



The Dignity Digest

Issue # 83

April 1, 2022

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

*May require registration before accessing article.

Quotes of the Week

“Everyone deserves the opportunity to live at home, in their communities, and with their loved ones. This funding will bring dignity and peace of mind to even more seniors and people with disabilities across the country. We will continue expanding these programs to ensure all Americans have equitable access to the high-quality health care they deserve—no matter where they live.”

Health & Human Services (HHS) Secretary Xavier Becerra, *HHS to Provide \$110 Million to Strengthen Money Follows the Person Program*, **Centers for Medicare and Medicaid Services**, March 31, 2022,
<https://tinyurl.com/MMPExpansionMar31>

“Just as we’ve reached the critical turning point in this fight, Congress has to provide the funding America needs to continue to fight covid-19.”

Pres. Joe Biden, *Biden presses Congress for new covid funding, gets second booster shot*, **Washington Post**, March 30, 2022,
<https://tinyurl.com/BidenPressesFunding>

“It’s a story of hope. We are 97 years old, and we both made it.”

Sam Ron, a holocaust survivor, commenting on reuniting with Jack Waksal, another survivor, after separation almost 80 years ago, *They were prisoners in the Holocaust together. They just reunited*, ***Washington Post**, March 29, 2022,
<https://tinyurl.com/HolocaustPrisonersReunited>

"Boosters are safe, and people over the age of 50 can now get an additional booster 4 months after their prior dose to increase their protection further. This is especially important for those 65 and older and those 50 and older with underlying medical conditions that increase their risk for

severe disease from COVID-19 as they are the most likely to benefit from receiving an additional booster dose at this time."

CDC Director Dr. Rochelle Walensky, *Second booster shots authorized for adults 50 and older*, **CNN Health**, March 29, 2022,

<https://tinyurl.com/SecondBoosterAuthorized>

It's time for hospitals, health care systems, and other organizations to address racism, health equity, and community health in ways that treat them as the urgent public health crises they truly are. Putting equity at the center of every decision is hard. It requires tough conversations, pushing back on the way things have always been done, and making considerable investments of both time and money. The extra steps, while heavy and time-consuming, are the ones that will ultimately close the opportunity gap that affects so many Americans in every aspect of their lives.

Tom Sequist, chief medical officer of Massachusetts General Brigham and medical director of the Outreach Program with the Indian Health Service, *Unexpectedly united: The parallel plights of two communities 2,000 miles apart wracked by the pandemic*, **STAT News**, March 28, 2022,

<https://tinyurl.com/UnexpectedlyUnited>

The world has surpassed 6 million Covid-related deaths, and what was once shocking has become for many people merely a statistic. Many accept the daily death toll — unless it personally affects them — because they feel powerless to do otherwise. We look away, explain away, rationalize. But we cannot do that with the children left behind by this terrible scourge.

There's no return to normal for millions of children orphaned during Covid, **STAT News**, March 30, 2022, <https://tinyurl.com/MillionsChidrenOrphaned>

"I would urge people to get their first booster because one thing that did become apparent ... is the third dose provides a differentiating level of immunity that does seem to provide people some additional benefit, in terms of

preventing the severe outcomes of hospitalization and death — and that seems to last and be more durable.”

Peter Marks, director, FDA’s Center for Biologics Evaluation and Research, *Older adults can get second coronavirus booster to strengthen waning protection*, **Washington Post (free access)**, March 29, 2022, <https://tinyurl.com/StrengthenWaningProtection>

“I was speechless at first. Knowing that those moments included opportunities for my family, friends, and students to have access to the show was priceless and brought tears to my eyes. I am honored to be a part of the Deaf community as a CODA. . . This is just one story of millions of stories in the Deaf community. I did not necessarily have the experience that was in the film, but I felt very much connected to the movie because I felt it was a reflection of my childhood. The good thing too is that it brings awareness about the Deaf community.”

April Dooley, of Beverly, MA, born to deaf parents, one of six siblings, two of whom are deaf, and whose first language was American Sign Language, *‘This is our moment’*, **Salem News**, March 30, 2022, <https://tinyurl.com/ThisIsOurMoment>

“CODA” [was the first film that] “allowed Deaf people to be normal, hard-working individuals trying to raise a family, and navigate the world. It showed their very real frustrations, without making them into pitiable objects that needed to be saved.”

William Millios, who is deaf and works in freelance videography and web development in Montpelier, Vermont, *Oscar wins for ‘CODA’ bring tears, elation to Deaf community*, **AP News**, March 29, 2022, <https://tinyurl.com/CODAWinsOscar>

“There might be a reason to top off the tanks a little bit” for older people and those with other health conditions.

E. John Wherry, University of Pennsylvania immunologist, *US opens second COVID boosters to 50 and up, others at risk*, **AP News**, March 29, 2022, <https://tinyurl.com/APNewsSecondBooster>

“The severity of Covid-19 among Black Americans was the predictable result of structural and societal realities, not

differences in genetic predisposition.”

The State of Black America and Covid-19 – A Two Year Assessment, Black Coalition against Covid, <https://tinyurl.com/BlackCovidExperience>

“I worked all my life and now I can’t even get help. That bothers me. I want to be able to enjoy what time I have left.”

Loretta Copeland, an 81-year-old who lives in Harlem, Many of Us Want to Age at Home. But That Option Is Fading Fast. New York Times (free access), March 30, 2022, <https://tinyurl.com/WantToAgeAtHome>

Senators consistently emphasized the impact of the lack of home-based care on families. Not only were a number of Senators family caregivers themselves, but many acknowledged the economic costs to individuals who choose to leave the workforce to care for loved ones. Additionally, multiple Senators remarked on the growing waitlists for home and community-based services, questioning whether these waitlists accounted for all the home-based care needs or only a small proportion.

Hearing Summary: An Economy That Cares: The Importance of Home-Based Services, LeadingAge, March 23, 2022, <https://tinyurl.com/LeadingAgeMar23SenateHearing>

“The youth mental health crisis has only been made worse by the challenges of the pandemic. We have an obligation to meet this moment of urgency with the comprehensive solutions and resources our children need.”

*U.S. Rep. Lori Trahan, D-Westford, Bill’s Aim to Prevent Suicides *Salem News, March 31, 2022, <https://tinyurl.com/AimPreventSuicides>*

Dignity Alliance
Massachusetts in the News

1. Greenfield Recorder

March 30, 2022

By Judi Fonsh, Dignity Alliance Massachusetts participant, Leverett, MA

As a former director of social work and admissions at the former Farren Care Center, I continue to be very concerned about nursing homes especially as COVID continues to be a serious problem for residents and staff. It has led to many ongoing problems especially staffing. As you may know on Feb. 28, 2022, the Biden administration announced the most historic nursing home reforms in decades. We must urge our state and federal legislators to include the nursing home provisions previously included in the Build Back Better Act in any upcoming economic legislation. The provisions previously included in the BBB Act would require nursing

	<p>homes to have at least one registered nurse (RN) 24 hours a day; improve accuracy and reliability of data submitted to CMS, including staffing information and resident assessment data; require auditing of cost reports which will ensure transparency for the billions of dollars of public funds the facilities receive; make improvements to the survey and enforcement system to adequately identify problem areas and hold facilities accountable President Biden also has called on Congress to; provide \$500 million dollars for state survey activities; increase per instance penalties for egregious violations to \$1 million dollar; provide CMS the authority to impose sanctions on owners and operators even after a facility is closed; provide CMS the authority to require minimum corporate competency/ownership standards; supporting these provisions will help address some of the long-standing issues in long-term care facilities that contributed/contribute to the tragedy of the pandemic and are barriers to quality care. It also will further the goals announced by the Biden Administration on Feb. 28, 2022. Please act now to ask our legislators to save, protect, and improve the lives of nursing home residents. We must have nursing home reform at the national and state to protect all of us.</p> <p>https://www.recorder.com/ltr-Fonsh-Nursing-Home-Reforms-Needed-45693669</p>
Inspiration	<p>2. *Washington Post March 29, 2022 <i>They were prisoners in the Holocaust together. They just reunited.</i> They met at a Nazi forced labor camp 80 years ago and never knew what became of the other.</p> <p>The last time Jack Waksal saw Sam Ron was in 1943, at the peak of World War II. They shoveled coal, side by side, at a forced labor camp in Pionki, Poland. Over the past eight decades, Waksal wondered if his friend and fellow Jewish prisoner survived the war. On March 20, he finally got his answer: Remarkably, yes. At an annual gala in South Florida, hosted by the U.S. Holocaust Memorial Museum, Ron, 97, who was an honorary chair at the event, delivered a poignant speech. As he shared his story of survival with the 400-person audience, Waksal, also 97, suddenly recognized the man onstage. . .</p> <p>The two survivors — both of whom have dedicated their lives to Holocaust education and speak regularly to young people about their experiences in the war — never crossed paths until the annual gala, a fundraiser for the museum in D.C. Ron had attended the yearly event in the past, but this was the first time Waksal participated.</p> <p>https://tinyurl.com/HolocaustPrisonersReunited</p>
Call to Action	<p>3. H.1256 / S.745 An Act relative to preventing discrimination against persons with disabilities in the provision of health care</p> <p>Those who regularly read this newsletter will know the critical importance of H.1256/S.745 healthcare nondiscrimination legislation. This bill, a direct response to life-threatening discrimination endured by people with disabilities during the COVID-19 pandemic, will put crucial civil rights guardrails in place to ensure that people with disabilities cannot have their care rationed or outright taken away because of their disabilities, and will not be pressured into signing a Do Not Resuscitate order against their will.</p> <p>Back in November, people with disabilities presented heartbreaking testimony (which you can watch here) about the impact that discrimination had had on</p>

	<p>themselves and their loved ones. <u>We cannot leave people with disabilities in jeopardy that long.</u> Please Call or Email the Healthcare Financing Committee Today and tell them you want them to favorably recommend this bill out of committee. Call (617) 722-2430 and speak to Chairman Lawn's office Email Committee Director Timothy O'Neil at timothy.oneill@mahouse.gov</p>
<p>Essay</p>	<p>4. STAT News March 28, 2022 <i>Unexpectedly united: The parallel plights of two communities 2,000 miles apart wracked by the pandemic</i> By Tom Sequist who is the chief medical officer of Massachusetts General Brigham in Boston; medical director of the Outreach Program with the Indian Health Service and a physician at the Phyllis Jen Center for Primary Care, both at Brigham and Women’s Hospital; and a professor of medicine and health care policy at Harvard Medical School. I constantly straddle two disparate worlds. One is in Boston, where I work for one of the country’s best health care systems and serve as a professor at Harvard Medical School. The other is in northern New Mexico, where I am a member of the Taos Pueblo tribe. While these two communities could not be more different in population, culture, or geography, the Covid-19 pandemic has linked them in an unfortunate but all-too-common way: both are beset by racism and racial disparities in health care. The Boston area was an early hotbed of the pandemic in the United States. In March 2020, Chelsea, Mass., a predominantly Latinx city that borders Boston to the north, had one of the highest Covid-19 rates in the country, with 2,475 cases reported among its 40,000 residents. These soaring rates soon hit surrounding areas, also with largely Black and Latinx populations. For all its health care prowess, Boston — like the rest of the world — was not prepared for a pandemic. Clinical protocols and policies took time to put in place, guidelines were constantly shifting as public health officials and clinicians continued to learn on the fly about this new disease, and the global supply chain was in shambles, limiting access to personal protective equipment and Covid-19 testing supplies. A dearth of Spanish-speaking staff also limited hospitals’ ability to provide care for the huge volume of patients from Latinx communities. . . As hospitals became overcrowded, equity meant reevaluating the algorithms used to determine who was allocated a bed or a ventilator. As we set up testing sites, a focus on equity drove us to open locations not just where our organization had an existing physical footprint in a neighborhood but where case rates were highest and transportation was limited. When vaccines became available, equity necessitated that we look beyond online appointment scheduling and directly call individuals to make sure that a lack of internet access or digital literacy didn’t lead to their not getting this lifesaving therapy. When we communicated anything related to the Covid-19 pandemic to patients and community members, equity required us to put out communications in multiple languages and using channels beyond email — including messaging via community vans, text messaging, social media, and other outlets. . . The pain and suffering of Covid-19 and the events in the first half of 2020 that sparked social justice protests across the nation have opened the door to drive tremendous change in health care equity. The U.S. is at a historic moment of racial reckoning. Racism and inequities and their impacts are being laid bare and nearly</p>

	<p>every industry — including health care — has recognized its role in changing the country’s trajectory. . .</p> <p>Movements like this traditionally take years to be brought to life. But the pandemic has shown that much-needed change can come swiftly when people and organizations collectively channel their energy into addressing society’s challenges. https://tinyurl.com/UnexpectedlyUnited</p>
CODA	<p>5. Salem News March 30, 2022 <i>‘This is our moment’</i> Gloucester [MA] is at the center of an independent film that sent not a ripple, but a tidal wave throughout the Deaf community with its message being heard at the White House and around the world. The cinematic pebble that started that ripple was the film “CODA,” which stands for Child of Deaf Adult(s), but coda is a term often linked more to the music world than the Deaf community. That began to change Sunday night. The movie — filmed in Gloucester and featuring a fictional fishing family — won an Academy Award for each of its three nominations: best movie, best supporting actor, and best adapted screenplay. The story is about a teenage girl, the only hearing person in her family, who is torn between following her dream to attend a prestigious music school and staying home to continue as the link between the hearing world and her family’s business. https://tinyurl.com/ThisIsOurMoment</p> <p>6. AP News March 29, 2022 <i>Oscar wins for ‘CODA’ bring tears, elation to Deaf community</i> “CODA” is a tender, coming-of-age tale about the only hearing member in a deaf family that became a crowd-pleaser and earned widespread critical acclaim to become the first film with a largely deaf cast to win best picture. It stars a trio of actors who are deaf, while offering an authentic depiction of Deaf life. For many in that community, the Oscar win provides an unprecedented feeling of affirmation, while offering a measure of Hollywood’s recent progress. https://tinyurl.com/CODAWinsOscar</p>
Reports	<p>7. Black Coalition against Covid <i>The State of Black America and Covid-19 – A Two Year Assessment</i> This report is a call to action to address the continued COVID-19 burden and highlight the need for continued vigilance to ensure equity for Black Americans. Our reflection over the course of the COVID-19 pandemic revealed a myriad of challenges and disparities across several indicators of well-being. This was unsurprising since Black Americans experienced disproportionate disease burden prior to the pandemic, a result of longstanding social and structural inequities. The trajectory of the COVID-19 burden among Black Americans showed overall declines; however, Black Americans continued to experience disparate burden from infection, hospitalization, death, and incidence of long-COVID compared to other racial and ethnic groups. Other pandemic related effects such as food and economic insecurity, loss of life, educational achievement gaps, behavioral health disorders, and increased need for mental health care services disproportionately affected Black Americans. Policy and practice interventions have emerged over the course of the pandemic to alleviate suffering experienced by Black and other communities of color. This</p>

	<p>report highlights ten focus areas and twelve action steps to support equitable COVID-19 care and sustain recovery efforts for Black communities.</p> <p>The work ahead will be more challenging than ever and requires well designed, adequately funded, and strategically coordinated efforts at the national, regional, state, and local levels. The time is now to recognize health equity is the work of everyone and for each one of us to do our part on the journey.</p> <p>https://tinyurl.com/BlackCovidExperience</p>
<p>Biden / Federal Policies</p>	<p>8. Centers for Medicare and Medicaid Services</p> <p>March 31, 2022</p> <p><i>HHS to Provide \$110 Million to Strengthen Money Follows the Person Program</i></p> <p>The Centers for Medicare & Medicaid Services (CMS) announced today that it will offer more than \$110 million to expand access to home and community-based services (HCBS) through Medicaid’s Money Follows the Person (MFP) program. First authorized in 2005, MFP has provided states with \$4.06 billion to support people who choose to transition out of institutions and back into their homes and communities. The new Notice of Funding Opportunity (NOFO) makes individual awards of up to \$5 million available for more than 20 states and territories not currently participating in MFP. These funds will support initial planning and implementation to get the state/territory programs off the ground, which would ensure more people with Medicaid can receive high-quality, cost-effective, person-centered services in a setting they choose.</p> <p>For states already participating in MFP, CMS also announced that the agency is increasing the reimbursement rate for MFP “supplemental services.” These services will now be 100% federally funded with no state share. Further, CMS is expanding the definition of supplemental services to include additional services that can support an individual’s transition from an institution to the community, including short-term housing and food assistance. These changes will help further address critical barriers to community living for eligible individuals, as well as increase community transition rates and the effectiveness of the MFP demonstration overall.</p> <p>See more information on current and previous grantees. CMS will provide additional information on these changes to MFP grantees.</p> <p>“Everyone deserves the opportunity to live at home, in their communities, and with their loved ones,” said Health & Human Services (HHS) Secretary Xavier Becerra. “This funding will bring dignity and peace of mind to even more seniors and people with disabilities across the country. We will continue expanding these programs to ensure all Americans have equitable access to the high-quality health care they deserve—no matter where they live.”</p> <p>To help additional states and territories implement MFP, these awards will support the early planning phase to get an MFP program off the ground. This includes:</p> <ul style="list-style-type: none"> • Establishing partnerships with community stakeholders, including those representing diverse and underserved populations, Tribal entities and governments, key state and local agencies (such as state and local public housing authorities), and community-based organizations; • Conducting system assessments to better understand how HCBS support local residents; • Developing programs for the types of community transitions MFP supports; • Establishing or enhancing Medicaid HCBS quality improvement programs; • Recruiting HCBS providers as well as expert providers for transition

	<p>coordination and technical assistance; and</p> <ul style="list-style-type: none"> • Conducting a range of planning activities deemed necessary by the award recipients and approved by CMS. <p>State Medicaid agencies not currently participating in the MFP demonstration may apply through the NOFO no later than May 31, 2022. https://tinyurl.com/MMPExpansionMar31</p>
Input Solicited	<p>9. New York Times (free access) March 30, 2022 <i>Are You Receiving, Providing or Paying for Long-Term Care?</i> The New York Times and Kaiser Health News are looking into whether Americans have enough resources and help as they age. As Americans live longer, it is increasingly difficult and expensive to ensure that older people receive the medical and personal help they need, whether at home or in a care facility. That includes assistance with getting up and about, bathing and taking medications. Likewise, older people with dementia or other cognitive issues need help. Are you receiving support with everyday living from family members, friends, nurses, or aides? Are you providing support yourself? Paying for it to help someone else? Reporters from The Times and Kaiser Health News are writing about the toll on families and individuals dealing with the costs of long-term care. We would like to hear about your experiences. To success the article and an online form to complete and submit: https://tinyurl.com/NYTKaiserInputRequest</p>
Request for Applications	<p>10. Centers for Medicare and Medicaid Services <i>Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model Overview for Safety-Net Providers</i> The Center for Medicare and Medicaid Innovation (Innovation Center) recently released a Request for Applications (RFA) to solicit a cohort of participants for the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model. CMS is hosting three (3) webinars intended for Safety-Net Providers interested in learning more about the ACO REACH model and how to participate in Performance Year (PY) 2023. This target audience includes, but is not limited to, Rural Health Centers, Community Health Centers (CHCs) also known as Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAH) Method II, and Sole Community Hospitals (SCH). These webinars will be presented via Zoom and will occur on the following the dates/times:</p> <ul style="list-style-type: none"> • Wednesday, April 6th at 10:30 -11:30 a.m. • Thursday, April 7th at 10:00 – 11:00 a.m. • Thursday, April 7th at 4:30 – 5:30 p.m., <p>Please register in advance to attend the webinar at: https://cms.zoomgov.com/webinar/register/WN_y8fynDtKTSWmqcnQ7FHgTg ACO REACH is a redesign of the Global and Professional Direct Contracting (GPDC) Model in response to stakeholder feedback, participant experience, including a commitment to advancing health equity. Its new name better reflects the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved. Details on the ACO REACH model, as well as eligibility requirements can be found in</p>

	<p>the Request for Applications (RFA). Interested stakeholders should submit their application via web portal by April 22, 2022 at 11:59 p.m.</p>
U. S. Senate Hearing	<p>11. Special Committee on Aging March 23, 2022 Recorded hearing <i>An Economy That Cares: The Importance of Home-Based Services</i> https://www.youtube.com/watch?v=Z9QGlgkwTTO</p> <p>12. LeadingAge March 23, 2022 <i>Hearing Summary: An Economy That Cares: The Importance of Home-Based Services</i> https://tinyurl.com/LeadingAgeMar23SenateHearing</p>
AARP Advocacy Action Day	<p>13. Massachusetts AARP Tuesday, April 4, 2022, 10:00 to 11:00 a.m. You don't want to miss this event. We will hear from The Honorable Ronald Mariano, Speaker of the House; The Honorable Karen Spilka, Senate President; the Honorable Dr. Elizabeth Chen, Secretary of Elder Affairs, and other key legislative leaders. The Massachusetts state budget funds critical programs for older residents such as home and community-based care, food and housing assistance, and local Councils on Aging. Learn how you can make a difference advocating for change here in the Bay State. Raise your voice! Help make a difference in the lives of older Bay State residents and their families by attending this event, then join us as we work on issues important to our members like caregiving, nursing home reform, retirement savings, and lowering prescription drug costs. If you have questions regarding this event, email MAAARP@aarp.org. Register Now at: mobilize.us/aarpma</p>
Survey	<p>14. Massachusetts Coalition for Serious Illness Care <i>POLST e-Registry and Interoperability</i> Massachusetts is updating its current MOLST form and process to a nationally-aligned POLST (Portable Medical Orders) Program, an even more powerful tool for caring for the seriously ill. The POLST Program aims to help every individual with serious illness and advancing frailty engage in care planning conversations with their clinicians and care teams that ensure their treatment preferences are known and honored. Access survey. If you want more information or want to learn about ways to get involved with our MOLST to POLST work, email Jane Kavanagh.</p>
Action Alert	<p>15. National Consumer Voice for Quality Long-Term Care <i>Tell Congress to Include Protections for Nursing Home Residents in Legislation</i></p> <p>16. We need your help! The Biden Administration recently announced significant reforms to nursing homes. Some of these reforms will have to be implemented by Congress. Additionally, advocates for nursing home residents have been fighting tirelessly to include important protections for nursing home residents in the Build Back Better Act. Although the Act has stalled, Congress is considering taking legislative action soon on another economic bill. We need you to contact your Congress members and tell them to take action to support the Biden Administration reforms and also to ensure the important nursing home provisions in the Build Back Better Act are included in any upcoming</p>

	<p>economic legislation.</p> <p>Use our online tool to send messages to your members of Congress.</p> <p>If you have not yet done so, there's still time to participate in our other March Forth actions:</p> <p>Share Your Story on Social Media - Share a video of a nursing home resident, or yourself, answering the question "What does it mean when there aren't enough staff?" Tag us on Twitter @consumervoices and on Facebook @theconsumervoice and use #UnderstaffingisNeglect and #MarchForthwithResidents.</p> <p>Write a Letter to the Editor - Use our Letter to the Editor Guide which provides information on how to craft a strong letter to the editor and our online tool which lets you target your letter to multiple media outlets with one click.</p> <p>Send a Thank You to President Biden - Send a message thanking President Biden for standing with nursing home residents and introducing these monumental nursing home reforms.</p> <p>Thank you to all those who have already taken these actions!</p> <p>Use our online tool to send messages to your members of Congress.</p>
Webinars / Online sessions	<p>17. Massachusetts Coalition for Serious Illness Care Friday, April 8, 2022, 10:00 a.m. <i>POLST e-Registry and Interoperability Virtual Session</i></p> <p>Massachusetts is updating its current MOLST form and process to a nationally-aligned POLST (Portable Medical Orders) Program, an even more powerful tool for caring for the seriously ill. The POLST Program aims to help every individual with serious illness and advancing frailty engage in care planning conversations with their clinicians and care teams that ensure their treatment preferences are known and honored.</p> <p>As an important part of this update, the state is building a statewide electronic POLST registry to allow health professionals timely and trusted access to POLST forms, the medical forms that communicate an individual's treatment preferences and what matters most if a person is unable to communicate care decisions in an emergency.</p> <p>This is an incredibly important effort and we need to work in partnership with the people who will be implementing these updates in care settings across Massachusetts to make sure we do everything we can to make this a success. The meeting is intended to focus on the technical aspects of the registry and would be best for people who would be working on implementing the technical workflows and integrating the POLST registry and procedures within current systems and electronic health records (EHRs). At the session, we will share the current vision for the POLST registry and key requirements, collect input on possible gaps and additional technological considerations, and elicit ideas for what should be prioritized at an organizational level, across care settings, and at a broader state level to prepare for successful development and implementation of the registry.</p> <p>Registration: https://tinyurl.com/POLSTeRegistry</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing homes	<p>18. MassLive February 17, 2022 <i>Vantage Care buys former Vero nursing homes in Hampden, South Hadley, and Wilbraham</i> Vantage Care paid more than \$17.25 million for the land and buildings when it</p>

	<p>bought three area nursing centers from Vero Health & Rehab, according to deeds filed in recent weeks in Hampden and Hampshire counties.</p> <p>Vantage paid \$4.5 million for what’s now called Vantage at Hampden, a 100-bed facility. It paid \$6.3 million for what is now branded as Vantage South Hadley, a 132-bed facility. It paid \$6.5 million for the 135-bed Wilbraham facility.</p> <p>https://tinyurl.com/VantageCareBuys</p>
<p>Home and Community Based Services</p>	<p>19. Centers for Medicare and Medicaid Services</p> <p>March 31, 2022</p> <p><i>HHS to Provide \$110 Million to Strengthen Money Follows the Person Program</i></p> <p>The Centers for Medicare & Medicaid Services (CMS) announced today that it will offer more than \$110 million to expand access to home and community-based services (HCBS) through Medicaid’s Money Follows the Person (MFP) program. First authorized in 2005, MFP has provided states with \$4.06 billion to support people who choose to transition out of institutions and back into their homes and communities. The new Notice of Funding Opportunity (NOFO) makes individual awards of up to \$5 million available for more than 20 states and territories not currently participating in MFP. These funds will support initial planning and implementation to get the state/territory programs off the ground, which would ensure more people with Medicaid can receive high-quality, cost-effective, person-centered services in a setting they choose.</p> <p>For states already participating in MFP, CMS also announced that the agency is increasing the reimbursement rate for MFP “supplemental services.” These services will now be 100% federally funded with no state share. Further, CMS is expanding the definition of supplemental services to include additional services that can support an individual’s transition from an institution to the community, including short-term housing and food assistance. These changes will help further address critical barriers to community living for eligible individuals, as well as increase community transition rates and the effectiveness of the MFP demonstration overall.</p> <p>See more information on current and previous grantees. CMS will provide additional information on these changes to MFP grantees.</p> <p>“Everyone deserves the opportunity to live at home, in their communities, and with their loved ones,” said Health & Human Services (HHS) Secretary Xavier Becerra. “This funding will bring dignity and peace of mind to even more seniors and people with disabilities across the country. We will continue expanding these programs to ensure all Americans have equitable access to the high-quality health care they deserve—no matter where they live.”</p> <p>To help additional states and territories implement MFP, these awards will support the early planning phase to get an MFP program off the ground. This includes:</p> <ul style="list-style-type: none"> • Establishing partnerships with community stakeholders, including those representing diverse and underserved populations, Tribal entities and governments, key state and local agencies (such as state and local public housing authorities), and community-based organizations; • Conducting system assessments to better understand how HCBS support local residents; • Developing programs for the types of community transitions MFP supports; • Establishing or enhancing Medicaid HCBS quality improvement programs; • Recruiting HCBS providers as well as expert providers for transition coordination and technical assistance; and • Conducting a range of planning activities deemed necessary by the award

recipients and approved by CMS.

State Medicaid agencies not currently participating in the MFP demonstration may apply through the NOFO no later than May 31, 2022.

<https://tinyurl.com/MMPExpansionMar31>

20. Harvard Joint Center for Housing Studies

March 31, 2022

New Survey Finds Many Renters Are Concerned about the Impact of Home on Health

Fully 43 percent of renter households worry about their home negatively affecting their or another occupant's health, safety, and wellbeing according to a survey conducted last September by the Center's [Remodeling Futures](#) program in partnership with [The Farnsworth Group](#). The 2021 Harvard JCHS-Farnsworth Group healthy homes survey also found that COVID-19 exposure risks and having symptoms of illness (such as difficulty breathing, headaches, rashes, etc.) or a diagnosed condition were the most common reasons for respondents' concerns. Yet, many rental units lack healthy housing features that could alleviate tenant concerns, and many renters do not trust their landlords to appropriately address healthy housing issues. With people spending considerably more time in their homes since the onset of the pandemic, the need for safe and healthy housing has become even more urgent. Certainly, the pandemic magnified public awareness of indoor air filtration and ventilation, but a healthy home also encompasses issues of water quality, pests, mold and moisture, chemical hazards, noise and lighting, basic safety, structural deficiency, accessibility, disaster mitigation, and more.

According to the survey, renters who expressed healthy housing concerns tended to be older and had lower incomes compared with the broader renter population in the US. The most common reasons for renters' concerns about the impact of home on health, safety, and wellbeing were risks of COVID exposure (cited by 42 percent of respondents) and having a household member with health symptoms or a diagnosed condition (40 percent), or mobility limitations (20 percent). Indeed, most renter households with concerns included persons with serious health conditions or difficulties. More than two-thirds of respondents reported having someone in the household with severe allergies (32 percent), asthma (27 percent), or a physical or cognitive impairment such as serious difficulties walking or climbing stairs (22 percent); concentrating, remembering, or making decisions (17 percent); or doing errands alone (14 percent).

Among renters with concerns about their homes' negative impact on health, indoor air quality was by far the greatest area of concern. Over half of respondents reported indoor air quality as a source of concern, which was also the [greatest area of concern for renters in a similar healthy homes survey from 2018](#). This finding may not be surprising given the large share of respondents worried about being exposed to COVID, the relatively high shares of concerned renter households that include persons with severe allergies or asthma, and the fact that people with pre-existing medical conditions such as [moderate or severe asthma are more likely to be hospitalized from COVID-19](#). Specific concerns for indoor air quality encompassed contamination by bacteria or viruses; dust and dander; pollutants, odors, or smoke; lack of ventilation; and excessively low humidity. Many renters also expressed concerns about pests (36 percent); flooding, moisture, or mold (32 percent); water quality (32 percent); structural safety and comfort of the home (24 percent); and accessibility (19 percent).

- Air Quality, Pests, and Water Damage Top List of Renter Concerns About the

	<p>Impact of Home on Health</p> <ul style="list-style-type: none"> • Few Renters Have Home Features That Many Would Like to Address Health, Safety and Wellbeing Concerns • Two in Five Renters Do Not Believe Landlords Would Address Negative Health Impacts of Their Home <p>https://tinyurl.com/ImpactHomeOnHealth</p> <p>21. New York Times (free access) March 30, 2022 <i>Many of Us Want to Age at Home. But That Option Is Fading Fast.</i> By 2040, the population of American adults aged 65 and older will nearly double, and that of adults aged 85 and older is expected to quadruple over the same period. As our aging population grows, the need for home care is increasing. Yet in New York, as in much of the rest of the country, there are too few workers. The idea of moving into a long-term-care home is accompanied by dread for many older adults. Indeed, research shows that a majority of Ms. Copeland’s peers want to age at home. In the past few years, the coronavirus pandemic’s devastating toll on nursing homes, assisted-living facilities and group homes further highlighted the need for more long-term-care options. Yet right as home care workers are needed more than ever, these workers are fleeing the profession. If President Biden’s Build Back Better plan clears Congress, it would set aside \$150 billion to expand access to home care through the Medicaid program that supports in-home health care, helping to reduce a backlog of people waiting to receive subsidized home care and improve wages for providers. In New York, aging adults and disabled people are among those rallying for better pay. A 2019 report found that about a quarter of all home care patients in New York reported they were unable to find workers, and nearly 20 percent of home care positions went unfilled because of staff shortages. Between 2021 and 2040, the state is projected to have nearly a million home care job openings, and the rest of the country is not far behind. But despite a surplus of unfilled jobs, many are finding that they simply can’t afford to do this type of work. . . A 2021 report by the City University of New York found that higher wages would reduce turnover and attract new workers, while generating new jobs and revenue for the state. In New York, where a majority of home care workers are female and people of color, higher wages also offer an opportunity to invest in two historically underpaid work forces. Raising wages would save New York State over \$1 billion a year by increasing tax revenue and moving home care workers off government assistance. Additionally, studies suggest that aging adults who receive home care often reduce their inpatient hospital costs — saving states Medicaid dollars by keeping aging adults healthier and out of hospitals. https://tinyurl.com/WantToAgeAtHome</p>
Behavioral health	<p>22. *Salem News March 31, 2022 <i>Bill’s Aim to Prevent Suicides</i> A tidal wave of youth behavioral health issues during the pandemic has Congress looking to reinvigorate suicide prevention programs targeting teens. A bipartisan proposal co-sponsored by U.S. Rep. Lori Trahan, D-Westford, would reauthorize programs established under the Garrett Lee Smith Memorial Act, which support community-based youth and young adult suicide prevention efforts. The programs are set to expire at the end of September. . .</p>

As of last Friday, there were at least 224 pediatric patients awaiting beds in psychiatric facilities across Massachusetts, according to the Massachusetts Health and Hospital Association's weekly report. That's the largest number of pediatric patients since the association began reporting boarding numbers in October. While state health officials have reported an increase in suicidal ideation and attempts, the number of suicides among youth that result in death decreased between 2019 and 2020, according to the latest data from the state Department of Public Health.

In 2020, there were 615 reported suicides in Massachusetts, a 4% decline from 2019, according to the agency. Suicide among young people ages 15 to 24 decreased by about 3%, the agency said. But suicides among Asian and Latino youth increased between 2019 and 2020, the agency reported.

<https://tinyurl.com/AimPreventSuicides>

23. *Salem News

March 31, 2022

CDC may remove dosing limits for opioids

Federal health officials are considering a plan to update restrictions on opioid prescribing as pain management groups push for changes to help people with chronic illnesses get their medication.

The U.S. Centers for Disease Control and Prevention is finalizing new federal clinical practice guidelines on opioid prescribing that will remove a recommended ceiling on opioid doses and urges physicians to use "non-opioid therapies" to treat chronic and acute pain, such as physical therapy, yoga, and acupuncture. . .

While Massachusetts wasn't among the states that adopted the CDC's dosing limits, it nevertheless has imposed some of the strictest opioid prescribing laws in the nation in response to a wave of overdose deaths in recent years.

In 2016, Gov. Charlie Baker and lawmakers pushed through a raft of rules to curb over-prescribing. Those included a cap on new prescriptions in a seven-day period and a requirement that doctors consult a state prescription monitoring database before prescribing an addictive opioid.

The restrictions appear to have produced results. Data released by state health officials show opioid prescriptions in Massachusetts have declined 40% since 2016. In 2020, providers wrote 33.3 opioid scripts for every 100 residents, according to the CDC, the lowest rate in New England.

<https://tinyurl.com/RemoveDosingLimits>

24. Health Affairs Pathways

March 30, 2022

Podcast: While We Wait: Community Part 1 - Mental Health Meets Primary Care

Sania Ali and Avni Kulkarni interview two members of the Behavioral Health Integration (BHI) Task Force about the current state of our mental health care system and policy solutions. The interview points to a promising opportunity to coordinate mental health services with the foundation of health care services: primary care.

Related Links:

- [Policies To Improve Implementation and Sustainability of Behavioral Health Integration \(Health Affairs Forefront\)](#)
- [Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration \(Bipartisan Policy Center\)](#)
- [Access To Mental Health Care and Incarceration \(Mental Health America\)](#)

<https://tinyurl.com/MentalHealthMeetsPrimaryCare>

Alzheimer's / Dementia	<p>25. *Boston Herald March 30, 2022 <i>Alzheimer's study: Boston researchers find 'vicious cycle' between daytime napping and Alzheimer's dementia</i> Boston researchers in a new study have discovered a "vicious cycle" between daytime napping and Alzheimer's dementia. https://tinyurl.com/BostonResearchDementiaNapping</p>
Covid-19	<p>26. STAT News March 30, 2022 <i>There's no return to normal for millions of children orphaned during Covid</i> Forgotten in the calls for a "new normal" and the shuffle toward it are the millions of children around the world whose parent or guardian has died from Covid-19. Their post-pandemic lives will be anything but normal. In a study published recently in the journal Lancet Child and Adolescent Health, we and several co-authors estimated that, in the first 20 months of the pandemic, more than 5 million children have lost a parent or other caregiver living in the home, such as a grandmother or grandfather. By the two-year anniversary of the pandemic in March 2022, the Covid-19 orphanhood calculator shows this number has grown to more than 7 million children. https://tinyurl.com/MillionsChidlrenOrphaned</p> <p>27. *New York Times March 30, 2022 <i>A new U.S. government website aims to help Americans find Covid antiviral pills.</i> As the coronavirus pandemic moves into what the White House hopes is a "new normal," the Biden administration has introduced covid.gov, a federal website meant to help Americans who are infected with the virus find the treatment they need quickly and at no cost. On the website, people can also find the locations of vaccination and testing sites and places to acquire high-quality masks; fill out a form to order eight free at-home coronavirus tests per household; view their community's risk level according to the Centers for Disease Control and Prevention; and get general information on Covid symptoms, treatment, testing and travel. The website is available in English, Spanish and Chinese. The administration is also making all of these tools available over the phone through the national vaccine hotline at 1-800-232-0233 (TTY 1-888-720-7489), which supports over 150 languages. https://tinyurl.com/CovidUSWebsite</p> <p>28. *New York Times March 30, 2022 <i>A large study finds that ivermectin does not reduce risk of Covid-19 hospitalization.</i> The anti-parasitic drug ivermectin, which has surged in popularity as an alternative treatment for Covid-19 despite a lack of strong research to back it up, showed no sign of alleviating the disease, according to results of a large clinical trial published on Wednesday. The study, which compared more than 1,300 people infected with the coronavirus in Brazil who received either ivermectin or a placebo, effectively ruled out the drug as a treatment for Covid, the study's authors said. https://tinyurl.com/NYTivermectinStudy</p> <p>29. Washington Post March 30, 2022</p>

Biden presses Congress for new covid funding, gets second booster shot

The president also announces a ‘one-stop-shop’ website for covid supplies, treatments.

President Biden on Wednesday afternoon announced the launch of covid.gov, a website that the White House is billing as a “one-stop-shop” for Americans seeking vaccines, tests, treatments and masks, while urging Congress yet again to pass a stalled funding package to support the nation’s virus response. . .

The new website — which consolidates efforts launched earlier in the pandemic, such as covidtests.gov and vaccines.gov — also includes information on local virus spread, guidance on travel rules and restrictions, and a new tool to help Americans locate places to receive immediate antiviral treatments if they have covid. . .

While federal regulators on Tuesday [authorized a fourth shot of vaccine](#) for Americans age 50 and older, U.S. officials have said [they do not have enough funding](#) to place advance orders for additional vaccine doses to cover all Americans, unless Congress passes the stalled package.

<https://tinyurl.com/BidenPressesFunding>

30. Washington Post (free access)

March 29, 2022

Older adults can get second coronavirus booster to strengthen waning protection

Older adults can get second booster shots of the Pfizer-BioNTech and Moderna [coronavirus](#) vaccines, federal agencies announced Tuesday as they expanded access to additional shots to help shore up protection against severe illness.

The Food and Drug Administration authorized a [second booster shot](#) of the Pfizer-BioNTech and Moderna coronavirus vaccines for people 50 and older at least four months after their first booster. The FDA also updated its authorization of additional doses for people 12 and older who are immunocompromised, saying they are eligible for another booster shot — the fifth inoculation for people at heightened peril from the virus. . .

Booster uptake in the United States has been slower than desired, particularly among older Americans who are at higher risk of severe illness. About 15 million people age 65 and older — a [third of people in the age](#) group — are fully vaccinated but have yet to receive a first booster. Only about 40 percent of people between 50 and 64 have received a first booster. . .

The primary benefit of a fourth shot is thought to be protection against severe illness, and that risk can vary dramatically among people 50 and older. Not all experts are convinced the benefits are clear, and some have debated about whether the age cutoff should be 60 or older. A matrix of factors — including underlying health conditions, age, and time since last booster dose or infection — could play a role in what a person should consider in risk vs. benefit.

<https://tinyurl.com/StrengthenWaningProtection>

31. CNN Health

March 29, 2022

Second booster shots authorized for adults 50 and older

The US Food and Drug Administration has expanded the emergency use authorization of the Pfizer and Moderna Covid-19 vaccines to allow adults 50 and older to get a second booster as early as four months after their first booster dose of any Covid-19 vaccine.

The move extends the availability of additional boosters to healthy older adults. The FDA had previously allowed additional shots for anyone 12 or older who was severely immune-deficient. This group of people can now receive a three-dose

	<p>primary series and two boosters for a total of five doses. . .</p> <p>In a large study of more than half a million adults over the age of 60, those who received a second booster, or fourth dose, of a Covid-19 vaccine had 78% lower odds of death during the Omicron wave compared to those who had a third shot at least four months earlier. But the numbers of deaths were relatively low in both groups. After 40 days of follow up, there were 232 total deaths out of nearly 234,000 people who'd only had three doses of the Pfizer-BioNTech vaccine, compared with 92 deaths out of 328,000 people.</p> <p>A smaller study of health care workers, which included younger adults, found that fourth boosters were safe and restored antibodies to the same levels reached after third doses. But fourth doses were only moderately effective -- about 30 to 40% -- at preventing illness. And most of the workers who got sick still had high viral loads, suggested that they were capable of transmitting the infection to others.</p> <p>https://tinyurl.com/SecondBoosterAuthorized</p> <p>32. AP News March 29, 2022 <i>US opens second COVID boosters to 50 and up, others at risk</i> Americans 50 and older can get a second COVID-19 booster if it's been at least four months since their last vaccination, a chance at extra protection for the most vulnerable in case the coronavirus rebounds.</p> <p>The Food and Drug Administration on Tuesday authorized an extra dose of the Pfizer or Moderna vaccine for that age group and for certain younger people with severely weakened immune systems.</p> <p>The Centers for Disease Control and Prevention later recommended the extra shot as an option but stopped short of urging that those eligible rush out and get it right away. That decision expands the additional booster to millions more Americans. . .</p> <p>Until now, the FDA had allowed a fourth vaccine dose only for the immune-compromised as young as 12. Vaccines have a harder time revving up severely weak immune systems, and Marks said their protection also tends to wane sooner. Tuesday's decision allows them another booster, too — a fifth dose. Only the Pfizer vaccine can be used in those as young as 12; Moderna's is for adults.</p> <p>https://tinyurl.com/APNewsSecondBooster</p>
Long Covid	<p>33. *New York Times March 29, 2022 <i>Experts warn of racial disparities in the diagnosis and treatment of long Covid.</i></p> <p>It has long been clear that Black Americans have experienced high rates of coronavirus infection, hospitalization, and death throughout the pandemic. But those factors are now leading experts to sound the alarm about what may come next: a prevalence of long Covid in the Black community and a lack of access to treatment. . .</p> <p>The report, called the State of Black America and Covid-19, outlines how disinvestment in health care in Black communities contributed to Black people contracting Covid at higher rates than white people. Black people were then more likely to face serious illness or death as a result.</p> <p>In the first three months of the pandemic, the average weekly case rate per 100,000 Black Americans was 36.2, compared with 12.5 for white Americans, the authors write. The Black hospitalization rate was 12.6 per 100,000 people, compared with 4 per 100,000 for white people, and the death rate was also higher: 3.6 per 100,000 compared with 1.8 per 100,000.</p> <p>https://tinyurl.com/NYTRacialDisparities</p>

	<p>34. World Health Organization March 4, 2022 <i>COVID-19: Update on Long COVID</i> (Podcast) https://tinyurl.com/WHOLongCovidUpdateMarch2022</p>
Disabilities	<p>35. Administration on Community Living March 30, 2022 <i>Closing DD Awareness Month and Introducing ACL’s New Commissioner on Disabilities</i> Jill Jacobs, new Commissioner on Disabilities. Every March, ACL celebrates Developmental Disabilities Awareness Month with the National Association of Councils on Developmental Disabilities and partners. Innovative projects pursued over the last year and will build upon over the next year:</p> <ul style="list-style-type: none"> • Equity, Diversity, and Inclusion • Addressing the COVID-19 Pandemic • Achieving Economic Security and Mobility • The Caregiver Crisis • The President’s Committee for People with Intellectual Disabilities (PCPID) <p>https://tinyurl.com/DDAwarenessMonth</p> <p>36. The Mighty March 21, 2022 <i>What Is a Spoonie? Understanding the Spoon Theory of Chronic Illness</i> What is the spoon theory? The spoon theory is a way to explain what life is like for someone who lives with a chronic illness. The spoon theory is based on the idea that people with chronic illnesses have a limited amount of “spoons” each day — with spoons being a unit of measurement for energy. Each activity in life takes up a certain number of spoons — for example, getting dressed might take two spoons, while taking a shower might take four spoons. When you’re living with a chronic illness, every day is filled with tough choices about which activities you can afford to do and which ones you have to skip. . . For many people with chronic illnesses, symptoms vary from day to day. So, on a good day, they might have enough spoons to get through the activities they need to do. But on a bad day, they might not have enough spoons — and that’s when things start to fall apart. If you run out of spoons, you can’t do anything else that day, and if you go beyond your limits, you may pay the price for days or weeks afterward. What happens when a person with a chronic illness runs out of spoons? When people with chronic illnesses push themselves too hard and repeatedly do things that cause them to run out of spoons, it can trigger a chronic illness flare-up, or “flare.” During a chronic illness flare, symptoms become exponentially worse, and a person may be unable to go to work or school, leave the house, or even get out of bed. Flares can last for days, weeks, or months. https://tinyurl.com/SpoonTheoryChronicIllness</p>

<p>Medical Care</p>	<p>37. The Hill March 30, 2022 <i>House to vote Thursday on bill to cap cost of insulin</i> The bill set for a House vote would cap consumers’ out-of-pocket costs for insulin at \$35 per month. The measure is authored by three House Democrats facing competitive reelection races this fall: Reps. Angie Craig (Minn.), Dan Kildee (Mich.) and Lucy McBath (Ga.). Across the Capitol, there are bipartisan discussions underway for a bill to lower the cost of insulin that could come up for a Senate vote in the coming weeks. https://tinyurl.com/HouseVoteInsulin</p> <p>38. AP News March 28, 2022 <i>FDA skeptical of benefits from experimental ALS drug</i> Federal health regulators issued a negative review Monday of a closely watched experimental drug for the debilitating illness known as Lou Gehrig’s disease, after months of lobbying by patient advocates urging approval. The drug from Amylyx Pharmaceuticals has become a rallying cause for patients with the deadly neurodegenerative disease ALS, their families and members of Congress who’ve joined in pushing the Food and Drug Administration to greenlight the drug. . . But the reviewers found the drug had “only a modest” effect on slowing the disease’s progression in a 137-patient, mid-stage study, which reviewers said was plagued with implementation and analysis problems. Typically, FDA approval requires two large studies or one study with a “very persuasive” effect on survival. https://tinyurl.com/FDASkeptical</p>
<p>Other</p>	<p>39. *Salem News March 31, 2022 <i>Public health officials tout ‘surprise billing’ law</i> State public health officials are touting a new law set to go into effect this year aimed at preventing “surprise” billing by health care providers. Gov. Charlie Baker signed the law in 2021 requiring that health care providers tell patients how much they will pay for planned hospital stays, medical procedures, healthcare services and referrals — based on their individual health plans. . . A recent study by the Kaiser Family Foundation found that surprise billing happens in about one in every five hospital visits. https://tinyurl.com/ToutSurpriseBillingLaw</p> <p>40. Brookings Institute and the USC Schaeffer Center for Health Policy & Economics March 29, 2022 <i>What does economy-wide inflation mean for the prices of health care services (and vice versa)?</i> Consumer prices rose 6.1% over the twelve-month period ending in January 2022, driven by particularly rapid growth in goods prices. In parallel, wage growth has picked up too, with labor costs up 4.0% over the twelve months ending in December 2021. Higher prices for goods and labor translate into higher input costs in the service sector, so it is natural to expect the prices of services to rise in response. Indeed, service sector inflation rose meaningfully over the course of 2021 and is now well above pre-pandemic rates. Thus far, however, health care services are an exception; as shown in Figure 1, health care inflation is only modestly above its pre-pandemic rate and has been steady in recent months. . . The analysis above indicates that the prices received by health care providers are</p>

	<p>rising more slowly than providers' input costs and that those prices may not fully "catch up" with input costs in the years to come, particularly in Medicare. While this will reduce burdens on those who pay for health care (some combination of governments, employers, and consumers), it will force providers to either accept lower margins or reduce their costs. These responses could have implications for quality or access. . .</p> <p>Because health care services account for 16% of all personal consumption expenditures (PCE), trends in health care prices have modest implications for overall inflation, at least as measured by the PCE price index.</p> <p>https://tinyurl.com/HealthCarePrices</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores473@charter.net.</p>
Websites	<p>U. S. Department of Health and Human Services</p> <p><i>Covid Toolkit</i></p> <p>https://www.covid.gov/</p> <p>Resources to keep yourself and others safe from COVID-19. Information is available by county.</p>
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Tuesday Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Nursing Home Closures	Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
State Budget	<p>Commonwealth of Massachusetts</p> <p><i>Governor's Proposed Budget for FY 2023</i></p> <p>January 26, 2022</p> <p>The annual budget process begins each year when the Governor files recommendations as a bill with the House of Representatives. Under the state Constitution, the Governor must submit a proposal by the 4th Wednesday of January or, in the event of a new term, within five weeks later. This bill is called House 1 or "House 2" depending on the year.</p> <p>https://malegislature.gov/Budget</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission.</p> <p>Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that</p>

conditions have improved and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

- Number of new COVID-19 cases within the facility
- Staffing levels
- Failure to report a lack of adequate PPE, supplies, or staff
- Infection control survey results
- Surveillance testing non-compliance

Facilities are required to notify residents' designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public Health determines a facility can be removed from the list.

Updated on March 30, 2022

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Vero Health and Rehab of Watertown	Watertown	3/3/22	Noncompliance Testing
Wingate at Needham	Needham	2/16/22	Infection Control
Caldwell Home Extended Care	Fitchburg	2/9/22	Noncompliance Testing
South Dennis Healthcare	Dennis	1/20/22	New Cases
Oosterman's Melrose Rest Home	Melrose	12/18/21	Noncompliance Testing
Plymouth Rehabilitation & Healthcare Center	Plymouth	10/27/21	New Cases
Highview of Northampton	Northampton	3/15/22	Infection control

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List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

CMS has published a new list of [Special Focus Facilities](#) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

What can advocates do with this information?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program's/organization's website (along with the

	<p>explanation noted above).</p> <ul style="list-style-type: none"> • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated February 23, 2022)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities that are candidates for listing</p> <ul style="list-style-type: none"> • Hillcrest Commons Nursing and Rehabilitation Center, Pittsfield https://tinyurl.com/HillcrestCommons • Medway Country Manor Skilled Nursing and Rehabilitation https://tinyurl.com/MedwayManor • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • RegalCare at Worcester No website • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Vantage at South Hadley No website • Vero Health and Rehabilitation Center of Amesbury https://tinyurl.com/VeroAmesbury • Vero Health and Rehabilitation Center of Revere https://tinyurl.com/VeroRevere • Braintree Manor Healthcare https://www.nextstephc.com/braintree • Hathaway Manor Extended Care https://hathawaymanor.org/ https://tinyurl.com/SpecialFocusFacilityProgram
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2021 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies</p>

	<p>comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p>		
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content. 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
Participation opportunities	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning	bhenning@bostoncil.org

<p>with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>		Paul Lanzikos	paul.lanzikos@gmail.com
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<i>The Tuesday Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Judi Fonsh • Wynn Gerhard • Chris Hoeh • Colin Killick • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/the-tuesday-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			