticipation of continued ConnectorCare enrollment growth in FY 2025, SWM like the Governor and the House, adds \$35 million to the Commonwealth Care Trust Fund which supplements federal premium tax credits that together with beneficiary premiums pays for ConnectorCare
- Enrollment in ConnectorCare, Massachusetts' free or low-cost private insurance plans for people ineligible for Medicaid or other affordable coverage, dropped by over 83,000 between Jan 2020 and Jan 2023 largely due to the pause in MassHealth redeterminations. With the resumption of MassHealth redeterminations starting on April 1, 2023, and the expansion of the upper income limit for ConnectorCare, ConnectorCare enrollment grew by 120,861 from April 2023 to March 2024. About 46,000 of that growth reflected enrollment in a 2-year pilot to expand the upper income limit for ConnectorCare from 300% to 500% of the federal poverty level starting with enrollment in January 2024.
- Enrollment is expected to continue to grow in FY 25. The pilot will remain in effect in calendar year 2025. For the remainder of calendar year 2024, the Health Connector adopted a special enrollment period for people who lost MassHealth coverage on April 1, 2023 or later when MassHealth resumed redeterminations. This enables more people to transition from MassHealth to ConnectorCare in 2024 after the usual 60 day deadline to enroll has passed.
- As of May 2024 about 200,000 people who lost MassHealth were found eligible for ConnectorCare and 87,000 or 44% enrolled. Enrollment rates among people 0-300% FPL eligible for ConnectorCare were 40-68%. Enrollment for the pilot group of individuals with income of 300-500% FPL was 27%. Some of these individuals, especially at higher income levels, may now have access to employer sponsored coverage. But for many people the ConnectorCare plan selection and enrollment process is confusing and the premium and copayments for people at the low end of the income scale can be daunting. The Health Connector is continuing its outreach

efforts to enroll the remaining uninsured.

• Unfortunately, for hundreds of thousands of those who lost MassHealth, we don't yet know whether or not they are insured. The vast majority lost eligibility for procedural reasons which means we don't know if they were still eligible for either MassHealth or ConnectorCare. They are now among some 163,000 people who were at least eligible for *unsubsidized* coverage from the Health Connector but did not enroll.

4. Funding for MassHealth's new doula coverage program and the Department of Public Health's doula certification initiative

- In response to Massachusetts' growing maternal health crisis and racial disparities in maternal health (see, <u>MA Dept. of Public Health Report</u>), MassHealth launched its new doula coverage program on <u>December 8, 2023</u>. Doulas are non-medical, trained professionals who provide physical, emotional, and informational support before, during, and after labor. Studies show that doula care significantly improves maternal and infant health outcomes and reduces racial disparities in maternal health outcomes.
- SWM says that its budget "supports the continuation of MassHealth coverage for doula services". SWM did not specify how much of its MassHealth funding is dedicated to the new doula coverage program, but House 2 said it was funded at \$1.1 million.
- In addition to including funding for MassHealth's coverage of doula services, SWM also includes separate \$1M of funding in line item 4590-1503 for the Department of Public Health (DPH) to establish Massachusetts' first doula certification program. This \$1M was also included in the House 2 budget, which said that in addition to being used to establish a doula certification program, it was also to be used for subsidized training and mentorship for new doulas, and investment in expanding community-based doula programs. SWM, however, only mentions the \$1M being used to create a doula certification program.
- While the \$1M for DPH to create a doula certification program shows a willingness to invest in the doula workforce, a larger and more targeted investment, with input from the doula community, is needed. Legislation that would help achieve that goal was reported favorably out of the Health Care Financing Committee to Senate Ways and Means. This bill, An Act relative to Medicaid coverage for doula services (H.1240/S.782), would (1) create a doula advisory committee to meet regularly with MassHealth about the implementation of its program, (2) create the infrastructure to invest in doula workforce development with a focus on workforce recruitment, retention, training, and diversification, and (3) amend the patient bill of rights to give patients the right to have their doulas present during labor and delivery.

5. SWM does not adopt the proposal of the Governor and the House to eliminate copayments in the Children's Medical Security Plan (4000-0990)

• While SWM, like House 2's and the House, includes an increase of \$5 million (a

17% increase over FY24 GAA) for the Children's Medical Security Plan (CMSP), it does not adopt their elimination of copays for CMSP members (which House 2 said was estimated to cost \$600,000). The CMSP provides coverage for children under 19 in families with income over 300% of the Federal Poverty Level and for children who are not eligible for MassHealth because of their immigration status.

- In FY24, MassHealth waived copays on a temporary basis for all plans except CMSP until March 31, 2024. On April 1, 2024 MassHealth adopted emergency regulations making this temporary elimination of copays permanent. House 2 and HWM proposed bringing CMSP in line with other MassHealth programs by also permanently eliminating copays for CMSP.
- SWM did not eliminate copays for CMSP as House 2 and the House both agreed to do. We anticipate that an amendment to include the elimination of CMSP copays in the SWM budget will be filed. Eliminating copays is good policy: ample research over the years has shown that even relatively small levels of cost sharing in the range of \$1 to \$5 are associated with reduced use of necessary services and can result in increased use of more expensive services like the emergency room.
- Unfortunately, neither the House nor SWM include language overriding the other outdated dollar limitations of the program including a \$200 a year cap for prescription drugs and a 20 visit maximum on mental health visits. These and other benefit limitations, contained in the statute at GL c. 118E, sec. 10F, prevent many low-income children from accessing the health services that they need to grow and thrive, simply because of their immigration status. Legislation is pending this session to provide more comprehensive coverage for children regardless of immigration status. This legislation, H.1237/S.740, An Act to ensure equitable health coverage for children, would provide comprehensive coverage to over 30,000 children and young adults whose coverage is limited because of their immigration status.

Homeless Services

Account	Description	FY 24 General Appropriation	FY 25 Governor's Budget	FY 25 House Budget	FY 25 SWM
7004-0101	Emergency Assistance	\$325.3M	\$325.3M	\$325.3M	\$325.3M
7004-0108	HomeBASE	\$37.1M	\$57.3M	\$57.3M	\$57.3M
7004-0099	DHCD Administration	\$11.7M	\$15.5M	\$15.7M	\$14.4M
7004-9316	Residential Assistance for Families in Transition (RAFT)	\$190.0M	\$197.4M	\$197.4M	\$197.4M
7004-0100	Operation of Homeless Programs	\$12.6M	\$17.7M	\$17.6M	\$17.6M
7004-0102	Homeless Individual Shelters	\$110.8M	\$110.8M	\$110.8M	\$110.8M
7004-0104	Home and Healthy for Good Program	\$8.9M	\$8.4M	\$8.9M	\$8.4M

- 1. Emergency Assistance (7004-0101) would be funded at \$325.3 million, matching the Governor's FY25 H2 proposal and the House final FY25 budget. The Emergency Assistance (EA) program provides emergency shelter and services to certain families with children who are experiencing homelessness and have no safe place to stay.
 - SWM does not propose significant changes from the House final FY25 budget. SWM would continue existing eligibility and reporting requirements, continue to permit families to increase income beyond the eligibility limit for 6 months, and continue to require the Executive Office to 90 days' advance written notice to the Legislature before imposing new eligibility or benefit restrictions.
 - SWM proposes to include language allowing the Executive Office to require identity and custody verifications for children prior to EA shelter placement. This language appeared in the enacted FY24 budget.
 - *Note:* In October 2023 the Executive Office capped the amount of shelter units at 7500 and established a waiting list and priority system for eligible families, creating limited overflow spaces for some families on the waiting list. On April 30, 2024 the Governor signed into law Chapter 88 of the Acts of 2024, which establishes a 9-month time limit on EA shelter stays, with some options to seek temporary extensions, and provides some additional funding for the EA system in FY25. The Administration's projected FY25 spending exceeds the approved and anticipated FY25 budget allocations, so supplemental budget requests are likely. Advocates will work to ensure the EA system is fully funded, and that it remains available to **all** eligible families in need.

- 2. HomeBASE (7004-0108) would be funded at \$57.3 million, matching the Governor's H2 proposal. HomeBASE was created in FY12 to provide short-term rental assistance, instead of shelter, to families experiencing homelessness.
 - SWM does not propose significant changes from the enacted FY24 budget. SWM would continue to provide \$30,000 in a 24-month period, with the possibility of an additional \$15,000 over 12 months, and giving administering agencies flexibility to award higher amounts based on need.
 - SWM proposes to remove language proposed in the House FY25 final budget that would deem families ineligible for HomeBASE if they exceed the income limit, and would give them 12 months before termination. The enacted FY24 budget did not place a cap on income once a family was participating in HomeBASE. Advocates support removing this cap.
 - SWM removes language proposed in the House final FY25 budget that adds quarterly reporting requirements addressing efforts made to work with the Office of Refugees and Immigrants.
- 3. Executive Office Administrative line item (7004-0099) would be funded at \$14.4 million, a slight decrease from the House final FY25 budget.
 - SWM does not propose significant changes from the enacted FY24 budget or the
 House final FY25 budget. SWM would continue to require the Executive Office to
 ensure that HomeBASE recipients are eligible for a homelessness priority or
 preference for state-subsidized housing, and continue to require the Executive Office
 to maintain in-person offices for intake. Advocates will work to ensure the Executive
 Office establish regulations about the homelessness priority, as directed by prior
 enacted budgets.
 - SWM proposes eliminating language, from the enacted FY24 budget and proposed in the House final FY25 budget, that permits neighborhood housing services corporations to retain funds under the neighborhood services rehabilitation program
- 4. Residential Assistance for Families in Transition (RAFT) program (7004-9316) would be funded at \$197.4 million, matching the Governor's FY25 H2 proposal. RAFT is a homelessness prevention program.
 - SWM does not propose significant changes from the enacted FY24 budget or the House final FY25 budget. SWM would continue to provide \$7,000 in a 12-month period for households for low-income households at risk of homelessness.
 - SWM proposes eliminating language that the Executive Office shall prioritize communities affected by Covid and geographical equity, which is in the enacted FY24 budget and the House final FY25 budget.
- 5. Homelessness operations account (7004-0100) would be funded at \$17.6 million,

- matching the House final FY25 budget.
- 6. Shelters and services for homeless individuals (7004-0102) would be funded at \$110.8 million, matching the Governor's FY25 H2 proposal and the House FY25 final budget.
- 7. Home and Healthy for Good program (7004-0104) would be funded at \$8.4 million, matching the FY24 allocation and the Governor's FY25 H2 proposal. This program provides housing for chronically homeless individuals.

Housing

Account	Description	FY 24 General Appropriation	FY 25 Governor's Budget	FY 25 House Budget	FY 25 SWM
7004-9005	Public Housing Operating Subsidies	\$107,000,000	\$112,000,000	\$112,000,000	\$115,000,000
7004-9007	Public Housing Reform	\$1,315,000	\$1,250,000	\$1,250,000	\$1,250,000
7004-9024	Massachusetts Rental Voucher Program	\$179,597,023	\$219,038,574	\$219,038,574	\$219,038,674
7004-9030	Alternative Housing Voucher Program	\$16,863,078	\$16,355,696	\$16,355,696	\$16,355,696
7004-3045	Tenancy Preservation Program	\$2,042,755	\$2,042,755	\$2,042,755	.\$2,042,755
0321-1800	Access to Counsel (new)	-	\$3,500,000	\$2,500,000	\$0

1. Public Housing Operating Subsidies (item 7004-9005), which provides operating funds for state public housing, would be funded by SWM at \$115 million - a \$8 million increase over the FY 24 budget. This increase starts to make up for decades of underfunding that has resulted in deferred maintenance and a serious decline to an aging public housing stock. The operating fund also includes funding for local tenant organizations at an increased amount of \$25/unit to support meaningful tenant participation.

Language changes included:

- SWM removed language included in the House budget that would require housing authorities operating elderly public housing to offer first preference for elderly public housing units that are vacant to people 60 years of age or older receiving rental assistance from the Massachusetts Rental Voucher Program.
- SWM added language providing that no employee of a housing authority shall simultaneously be an elected executive officer within the same municipality.
- SWM added language to ensure that if a municipality does not comply with MBTA Communities Act that the housing authority's budget will not be negatively impacted. Currently, EOHLC interprets the MBTA Communities statute (MGL c. 40A §3A) to provide that if a municipality does not comply with the requirements of the statute, a housing authority is not eligible to receive funds from the Local Capital Projects Fund. SMW splits the operating fund between the General Fund (83.74%) and Local Capital Projects Fund (16.26%). Without this amendment language, housing authorities would see a 16.26% reduction in subsidy.

- SWM continues to include language that requires the administration to make efforts to rehabilitate local housing authority <u>family</u> units in need of repairs requiring \$10,000 or less. With thousands of public housing units off line, it is critical to fund and increase funding for HLC to bring vacant units back-online to provide more permanent housing resources for very low-income people on the waiting list (although the costs of bringing a unit on are often more than \$10,000/unit).
- 2. Public Housing Reform (item 7004-9007) would be decreased from \$1.3 to \$1.2 million. The line item provides funds to implement chapter 235 of the Acts of 2014 which includes technical assistance training for resident commissioners and tenant organizations as well as funding for the CHAMP (Common Housing Application for Massachusetts Programs).
- 3. Massachusetts Rental Voucher Program (MRVP) (item 7004-9024) provides long term rental subsidies to approximately 10,000 low-income households for use in the private housing market. SWM would provide \$219 million in funding, a \$40 million increase from last year's appropriation. Although there are no substantive policy changes this year, advocates continue to push for codification of the MRVP programs to protect against future policy changes being made on an annual basis and to provide stability in the program.
- **4. Alternative Housing Voucher Program (AHVP) (item 7004-9030)** provides rental vouchers to non-elderly persons with disabilities. SWM would **provide \$16.3 million** in funding, a slight **decrease in funding** from the previous year and level funding with the House FY25 budget. As of 12/31/23, EOHLC reported that 742 AHVP vouchers were leased. It is not yet clear how many will be leased by the end of FY24.
 - SWM added language which provides that EOHLC's approved monthly rent limits for vouchers shall be set at either up to 110% of current area-wide fair market rent or up to 110% of the current small area fair market rent and adds language "except as necessary as a reasonable accommodation for a household member with a disability or as otherwise directed by the executive office." This language is similar to language in the FY24 budget for MRVP.
- **5.** Tenancy Preservation Program (TPP) (item 7004-3045) was level funded at \$2 million. TPP helps preserve tenancies of people with disabilities, age impairments, substance abuse, and other mental health challenges. TPP works with individuals and families who are facing eviction as a result of behaviors related to a disability. Case managers locate services and develop case plans to maintain and keep tenants in permanent housing to prevent them from becoming unhoused.
- **6.** Access to Counsel (item 0321-1800) SWM did not include the dedicated line item for an Access to Counsel Program as proposed by the Governor in the amount of \$3.5 million and as provided by the House for \$2.5 million for an access to counsel pilot program. A dedicated line item for a pilot program represents a critical step to advancing an Access

to Counsel program as proposed by Senator DiDomenico in S.865 which would establish the framework to provide $\underline{\text{full}}$ legal representation, not limited assistance, to low-income tenants and low-income owner occupants in eviction proceedings.

Legal Services

Account	Description		FY 25 Governor's Budget	FY 25 House Budget	FY 25 SWM
0321-1600	MLAC	\$49.00 M	\$50.50 M	\$53.00 M	\$49.00 M

For the Massachusetts Legal Assistance Corporation (item 0321-1600), which supports grants for civil legal aid programs for low-income residents of Massachusetts, SWM is recommending an appropriation of \$49 million, the same amount as the FY 24 appropriation and \$1.5 million less than the Governor's recommendation for FY 25. The House has proposed \$53 million. MLAC is seeking an appropriation of \$55 million in order to help meet the growing statewide demand for civil legal services.

Paid Family and Medical Leave

SECTION 71 of the SWM budget would increase the administrative funds available to the Department of Family and Medical Leave from the existing Paid Family and Medical Leave Trust Fund. The additional funds, which were also included in the Governor's budget recommendation and the House budget, would enable the Department to pursue programming changes, translation enhancements and other initiatives that would increase access to the benefits available through the Paid Family and Medical Leave program.

For more information on MLRI's SWM summary, contact Brian Reichart (breichart@mlri.org) who will direct your question to the appropriate advocate.