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| Logo of Dignity Alliance Massachusetts with tag line "respect. self-determination. choices."  Description generated with high confidence | The Dignity DigestIssue # 88 May 6, 2022*The Dignity Digest* is information complied by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Friday. |
|  | \*May require registration before accessing article. |
| Quotes of the Week | *“People need me, so I’m going to keep doing it.”*Frank Smith, 100-year-old Meals on Wheels delivery volunteer, *WWII veteran still helping community after 100 years,* **Daily Sun,** May 4, 2022, <https://tinyurl.com/StillHelpingAfter100Years>*“Residents of long-term care facilities across Massachusetts and their families deserve to feel confident that every resident will be cared for and protected. We took action against these facilities to ensure that nursing home residents are provided the best possible care, and to secure the safety and training protocols needed to avoid preventable harm.”*Massachusetts Attorney General Maura Healey, *Three patient deaths, and many others in misery, prompts $250,000 in fines at 5 Mass. nursing homes,* **\*Boston Globe,** May 3, 2022 (updated), <https://tinyurl.com/ThreePatientDeaths>*“I think it was a missed opportunity to take some stronger action against facilities ... where residents suffered real harm. When nursing homes are owned by some of the largest chains in the country, a $30,000 fine is a slap on the wrist. It’s not a whole lot of money, and it doesn’t cover all the nursing homes in the Heritage chain. That’s troubling. I would like the state to say, ‘We have a problem with non-implementation in policy in this facility; we should look at all of them.’. . .**“Nursing homes are more under-staffed than usual and things have gotten worse.”*Toby Edelman, senior policy attorney at the Center for Medicare Advocacy, *Three patient deaths, and many others in misery, prompts $250,000 in fines at 5 Mass. nursing homes,* **\*Boston Globe,** May 3, 2022 (updated), <https://tinyurl.com/ThreePatientDeaths>*“This is a key moment when you want to incorporate all these aging undocumented immigrants into the health care system. If you let their chronic conditions go unattended, they’ll just end up in the emergency room and be more expensive to treat. [It’s] “a responsible way of investing.”*Arturo Vargas Bustamante, professor of health policy and management at UCLA’s Fielding School of Public Health, *California Opens Medicaid to Older Unauthorized Immigrants,* **Kaiser Health News,** May 2, 2022, <https://tinyurl.com/CaliforniaOpensMedicaid> *"Based on neutralisation escape, BA.4 and BA.5 [variants] have potential to result in a new infection wave."**COVID's new Omicron sub-lineages can dodge immunity from past infection, study says,* **Reuters,** May 1, 2022, <https://tinyurl.com/CovidNewOmicron> *“This virus has probably got tricks we haven’t seen yet. We know it’s probably not quite as infectious as measles yet, but it’s creeping up there, for sure.”*Robert F. Garry of Tulane University virologist, *Virus mutations aren’t slowing down. New omicron subvariant proves it,* **\*Washington Post,** May 1, 2022, <https://tinyurl.com/MutationsNotSlowingDown>*“Certainly, the rationale for an increase [In Part B Medicare premiums] that high is gone. The question would be ‘what’s administratively feasible’.”*Paul Ginsburg, a nonresident senior fellow at the Brookings Institution, *A reduction in Medicare Part B premiums remains in play. Here’s where things stand,* **CNBC,** May 1, 2022, <https://tinyurl.com/ReductionMedicarePartB> *“We’re trying to shift the way society thinks about people with disabilities from charity to prosperity. You can run a profitable business that employs people with disabilities.”*Ben Wright, co-founder and owner of Bitty & Beau’s, a chain of coffee shops principally employing persons with intellectual or developmental disabilities, *Building a Future for the Disabled, One Cup of Coffee at a Time,* **Bloomberg Newsweek,** April 11, 2022, <https://tinyurl.com/OneCupOfCofee> *[W]e found that unions were associated with 10.8 percent lower resident COVID-19 mortality rates, as well as 6.8 percent lower worker COVID-19 infection rates.**Resident Mortality and Worker Infection Rates From COVID-19 Lower in Union Than Nonunion US Nursing Homes, 2020–21,* **\*Health Affairs,** April 20, 2022, <https://tinyurl.com/InfectionRatesLowerUnionNH>*In the sector overall, more than 3,000 skilled nursing facilities [of 15,560 Medicare-participating facilities] experienced a change in ownership between 2016 and 2021, according to data from the Centers for Medicare & Medicaid Services (CMS).**SCOTUS to Hear Case Over Scope of Federal Nursing Home Reform Act,* **Skilled Nursing News,** May 3, 2022, <https://tinyurl.com/SCOTUSToHearCase> *“When I chose to become a doctor, I thought I would receive thorough training in dealing with patients with disabilities, autism spectrum disorder included. But I didn’t. When it comes to people with autism, it seems like health care providers are grasping at straws, unsure of what to do. I expected patients with autism to be treated with compassion, but have come to realize that compassion is the exception: fear and disdain are the norm.”*Dr. Amanda Joy Calhoun, adult/child psychiatry resident at Yale School of Medicine’s Child Study Center, *The medical system needs to deeply reform its care of people with autism,* **STAT News,** May 1, 2022, <https://tinyurl.com/ReformCarePeopleAutism> *It is offensive to speculate about why individuals with autism and other mental illnesses are more vulnerable to COVID-19 without considering the impact of ableism—without considering that they may be denied the COVID-19 vaccine because they need disability accommodations.**My Brother Is Still Unvaccinated Because Our Medical System Is Ableist,* **Time,** November 8, 2021, <https://tinyurl.com/MedicalSystemIsAbleist>*“I want my money back, and I want to be charged the amount I agreed to pay for the drug. I think this needs to be fixed because other people are going to be cheated.”*Linda Griffith, covered by a Humana Medicare prescription drug plan, whose prescription cost increased 400% to $275.90 weeks after enrollment into the plan, *Medicare Surprise: Drug Plan Prices Touted During Open Enrollment Can Rise Within a Month,* **Kaiser Health News,** May 3, 2022, <https://tinyurl.com/MedicareSurprise> *About 420,000 nursing home workers* [*have left*](https://skillednursingnews.com/2022/04/litigation-staff-shortages-and-access-to-capital-pose-the-greatest-threats-to-nursing-homes/) *the industry since the start of the pandemic, according to the U.S. Bureau of Labor Statistics data, as nursing homes have lost 15.2% of the industry’s total workforce.**Inside the Race to Certify Temporary Nurse Aides as End to Waiver Nears,* **Skilled Nursing News,** May 4, 2022, <https://tinyurl.com/RaceToCertify> *“The [health care cost control] system is working in Massachusetts. The focus on providing transparency around health costs has been really helpful. That’s what all states want to do. I don’t know if other states will adopt the Massachusetts model. But we’re hearing increased interest.”*Maureen Hensley-Quinn, senior program director, National Academy for State Health Policy, who stressed the importance of the state’s robust data-gathering and analysis program, *States Watching as Massachusetts Takes Aim at Hospital Building Boom and Costs,* **Kaiser Health News,** May 3, 2022, <https://tinyurl.com/MAAimsHospitalCosts> *“Cognitive impairment is common to a wide range of neurological disorders, including dementia, and even routine ageing, but the patterns we saw – the cognitive 'fingerprint' of COVID-19 – was distinct from all of these.”*Professor David Menon, Division of Anaesthesia at the University of Cambridge, *Severe COVID-19 may cause 10-point IQ drop, 20-year brain aging,* **University of Cambridge,** May 3, 2022, <https://tinyurl.com/Equivalent20YearsAging> *“Sunday morning our lives changed forever. If we can prevent just one life from ending so tragically by talking openly about Sam’s struggles, we are committed to do so.”*Sally Cioffi, mother of Sam Cioffi, who committed suicide at age 22, *Family shares son’s struggles with mental illness, addiction,* **Salem News,** May 5, 2022, <https://tinyurl.com/FamilySharesSonstruggles> *“It would be difficult to overstate the global health implications of post-COVID-19 condition. This is, of course, a* [*major health care burden*](https://www.healio.com/news/infectious-disease/20220307/boston-sites-will-recruit-more-than-900-people-for-long-covid-study) *but may also hinder economic productivity because of the ensuing disability post-COVID-19 condition can cause in the labor force. Nations . . . need to take a proactive approach and have a health and economic support system for patients with long COVID.”*Spencer R. Haupert, MS candidate in biostatistics at the University of Michigan School of Public Health, *Global prevalence of long COVID ‘substantial,’ researchers say,* **Healio,** May 1, 2022, <https://tinyurl.com/GlobalPrevalenceLongCovid>  |
| Dignity Votes 2022 | **Fact Sheets and Issue Briefs**Prepared by Dignity Alliance Massachusetts Workgroups**Nursing Homes*** [Nursing Home Fact Sheet](https://dignityalliancema.org/wp-content/uploads/2022/04/Fact-U-0422-1-Nursing-Home-Fact-Sheet1.pdf)
* [Nursing Home Staffing Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-H-0411-1-Nursing-Homes-Issue-Brief-Staffing.pdf)
* [Pandemic Issues in Nursing Homes](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-G-0422-1-Nursing-Homes-Issue-Brief-COVID-19-Issues.pdf)
* [Nursing Homes – Financial Responsibility](https://dignityalliancema.org/wp-content/uploads/2022/04/DAM-Issue-Brief-Nursing-Home-Financial-Responsibility-L-0422-011.pdf)
* [Nursing Homes – Oversight, Licensures, Closures](https://dignityalliancema.org/wp-content/uploads/2022/04/DAM-Issue-Brief-Nursing-Home-Issue-Brief-Oversight-Licensures-Closures-L-0422-1.pdf)
* [Nursing Homes – Small Home Model](https://dignityalliancema.org/wp-content/uploads/2022/04/DAM-Issue-Brief-Nursing-Home-Small-Home-Model-N-0422-1.pdf)

**Home and Community Based Services*** [HCBS Fact Sheet](https://dignityalliancema.org/wp-content/uploads/2022/04/Fact-T-0422-1-HCBS-Fact-Sheet.pdf)
* [HCBS Staffing Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-C-0422-1-HCBS-Issue-Brief-Staffing.pdf)
* [HCBS Care Coordination Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-D-0422-1-HCBS-Issue-Brief-Care-Coordination.pdf)

**Behavioral Health*** [Behavioral Health Fact Sheet](https://dignityalliancema.org/wp-content/uploads/2022/04/Fact-S-0422-1-Behavioral-Health-Fact-Sheet.pdf)
* [BH Elder Mental Health Outreach Teams (EMHOT) Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-B-0422-1-Behavioral-Health-Issue-Brief-EMHOT.pdf)
* [BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-A-0422-1-Behavioral-Health-Issue-Brief-Psychotropic-Drugs.pdf)
* [Social Work Staffing Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-F-0422-01-Facilities-Issue-Brief-Nursing-Home-Social-Work-Staffing.pdf)

**Housing*** [Housing Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-E-0422-1-Housing-Issue-Brief-Vouchers.pdf)

**Veterans*** [Veterans Issues](https://dignityalliancema.org/wp-content/uploads/2022/04/Issue-I-0422-1-Veterans-Issue-Brief.pdf)

<https://dignityalliancema.org/2022-facts-and-issues/>  |
| Lives Well Lived | NCOA Virtual Conference: NISC State Association Breakfast | **David P. Stevens, Elder Advocate without Peer**David Stevens, long-time Executive Director of the Massachusetts Association of Council on Aging and Senior Center Directors (MCOA), has died after a year’s long battle with stage 4 cancer. Emily Shea, Commissioner of Boston’s Age Strong Commission, spoke for us all:*We have all been touched by his passion for his work, his infectious smile, his ability to make everyone feel welcome, his honesty, integrity, determination, and spirit. He was a true partner in every sense of the word.*His legacy will endure. May he rest in peace. |
| Survey Opportunity | 1. **Institute for Health and Disability Policy Studies – University of Kansas**

*Using the National Survey on Health and Disability Panel to Document the COVID-19 Pandemic Experiences of Working-Age Americans with Disabilities*The University of Kansas Institute for Health & Disability Policy Studies (IHDPS) wants to hear from people with disabilities and/or chronic health conditions. You'll have the chance to enter a drawing to win one of ten $100 gift cards if you complete their survey!The IHDPS believes that the only way to chance policies and improve the lives of people with disabilities and/or chronic health conditions is to ask people like you directly about your experiences. Take the survey to answer questions like:* What are your experiences this year?
* Does the COVID-19 pandemic continue to impact your life and health care needs?
* Do you have all the supports you need to live independently in your community?

Access survey document: <https://tinyurl.com/IHDPS2022Survey>  |
| Inspiration | 1. **Daily Sun**

May 4, 2022*WWII veteran still helping community after 100 years*[Frank] Smith is celebrating his 100th birthday on Thursday, May 5, with family and friends at the Beatrice Senior Citizens’ Center. . .He steps out of the passenger side of the black Chevy Malibu, his lap still warm from the foam take out box. Inside the box—and the brown paper bag on top of it—is a meal prepared by the Blue Rivers Area Agency on Aging for senior citizens across the community. Smith delivers between 16 and 24 of those meals every day. . . Smith, who has a combat badge, spent two months in Africa and 15 months in Italy during 1942 and 1945. . . Long before he was delivering meals to senior citizens in Beatrice, Smith got his start with acts kindness in Italy.“Well, I made friends with a shoemaker,” he said. “And they were starving because there wasn’t any leather. You couldn’t make any shoes. So, they lived in a stone house with flagstone floors. And Christmas was coming, so three of us asked our folks at home to get us presents for a 10-year-old girl named Angela. They came and were there in time for Christmas. So, on Christmas Eve, we took the presents over to the family and to Angela. And her favorite was a walking doll. It was wooden doll, it walked down a slanted plank.”<https://tinyurl.com/StillHelpingAfter100Years>  |
| Biden / Federal Policy | 1. **Kaiser Health News**

May 3, 2022*Medicare Surprise: Drug Plan Prices Touted During Open Enrollment Can Rise Within a Month*As early as three weeks after Medicare’s drug plan enrollment period ends on Dec. 7, insurance plans can change what they charge members for drugs — and they can do it repeatedly. . .A [recent analysis](https://blog.aarp.org/thinking-policy/prices-for-most-top-medicare-part-d-drugs-have-already-increased-in-2022) by AARP, which is lobbying Congress to pass legislation to control drug prices, compared drugmakers’ list prices between the end of December 2021 — shortly after the Dec. 7 sign-up deadline — and the end of January 2022, just a month after new Medicare drug plans began. Researchers found that the list prices for the 75 brand-name drugs most frequently prescribed to Medicare beneficiaries had risen as much as 8%. . .On April 22, CMS unveiled a proposal to streamline access to the Medicare Savings Program, which helps 10 million low-income enrollees pay Medicare premiums and reduce cost sharing. Enrollees also receive drug coverage with reduced premiums and out-of-pocket costs.The subsidies make a difference. Low-income beneficiaries who have separate drug coverage plans and receive subsidies are nearly twice as likely to take their medications as those without financial assistance, according to a [study Dusetzina co-authored](https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01742) for Health Affairs in April.<https://tinyurl.com/MedicareSurprise> 1. **CNBC**

May 1, 2022*A reduction in Medicare Part B premiums remains in play. Here’s where things stand*Key points:* The Centers for Medicare & Medicaid Services continues to evaluate the Part B premium, given changes that have occurred since the monthly amount was set last year.
* About half the rise in the premium was attributed to the potential cost of broadly covering Alzheimer’s drug Aduhelm.
* If a premium reduction happens, there’s a chance it could be applied to 2023 instead of 2022.

<https://tinyurl.com/ReductionMedicarePartB>  |
| Public Policy | 1. **Kaiser Health News**

May 3, 2022*States Watching as Massachusetts Takes Aim at Hospital Building Boom and Costs*A Massachusetts health cost watchdog agency and a broad coalition including consumers, health systems, and insurers helped block the state’s largest — and most expensive — hospital system in April from expanding into the Boston suburbs.Advocates for more affordable care hope the decision by regulators to hold Mass General Brigham accountable for its high costs will usher in a new era of aggressive action to rein in hospital expansions that drive up spending. Their next target is [a proposed $435 million expansion](https://www.bostonglobe.com/2021/07/01/business/boston-childrens-hospital-plans-another-expansion/) by Boston Children’s Hospital. . .With its many teaching hospitals, Massachusetts historically has been among the states with the highest per capita health care costs, though its spending has moderated in recent years as state officials have taken aim at the issue. . .The health policy commission, which works independently of the public health department but provides advice, has also required MGB to submit an 18-month cost-control plan by May 16, because its prices and spending growth have far exceeded those of other hospital systems. That was a major reason the growth in state health spending hit 4.3% in 2019, exceeding the commission’s target of 3.1%.This is the first time a state agency in Massachusetts or anywhere else in the country has ordered a hospital to develop a plan to control its costs. . .[The] fight was [bolstered by a report](https://www.mass.gov/doc/ago-examination-into-cost-drivers/download) last year from state Attorney General Maura Healey that found that the suburban outpatient expansion would increase MGB annual profits by $385 million. The nonprofit [MGB reported $442 million in operating income](https://www.bostonglobe.com/2021/12/10/business/mass-general-brigham-reports-profitable-year-despite-covid-challenges/) in 2021. . .Despite the defeat of MGB’s outpatient expansion, Massachusetts House Speaker Ron Mariano, a Democrat, said the state’s cost-control model needs strengthening to prevent hospitals from making an end run around it. A bill he backed that passed the House would give the commission and the attorney general’s office a bigger role in evaluating the cost impact of expansions. The Senate hasn’t taken up the bill.<https://tinyurl.com/MAAimsHospitalCosts> 1. **Kaiser Health News**

May 2, 2022*California Opens Medicaid to Older Unauthorized Immigrants*On May 1, California opened Medi-Cal to older immigrants residing in the state without legal permission.*Unauthorized immigrants over age 49 who fall below certain income thresholds are now eligible for full coverage by Medi-Cal, California’s version of Medicaid. . .**Under current law, all unauthorized immigrants who meet the financial criteria can get limited Medi-Cal coverage, including emergency and pregnancy services and, in some cases, long-term care. But when they sign up for full Medi-Cal, they get* [*comprehensive coverage*](https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/OAE/Older-Adult-Expansion-FAQ.pdf) *that includes primary care, prescription drugs, mental health care, dental and eye care, eyeglasses, and much more.*<https://tinyurl.com/CaliforniaOpensMedicaid>  |
| Reports | 1. **Office of the Inspector General for Massachusetts**

April 29, 2022*Report on the Holyoke Soldiers’ Home, May 2016 to February 2020*The Office’s report on its investigation, *Holyoke Soldiers’ Home, May 2016 to February 2020*, details the Office’s findings and outlines a comprehensive blueprint for lasting improvements. As more fully described in its report,the Office found:* The governor, secretary of the Executive Office of Health and Human Services (EHS) and the Home’s Board of Trustees (Board) did not follow the statute that gives the Board the power to appoint the superintendent. Rather, the Board recommended three candidates, the EHS secretary met only with Mr. Walsh and the governor appointed him as the Home’s superintendent.
* Superintendent Walsh did not have and did not develop the leadership capacity or temperament for the role of superintendent. He created an unprofessional and negative work environment, retaliated against employees he deemed disloyal, demonstrated a lack of engagement in the Home’s operations and circumvented his chain of command.
* EHS and Department of Veterans’ Services (DVS) officials failed to adequately address serious complaints by senior managers and others at the Home. Administration officials, primarily at EHS, failed to recognize that the recurring complaints indicated that Superintendent Walsh did not have the leadership skills or temperament to lead the Home.
* EHS undertook two investigations of Superintendent Walsh’s actions during his four-year tenure, but those investigations were flawed, unnecessarily restricted in scope and biased in Superintendent Walsh’s favor.

In the report, the Office makes recommendations to fix longstanding structural problems, address fundamental flaws related to oversight, and strengthen management and accountability. The legislative recommendations include:* DVS, which is currently within EHS, should be elevated to a cabinet-level secretariat. One person must be responsible for the oversight and management of the superintendent; one person must have the authority and responsibility to appoint, supervise, discipline, and remove the superintendent. The DVS Secretary should have this authority and responsibility for the superintendents at the Soldiers’ Homes in Holyoke and Chelsea (together the Soldiers’ Homes).
* Superintendents of the Soldiers’ Homes must meet certain requirements, including being licensed nursing home administrators with extensive management experience.
* The Department of Public Health (DPH) should have the authority and funding to provide independent clinical oversight and support for the Soldiers’ Homes.
* DVS should establish an ombudsperson and a hotline to allow confidential reporting by residents, relatives, staff and concerned citizens.

For a copy of the full report, see: [Holyoke Soldiers’ Home, May 2016 to February 2020](https://www.mass.gov/doc/holyoke-soldiers-home-may-2016-to-february-2020/download) |
| Previously posted webinars and online sessions | **Previously posted webinars and online sessions can be viewed at:**[**https://dignityalliancema.org/webinars-and-online-sessions/**](https://dignityalliancema.org/webinars-and-online-sessions/) |
| Nursing Homes | 1. **Skilled Nursing News**

May 4, 2022*Inside the Race to Certify Temporary Nurse Aides as End to Waiver Nears*The Centers for Medicare & Medicaid Services temporary nurse aide waiver will come to an end early next month, leaving nursing homes just four months from the June 7 date to get thousands of temporary workers trained and certified — or risk losing them.TNAs hired after June 7 will have four months from their hiring date to meet testing requirements, CMS has said. . .CMS cited long-term care survey findings that linked resident weight loss, depression and pressure ulcers to the “lack of certain minimum standards” as one reason why the waiver was coming to an end, according to a [memo](https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf) issued by the agency. . .About 420,000 nursing home workers [have left](https://skillednursingnews.com/2022/04/litigation-staff-shortages-and-access-to-capital-pose-the-greatest-threats-to-nursing-homes/) the industry since the start of the pandemic, according to the U.S. Bureau of Labor Statistics data, as nursing homes have lost 15.2% of the industry’s total workforce.<https://tinyurl.com/RaceToCertify> 1. **\*Boston Globe**

May 3, 2022 (updated)*Three patient deaths, and many others in misery, prompts $250,000 in fines at 5 Mass. nursing homes*The latest settlements impose fines on the nursing homes ranging from $30,000 to $81,500 for a total of just over $250,000. Four of the facilities are required to upgrade staff training and policies, conduct regular audits of their progress, and report the progress to the attorney general’s office for up to three years. . .In addition to the fines and training requirements, Healey [also filed legislation](https://malegislature.gov/Bills/192/S416) that increases the time in which her office can bring a civil suit for abuse or neglect of nursing home residents from two to four years. It also increases the civil penalties the office can seek for mistreatment, abuse, or neglect, up to $250,000 in cases resulting in death.The cases cited by Healey occurred before COVID-19 hit in early 2020. But since then, advocates say, instances of neglect have likely climbed. The nursing home industry, which typically pays low wages to many nursing assistants who do the bulk of the hands-on care, has struggled to attract and retain workers.Now, federal regulators are concerned that some of the waivers they granted to the industry to remove minimum quality standards during the pandemic, which provided them more flexibility in staffing, may have come at a high cost.<https://tinyurl.com/ThreePatientDeaths> 1. **Office of Massachusetts Attorney General Healey**

May 3, 2022*AG Healey Secures Resolutions with Five Nursing Homes Over Claims of Patient Neglect, Inadequate Care of Residents* Settlements Recover More than $250,000, Include Commitments to Compliance Programs and Expanded Health and Safety Training for Staff.The settlements will return more than $250,000 to the state, including more than half to the Massachusetts Department of Public Health (DPH) Long Term Care Facility Quality Improvement Fund. The settlements also require important training and compliance requirements to ensure patient safety and proper response to medical emergencies moving forward.The AG’s Medicaid Fraud Division reached settlements with the following nursing homes:* Brandon Woods, New Bedford, $52,000 fine
* Heritage Hall North, Agawam, $55,175 fine
* Heritage Hall West, Agawam, $33,725 fine
* Sarah Brayton Nursing Center, Fall River, $81,500 fine
* Wingate at Silver Lake, Kingston, $30,000 fine

<https://tinyurl.com/REsolutionsFiveNursingHomes> 1. **McKnight’s Long Term Care News**

May 3, 2022*Expert predicts ‘win’ for nursing homes in ‘big’ new SCOTUS case*The case has wide-reaching implications for providers. It could add a new right for private lawsuits of action as a component of the federal Nursing Home Reform Act (NHRA) depending on the future ruling, legal experts warned. “This is a big deal,” Angela M. Rinehart, an attorney with Katz Korin Cunningham, told McKnight’s Long-Term Care News on Monday. “This is not the typical case that the Supreme Court would take up. It is significant for a few reasons.” . .[Mark E. Reagan, managing attorney, Hooper, Lundy & Bookman, P.C.] added that he expects SCOTUS to overrule the Seventh Circuit and “put this issue to rest.”“This would mean that public entities operating long-term care facilities could not be sued for Section 1983 claims, which provide for damages as well as attorney fee awards,” Reagan said. “If it does not overrule the Seventh Circuit, Section 1983 would be usable against public entities operating long-term care facilities but not their private counterparts,” he said. “The risk to private entities under that scenario would be that there would be language in an opinion upholding the Seventh Circuit decision that could be usable in some other way to leverage state court civil liability claims against those types of entities.” Currently, skilled nursing facilities are not subject to lawsuits based solely on alleged violations of the NHRA and the associated regulations, according to Graham. He believes “if the SCOTUS strikes the Seventh Circuit’s ruling, the law will not substantively change for most providers.”<https://tinyurl.com/WinForNursingHomes> 1. **Skilled Nursing News**

May 3, 2022*SCOTUS to Hear Case Over Scope of Federal Nursing Home Reform Act*A decision by the nation’s highest court to review a case challenging whether state-owned nursing homes are shielded from federal lawsuits filed by residents has the potential to deal yet another blow to the nursing home industry. The U.S. Supreme Court on Wednesday granted a petition for a writ of certiorari for the case, *Health and Hospital Corporation of Marion County, et al., v. Gorgi Talevski, by his next friend Ivank Talevski*. <https://tinyurl.com/SCOTUSToHearCase> 1. **\*Health Affairs**

April 20, 2022*Resident Mortality and Worker Infection Rates From COVID-19 Lower in Union Than Nonunion US Nursing Homes, 2020–21*AbstractSince the start of the COVID-19 pandemic, nursing home residents have accounted for roughly one of every six COVID-19 deaths in the United States. Nursing homes have also been very dangerous places for workers, with more than one million nursing home workers testing positive for COVID-19 as of April 2022. Labor unions may play an important role in improving workplace safety, with potential benefits for both nursing home workers and residents. We examined whether unions for nursing home staff were associated with lower resident COVID-19 mortality rates and worker COVID-19 infection rates compared with rates in nonunion nursing homes, using proprietary data on nursing home–level union status from the Service Employees International Union for all forty-eight continental US states from June 8, 2020, through March 21, 2021. Using negative binomial regression and adjusting for potential confounders, we found that unions were associated with 10.8 percent lower resident COVID-19 mortality rates, as well as 6.8 percent lower worker COVID-19 infection rates. Substantive results were similar, although sometimes smaller and less precisely estimated, in sensitivity analyses.<https://tinyurl.com/InfectionRatesLowerUnionNH>  |
| Home and Community Based Services | 1. **Office of Massachusetts Attorney General Healey**

May 5, 2022*AG Healey Secures $550,000 from Home Health Care Company to Resolve False Billing Allegations*Settlement With Tewksbury Home Health Provider is Part of AG’s Ongoing Efforts to Combat Fraud in Home Health Industry.A Tewksbury-based home health care company and its owners will pay $550,000 to resolve allegations that they billed the state’s Medicaid program, MassHealth, for services that had not been appropriately authorized by a physician, Attorney General Maura Healey announced today.According to the AG’s Office, Integrity Home Care Solutions, LLC, a home health agency, and its owners, President and CEO Joseph W. Kimani and Vice President Beatrix Fingfing, failed to comply with MassHealth regulations that require a provider to obtain physician authorization confirming the services are medically necessary before submitting claims to MassHealth. . .Today’s settlement is part of a larger effort by AG Healey and MassHealth to combat fraud in the home health industry. Since 2016, the AG’s Office has successfully prosecuted three home health agencies and their owners and settled civilly with 13 home health agencies, returning approximately $50 million to MassHealth. In March 2022, a Worcester home health company, Compassionate Homecare, Inc., [reached a $6.53 million settlement](https://www.mass.gov/news/home-health-agency-agrees-to-pay-653-million-to-masshealth-to-resolve-allegations-of-fraud) to resolve longstanding litigation with the AG’s Office concerning its noncompliance with MassHealth regulations. In January 2022, a Chicopee-based home health agency, Home Care VNA, [agreed to pay $630,000](https://www.mass.gov/news/ag-healey-secures-630000-from-home-health-care-company-to-resolve-false-billing-allegations) to resolve allegations of fraudulent billing. In December  2020, Maestro-Connections Health Systems, LLC [agreed to pay $10 million](https://www.mass.gov/news/ag-healey-secures-10-million-from-home-health-care-company-that-falsely-billed-masshealth) to resolve allegations that it fraudulently submitted claims for unauthorized services.<https://tinyurl.com/HealeySecures550000Settlement> 1. **Office of Massachusetts Attorney General Healey**

March 24, 2022*Home Health Agency Agrees to Pay $6.53 Million to MassHealth to Resolve Allegations of Fraud*Settlement Negotiated by AG’s Office Also Allocates Up to $375,000 for Unpaid Wages for Past Employees of Compassionate Homecare.The [settlement](https://www.mass.gov/doc/compassionate-settlement), which has been approved by the United State Bankruptcy Court, resolves a [lawsuit](https://www.mass.gov/doc/2018-03-01-complaint-compassionate-homecare) filed by the AG’s Office against Compassionate in March 2018 alleging that the company stole millions of dollars from MassHealth. . .Compassionate was formed as a home health agency in 2010. In June 2017, the AG’s Fair Labor Division [issued three citations](https://www.mass.gov/news/home-health-agency-to-pay-more-than-85000-for-failing-to-pay-workers-overtime-and-travel-time) against Compassionate totaling $646,714 in restitution and penalties for failure to pay timely wages and overtime to its employees, and failure to keep true and accurate payroll records. . .In September 2019, Compassionate and its owner, Francis Kimaru, pleaded guilty to separate [criminal charges brought](https://www.mass.gov/news/home-health-agency-criminally-charged-for-defrauding-state-medicaid-program-more-than-800000) by the AG’s Medicaid Fraud Division. As part of that plea, Compassionate and Kimaru admitted to stealing hundreds of thousands of dollars from MassHealth by routinely overbilling and falsely billing for services that were not authorized or provided to patients. Compassionate filed for bankruptcy in May 2020.<https://tinyurl.com/Pay6MillionToResolve>  |
| Behavioral Health | 1. **Salem News**

May 5, 2022*Family shares son’s struggles with mental illness, addiction*<https://tinyurl.com/FamilySharesSonstruggles> 1. **The CT Mirror**

May 4, 2022*Talking about mental health is the difficult first step*During the pandemic, mental health has been on a steady decline. A [study released](https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide) by the World Health Organization shows that “in the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%.” One potential first step to fix this would be to open up about this crisis and ask people what they believe needs to be done.<https://tinyurl.com/TalkMentalHealth> 1. **WBUR**

April 29, 2022*Local film director of 'The House We Lived In' on memory and mental health*The teacher-turned-filmmaker from Amesbury documents his father's miraculous recovery after a fall that left him in a coma. But when his father, Tod, wakes up from the coma, there's a lot he can't remember — including the house O'Donnell grew up in. So, the film becomes a journey to the past in the hopes of triggering old memories.In so doing, O'Donnell must grapple with his father's financial difficulties and addictions. He also has to deal with his own struggles with mental health.<https://tinyurl.com/WBURHouseWeLivedIn>  |
| Covid-19 | 1. **Reuters**

May 1, 2022*COVID's new Omicron sub-lineages can dodge immunity from past infection, study says*Two new sublineages of the Omicron coronavirus variant can dodge antibodies from earlier infection well enough to trigger a new wave, but are far less able to thrive in the blood of people vaccinated against COVID-19, South African scientists have found.<https://tinyurl.com/CovidNewOmicron> 1. **\*Washington Post**

May 1, 2022*Virus mutations aren’t slowing down. New omicron subvariant proves it.*The coronavirus, SARS-CoV-2, has had billions of chances to reconfigure itself as it has spread across the planet, and it [continues to evolve](https://www.washingtonpost.com/health/2021/10/18/coronavirus-mutations/?itid=lk_inline_manual_5), generating new variants and subvariants at a clip that has kept scientists on their toes. Two-and-a-half years after it first spilled into humans, the virus has repeatedly changed its structure and chemistry in ways that confound efforts to bring it fully under control. . .There are two fundamental ways that the virus can improve its fitness through mutation. The first could be described as mechanical: It can become innately better at infecting a host. Perhaps it improves its ability to bind to a receptor cell. Or perhaps the mutation allows the virus to replicate in greater numbers once an infection has begun — increasing the viral load in the person and, commensurately, the amount of virus that is shed, potentially infecting other people.The other strategy involves the workaround of immunity. The human immune system, when primed by vaccines or previous infection to be alert for a specific virus, will deploy antibodies that recognize and neutralize it. But mutations make the virus less familiar to the immune system’s front-line defense.<https://tinyurl.com/MutationsNotSlowingDown>  |
| Alzheimer’s / Dementia | 1. **\*STAT News**

May 3, 2022*Biogen to replace CEO as it ‘substantially’ curbs spending on its Alzheimer’s drug*The company also said it is “substantially eliminating” all spending on Aduhelm just 10 months after securing U.S. approval — a concession from the struggling biotech that the drug had become a financial liability following a Medicare decision to restrict patient access and payment. . .Many people living with the disease, their caregivers, and advocates who support them are also likely to view the pullback of Aduhelm as a stinging disappointment. With few effective drugs to treat the devastating neurological disease, Aduhelm, despite its perceived shortcomings, offered some hope. . .Last month, Medicare finalized a [restrictive coverage plan](https://www.statnews.com/2022/04/07/medicare-final-decision-alzheimers-coverage-biogen-aduhelm/) for certain Alzheimer’s drugs, including Aduhelm, that would only pay for the costly infusions for patients participating in a clinical trial. The rationale for Medicare’s decision echoed concerns raised by physicians and scientists about whether Aduhelm actually worked and was safe. Private insurers were also refusing to pay for the drug, citing the same reasons plus its high cost.<https://tinyurl.com/CurbsAlzheimersDrug>  |
| Long Covid-19 | 1. **University of Cambridge**

May 3, 2022*Severe COVID-19 may cause 10-point IQ drop, 20-year brain aging*Cognitive impairment as a result of severe COVID-19 is similar to that sustained between 50 and 70 years of age and is the equivalent to losing 10 IQ points, say a team of scientists from the University of Cambridge and Imperial College London.The findings, published in the journal *eClinicalMedicine*, emerge from the [NIHR COVID-19 BioResource](https://bioresource.nihr.ac.uk/using-our-bioresource/our-cohorts/covid-19-bioresource/). The results of the study suggest the effects are still detectable more than six months after the acute illness, and that any recovery is at best gradual.There is growing evidence that COVID-19 can cause lasting cognitive and mental health problems, with recovered patients reporting symptoms including fatigue, ‘brain fog’, problems recalling words, sleep disturbances, anxiety, and even post-traumatic stress disorder (PTSD) months after infection. In the UK, a study found that around one in seven individuals surveyed reported having symptoms that included cognitive difficulties 12 weeks after a positive COVID-19 test.While [even mild cases can lead to persistent cognitive symptoms](https://www.cam.ac.uk/stories/memory-long-COVID), between a third and three-quarters of hospitalised patients report still suffering cognitive symptoms three to six months later.<https://tinyurl.com/Equivalent20YearsAging> 1. **Healio**

May 1, 2022*Global prevalence of long COVID ‘substantial,’ researchers say*Researchers estimated that more than 200 million people globally suffer from long-term effects of COVID-19, according to a recent study.<https://tinyurl.com/GlobalPrevalenceLongCovid>  |
| Longevity | 1. **\*Modern Healthcare**

May 3, 2022*What’s Diminishing the American Lifespan?*There’s an ongoing discussion about lifespan vs. “healthspan”—can a long life be accompanied by high quality of life? This is one place where the social determinants of health can enter the equation.<https://tinyurl.com/DiminishingLIfespan> 1. **Stanford Center on Longevity**

*“Century Lives: The 60-Year Career” (Podcast)*“Century Lives: The 60-Year Career” follows the arc of the new work lifespan, beginning with college students currently tackling the “big messy process” of shaping the six decades of work ahead of them, all the way to Boomers now busy sampling the new concept of Unretirement. In between, host Ken Stern explores such subjects as the reasons why we work, the 25-job career as the new normal and the challenges faced by those without college degrees in the new economy. Collectively, “Century Lives” paints a compelling picture of work in today’s America and how it needs to be changed to support longer, more balanced careers.In Season 2 Episode 1: Design Your Life, Stern explores how college students are planning for careers that can last for six decades or more, the challenges of stepping into an uncertain work world, and an innovative program helping them navigate it. <https://tinyurl.com/CenturyLives>  |
| Disability topics | 1. **STAT News**

May 1, 2022*The medical system needs to deeply reform its care of people with autism*There is a dearth of clinical knowledge and lack of formal training about how to care for people with autism. Those who are admitted to the hospital are more likely to be physically restrained because health care providers are usually not trained in alternative behavioral techniques tailored to autism. More than 200 clinical trials underway focus on autism, and the information gleaned from autism research studies on a wide range of topics, from identification to risk factors to characteristics, is quickly growing. But this knowledge does not seem to translate to better clinical care, especially in hospital settings.What is known has some concerning gaps. The majority of research funding, 98%, goes towards children with autism, leaving adults with autism behind. And when it comes to people with severe autism, like my brother, they are [underrepresented](https://link.springer.com/article/10.1007/s10803-018-3844-y) in research studies, even though [1 in 3 individuals with autism](https://pubmed.ncbi.nlm.nih.gov/27354431/) have severe forms of the disorder and may be unable to verbally communicate. Add in that autism research focuses on [predominantly white people](https://fpg.unc.edu/news/study-shows-lack-representation-across-historically-minoritized-racial-and-ethnic-groups-autism), and Black people, like my brother, and other minoritized groups are even more underrepresented. . .When it comes to people with autism, I want more than [awareness](https://iacc.hhs.gov/meetings/autism-awareness-month/2022/) or [acceptance](https://autismsociety.org/autism-acceptance-month/#:~:text=Donate-,Autism%20Acceptance%20Month,-This%20April%2C%20the) — those sentiments are fine, but they won’t keep people with autism from dying prematurely or receiving inequitable care in the medical system. I want justice. I want better training of medical professionals, like myself, so we can compassionately manage individuals with autism and provide them with equitable care. I want patients with autism to stop being physically restrained because health care providers don’t have better behavioral interventions. I want funding invested in initiatives to help adults with autism and their caretakers. I want research funding centered on non-white adults and children with autism led by non-white researchers belonging to the racially minoritized groups being studied. I want law enforcement to receive more education and accountability, so that they stop exercising unnecessary force against individuals with autism. I want love, empathy, and support for everyone with autism, even those with severe forms, like my brother and Noah.Last week, a sheriff’s deputy tackled an unarmed Black teenager with autism, for unknown reasons, while the 14-year-old boy was waiting in line at a Target store in upstate New York. His sister screamed that her brother had autism, but that did not stop the deputy from exercising undue force anyway.This episode reminded me of the time my brother was thrown to the ground by a security officer despite his paraprofessional screaming, “He’s autistic! We are fine! I am trained to handle him!” My brother, who was in his mid-30s at the time, was handcuffed so roughly he had bruises for weeks. Three years later, recalling this episode still makes me angry.These situations are not unique. Individuals with autism, especially Black people with autism, are more likely to be harmed by law enforcement.<https://tinyurl.com/ReformCarePeopleAutism> 1. **Bloomberg Newsweek**

April 11, 2022*Building a Future for the Disabled, One Cup of Coffee at a Time*Cafe chain Bitty & Beau’s is growing fast by hiring people with developmental disabilities.While businesses across the U.S. [struggle to find enough employees](https://www.bloomberg.com/news/articles/2022-04-07/labor-shortage-forces-indiana-businesses-to-get-creative), [Bitty & Beau’s](https://www.bittyandbeauscoffee.com/) coffee shops say their attrition rate is near zero and they’re inundated with applications every time a location opens. That’s because the chain primarily hires workers from a demographic advocates say has an unemployment rate above 80%: people with intellectual and developmental disabilities. . .Almost 90% of the 350-plus employees at Bitty & Beau’s 11 locations have a disability, doing everything from working as baristas to helping plan strategy in the corporate office.<https://tinyurl.com/OneCupOfCofee> 1. **Time**

November 8, 2021*My Brother Is Still Unvaccinated Because Our Medical System Is Ableist*A [recent study](https://journals.sagepub.com/doi/pdf/10.1177/13623613211039662) showed that adults with autism spectrum disorder, intellectual disability, and other mental illnesses are at higher risk of contracting COVID-19 and having more severe cases of the virus. Based on my brother’s experience, I know one reason why: ableism. . .When patients with autism access the medical system, it often fails them, as it does my brother. Physicians fail to give them the support they need to feel safe, and staff fail to give them the compassion they deserve. . .[2.2 % of adults](https://www.cdc.gov/ncbddd/autism/features/adults-living-with-autism-spectrum-disorder.html) currently have autism spectrum disorder. [1 in 3 people](https://pubmed.ncbi.nlm.nih.gov/27354431/) with autism have a severe form—and are minimally verbal—yet severe forms of autism [have been understudied](https://link.springer.com/article/10.1007/s10803-018-3844-y). . .How many individuals are unvaccinated because an ableist medical system has failed them? A recent study showed that individuals with developmental disabilities, like autism, are more than three times likely to die from a COVID-19 diagnosis. Yet, there appear to be no studies documenting the prevalence of individuals with autism spectrum disorders, or other severe mental illnesses for that matter, who are denied the vaccine. It is offensive to speculate about why individuals with autism and other mental illnesses are more vulnerable to COVID-19 without considering the impact of ableism—without considering that they may be denied the COVID-19 vaccine because they need disability accommodations. . .[T]he federal government should give additional funds to federally qualified health centers, enabling them to provide special accommodations for disabled individuals to receive the COVID-19 vaccine. The federal government could also provide additional funding to emergency departments, so they can get the staffing and support needed to administer the vaccine safely to disabled patients.<https://tinyurl.com/MedicalSystemIsAbleist> 1. **The Center for Dignity in Healthcare for People with Disabilities**

*New Resource for Advocating for Students with Disabilities: School Board Advocacy Toolkit*The Center for Dignity in Healthcare for People with Disabilities has developed a [School Board Advocacy Toolkit](https://click.connect.hhs.gov/?qs=7dcd02b229f574a5ec0b24c83fb16930025124a719e1292a7ca31b0067f4573196cd41fbee3bd9c8c2353d8cb59322e8530249f138fd4240) to advocate for students with disabilities.Many decisions that impact students are made by local school boards. As has been observed during the COVID-19 pandemic, many of these decisions and their resulting consequences significantly impact students with disabilities. The toolkit provides tips and resources to help advocate to the local school board, including learning about issues, identifying decision makers, knowing the process, and messaging.[School Board Advocacy Toolkit](https://click.connect.hhs.gov/?qs=7dcd02b229f574a5ec0b24c83fb16930025124a719e1292a7ca31b0067f4573196cd41fbee3bd9c8c2353d8cb59322e8530249f138fd4240) |
| Medical Care | 1. **STAT News (Podcast0**

May 4, 2022*How should doctors treat chronic pain in the wake of the opioid crisis?*Clinicians walk a tightrope when trying to help their patients with chronic pain. They want to be able to ease a patient’s suffering with medication, but must be mindful of the risks of addiction. There are some non-medication treatments for pain, but they’re often hard to access or not covered by insurance. Finding the balance can be challenging and emotionally taxing. And in the wake of the opioid crisis, many clinicians tend to err on the side of caution and under-treat pain.<https://tinyurl.com/TreatChronicPain>  |
| Veterans’ Services / Holyoke Soldiers’ Home | 1. **HomeNewsHere.com**

May 2, 2022*Report critical of ex-leader at veterans’ home torn by COVID*The leader of a veterans' care center in Massachusetts where 76 veterans died after contracting the coronavirus in the spring of 2020 lacked both the leadership skills and the temperament to run such a facility when he was hired in 2016, according to a blistering state Inspector General's report released Friday.The 91-page report, which covers the period from May 2016 until February 2020 — just before the pandemic struck with full force — was also highly critical of the process that led to the hiring of Bennett Walsh as superintendent of the Holyoke Soldiers' Home and of state oversight of the home. . .The report acknowledges that Walsh inherited some problems with the 240-bed facility when he was appointed by Gov. Charlie Baker in 2016, including ongoing staffing issues, tension with employee unions and key leadership vacancies. . .The report also criticized the state Executive Office of Health and Human Services and the state Department of Veterans' Services for not adequately addressing complaints about Walsh. The state twice investigated Walsh during his four years at the facility, but "those investigations were flawed, unnecessarily restricted in scope and biased in Superintendent Walsh's favor," the report said. . .The Inspector General's report released Friday also makes several recommendations to improve oversight and management not just in Holyoke but at its sister facility in Chelsea.They include requiring superintendents to be a licensed nursing home administrator with extensive management experience; giving the state Department of Public Health the authority to provide independent clinical oversight and support; and the establishment of an ombudsperson and a hotline so residents, their families and staff can confidentially report problems.<https://tinyurl.com/CriticalExLeaderSoldiersHome>  |
|  | \*May require registration before accessing article. |
| Dignity Alliance Massachusetts Legislative Endorsements | Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at:<https://tinyurl.com/DignityLegislativeEndorsements> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.  |
| Websites |  |
| Previously recommended websites | The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <https://dignityalliancema.org/resources/>. Only new recommendations will be listed in *The Tuesday Digest.* |
| Previously posted funding opportunities | For open funding opportunities previously posted in *The Tuesday Digest* 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 | **Salem News**April 28, 2022*House bulks up approved $49.7B budget*The House passed a $49.7 billion fiscal 2023 budget Wednesday evening after adding nearly $130 million in spending through seven mega-amendments over the course of three days. . Lawmakers dispensed with 1,522 budget amendments through a number of large packages that were split up by subject category.<https://tinyurl.com/House49BillionBudget> **Commonwealth of Massachusetts***Proposed Amendments to the House Ways and Means Budget*April 15, 2022*House Ways and Means Budget*April 13, 2022Excerpts from Rep. Aaron Michlewitz’s, Chair of the House Ways and Means, transmittal letter:“With this document, the House Committee on Ways and Means presents its recommendations for the Fiscal Year 2023 General Appropriations Act. . .In January, the House and Senate Committees on Ways & Means, working closely with the office of Administration & Finance, agreed to a consensus revenue number for FY23 in the amount of $36.92 billion, a 2.7% growth over the revised FY22 projections. Of this total amount, $29.78 billion is available for the FY23 budget after the transfers to the pension fund, MBTA, and other agencies. . .In FY22, one of the main funding priorities of the House was in housing and homelessness. That budget funded programs like the Rental Assistance for Families in Transition (RAFT) and Massachusetts Rental Voucher Program (MRVP) at historically high levels. As we move into FY23, we plan to continue to prioritize these needs and build on previous investments to support individuals, families, and youth in this budget. This FY23 budget funds RAFT at $140 million, MRVP at $150 million, $100 million for programs for Homeless Individuals, $92 million for Public Housing, and $59.4 million for HomeBASE.Our investments in healthcare comprise a significant portion of the budget. Due to the federal public health emergency, MassHealth has received enhanced federal funding for money spent on services, often referred to as Federal Medical Assistance Percentage (FMAP). In order to receive this funding, MassHealth is unable to re-determine eligibility for members until July of 2022, at the earliest. As a result, the House budget includes $18.406 billion in spending to fully fund the MassHealth caseload, a $595 million gross increase over H.2. The costs of this increase are more than covered by the FMAP funds the Commonwealth receives and as a result the net cost for MassHealth decreases.The House remains committed to expanding treatment options and providing resources for those struggling with mental health and substance use disorders. We have focused on prevention, intervention, and long-term recovery. This budget will invest $188.6 million into the Substance Use Disorder Trust Fund, allowing individuals across the addiction spectrum to access the services they need.”Highlighted components:MassHealthAs the Commonwealth has provided safety net services to those hit hardest by the COVID-19 pandemic, one of the most important investments has been ensuring that low-income residents have access to affordable, high-quality healthcare. MassHealth has seen its caseload grow over the course of pandemic, now covering close to 2.2 million lives. The House Committee on Ways and Means budget proposal includes $18.406B for MassHealth programmatic spending to fully support the increase in caseload during the federal public health emergency, ensuring that residents who need coverage are able to access it.* Invests $645M in spending for FY23 to fully fund MassHealth caseload for the remainder of the Federal Public Health Emergency
* Provides $37M in spending to expand the eligibility for the Medicare Savings Program to 250% of the Federal Poverty Line
* Provides $27M for nursing facility rates to be set using 2019 calendar year costs, an average increase of $4.20 per day
* Prepares MassHealth for the introduction of a new 1115 waiver in FY23

Department of Transitional AssistanceThe Department of Transitional Assistance works to ease the burdens on the Commonwealth’s most vulnerable, ensuring that children, the elderly, the disabled, the unemployed and the underemployed have access to the services and the benefits that they need to achieve personal economic self-sufficiency and a better quality of life. The Department reaches one in eight Massachusetts residents through its economic assistance, food assistance, and workforce training programs, and the House Committee on Ways and Means budget proposal would protect and preserve these standards of support through the post-pandemic recovery and help guarantee opportunity for every resident of the Commonwealth.* Provides $3.5M for Two Generation Economic Mobility Programs
* Provides $343.2M for Transitional Aid to Families with Dependent Children
* Provides $137.2M for Emergency Aid to the Elderly, Disabled, and Children
* Provides $10M for Healthy Incentives Program

Department of Public HealthThe Department of Public Health aims to ensure that all people of the Commonwealth remain healthy by promoting wellness and establishing health and safety regulations to prevent injury, illness, and premature death. The Department of Public Health also strives to eliminate health disparities within the Commonwealth by acknowledging and addressing social determinants of health. The House Committee on Ways and Means supports the Department’s behavioral health efforts and proposes increases for the Bureau of Substance Addiction Services, Early Intervention Services, and School Based Health Programs to fund workforce development initiative* Provides $11.9M for chronic disease prevention

Department of Mental HealthAs the Commonwealth’s mental health authority, the Department of Mental Health provides community-based and continuing care inpatient services for over 20,000 individuals throughout the Commonwealth. The Department serves the severely, persistently mentally ill with the goal of enabling as many individuals as possible to live, work, and participate in their communities. The House Committee on Ways and Means Fiscal Year 2023 budget proposal continues this effort by supporting emergency department diversion boarding and funding a new loan forgiveness program to address workforce retention and development issues within clinical behavioral health.* Provides $514.3M for adult support services
* Provides $111.8M for child and adolescent mental health services
* Provides $10M for emergency department diversion programs
* Provides $20M for a DMH loan forgiveness program to support workforce development among clinical behavioral health professionals

Executive Office of Elder AffairsThe Department of Elder Affairs provides services that promote independence and sustain a high quality of life for elders with support to their families and caregivers. These services range from community-based services and supports as well as nutrition programs, protective services, and housing, which are provided through a network of Aging Service Access Points and Councils on Aging Across the state. During the COVID-19 pandemic, these services have become even more critical to keep older adults healthy. The House Committee on Ways and Means budget proposes a funding level of $715.6M to ensure that these important services continue while recognizing the unprecedented, continued growth in the elder population and desire to age in the community.* Provides $284M for the Community Choices Program, which provides MassHealth-eligible elders with nursing facility levels of need with home care support
* Provides $40.4M to maintain higher rates for home health aides and homemakers that provide vital services to older adults in our communities
* Provides $22M for Grants to Councils on Aging to maintain the $12 per elder funding formula
* Provides $2.5M in funding for Elder Mental Health Outreach Teams, which link in-crisis elders with a wide variety of behavioral health services.
* Maintains $1.6M in funding for 24 Elder Supportive Housing Sites
* Provides $1M in funding to support the SHINE program to assist older adults in choosing and enrolling in benefits as well as book vaccine appointments during the pandemic

Department of Veterans’ ServicesThe Department of Veterans’ Services provides veterans with access to programs and services throughout the Commonwealth. The Department provides educational opportunities, outreach centers, service benefits, as well as personal care services through the Soldiers’ Homes in Chelsea and Holyoke.* Provides $68.2M for Veterans’ Benefit Payments
* Provides $79M for the Soldiers’ Homes in Chelsea and Holyoke
* Provides $8.9M for Veterans’ Outreach Centers
* Provides $4.2M for assistance to homeless veterans

Department of Housing and Community DevelopmentThe Department of Housing and Community Development provides affordable housing options and essential financial support to vulnerable families and communities in Massachusetts. A safe housing environment provides a solid foundation from which families and individuals can lead stable, successful lives. As such, the House Committee on Ways and Means budget proposal preserves or expands funding for all emergency homeless assistance programs, as well as homelessness prevention and rapid rehousing for both families and individuals. The Fiscal Year 2023 budget includes $853M to ensure that these important programs continue to support and provide safe housing for thousands of individuals and families across the Commonwealth.* Provides $218.2M for the Emergency Assistance Family Shelter Program
	+ Includes immunosuppressed and immunocompromised shelter assistance
* Provides $150M for the Massachusetts Rental Voucher Program (MRVP)
	+ Also carries forward $21.9M in unspent funds from FY22
* Provides $92M for Public Housing Authorities
* Provides $100M for Homeless Individuals Assistance
	+ Includes $90M within the item for long-term shelter providers
* Provides $59.4M for the HomeBASE Program, extending program benefits from one to two years
	+ Includes immunosuppressed and immunocompromised rental assistance
* Provides $140M for the Residential Assistance for Families in Transition (RAFT) Program
* Provides $12.5M for Rental Subsidies to Eligible Department of Mental Health Clients
* Provides $13.7M for the Alternative Voucher Housing Program (AVHP)
* Carries forward $5.6M in unspent funds from FY22
* Provides $9.7M for Housing Consumer Education Centers
* Provides $5M for Rapid Re-Housing Programs for Homeless Individuals
* Provides $6.4M for the Home and Healthy for Good Program
* Provides $5M for the Service Coordinators Program
* Provides $2M for a Housing Assistance for Reentry Transition pilot program

*Governor’s Proposed Budget for FY 2023*January 26, 2022The 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.<https://malegislature.gov/Budget>  |
| Nursing homes with admission freezes | **Massachusetts Department of Public Health***Temporary admissions freeze*On November 6, the state [announced](https://www.mass.gov/news/baker-polito-administration-announces-additional-measures-to-protect-health-of-older-adults) 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.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 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 of Health determines a facility can be removed from the list.**Updated on May 2, 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Facility** | **City/Town** | **Date of Freeze** | **Qualifying Factor** |
| Caldwell Home Extended Care | Fitchburg | 2/9/22 | Noncompliance Testing |
| Highview of Northampton | Northampton | 3/15/22 | Infection control |
| Lanessa Extended Care | Webster | 4/20/22 | Inadequate staffing |
| Oosterman's Melrose Rest Home | Melrose | 12/18/21 | Noncompliance Testing |
| Savoy Nursing and Rehab Center | New Bedford | 4/19/22 | Infection control |
| The Meadows of Central Massachusetts | Leicester | 4/12/22 | 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/SpeciialFocusFacilityProgram> Updated April 27, 2022CMS has published a new list of [Special Focus Facilities](http://act.theconsumervoice.org/site/R?i=Do5aNQZrWGM6olxiu2AJ4_afiElWm1WVgvZ1RbpcuQ2JtPUriN0edA) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.This is important information for consumers – particularly as they consider a nursing home.**What can advocates do with this information?*** Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
* Post the list on your program’s/organization’s website (along with the explanation noted above).
* Encourage current residents and families to check the list to see if their facility is included.
* Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
* Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
* For long-term care ombudsmen representatives:  Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

**Massachusetts facilities listed (updated March 30, 2022)****Newly added to the listing*** None

**Massachusetts facilities not improved*** Marlborough Hills Rehabilitation and Health Care Center, Marlborough

<https://tinyurl.com/MarlboroughHills> **Massachusetts facilities which showed improvement*** Attleboro Healthcare, Attleboro

<https://tinyurl.com/AttleboroHealthcare> **Massachusetts facilities which have graduated from the program*** None

**Massachusetts facilities that are candidates for listing*** Bourne Manor Extended Care Facility

<https://bournemanor.org/> * 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>* Watertown Health Center

No website <https://tinyurl.com/SpeciialFocusFacilityProgram>  |
| *Nursing Home Inspect* | **ProPublica*****Nursing Home Inspect***Data updated November 2021This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).Massachusetts listing: <https://projects.propublica.org/nursing-homes/state/MA> **Deficiencies By Severity in Massachusetts**[(What do the severity ratings mean?)](http://anha.org/uploads/ScopeSeverity2018.pdf)# reported Deficiency Tag[233](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=B&state=MA) **[B](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=B&state=MA)**[70](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=C&state=MA) **[C](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=C&state=MA)**[6,739](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=D&state=MA) **[D](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=D&state=MA)**[1,754](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=E&state=MA) **[E](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=E&state=MA)**[452](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=F&state=MA) **[F](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=F&state=MA)**[517](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=G&state=MA) **[G](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=G&state=MA)**[23](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=H&state=MA) **[H](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=H&state=MA)**[59](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=J&state=MA) **[J](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=J&state=MA)**[22](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=K&state=MA) **[K](https://projects.propublica.org/nursing-homes/findings/search?action=show&controller=state&id=MA&search=&ss=K&state=MA)** |
| Nursing Home Compare | **Centers for Medicare and Medicaid Services (CMS)***Nursing Home Compare Website*Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information 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:* **Staff turnover:**  The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.
* **Weekend staff**:  The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.

Posting 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>  |
| Long-Term Care Facilities Specific COVID-19 Data | **Massachusetts Department of Public Health***Long-Term Care Facilities Specific COVID-19 Data**Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.***Table of Contents*** [COVID-19 Daily Dashboard](https://www.mass.gov/info-details/long-term-care-facilities-specific-covid-19-data#covid-19-daily-dashboard-)
* [COVID-19 Weekly Public Health Report](https://www.mass.gov/info-details/long-term-care-facilities-specific-covid-19-data#covid-19-weekly-public-health-report)
* [Additional COVID-19 Data](https://www.mass.gov/info-details/long-term-care-facilities-specific-covid-19-data#additional-covid-19-data)
* [CMS COVID-19 Nursing Home Data](https://www.mass.gov/info-details/long-term-care-facilities-specific-covid-19-data#cms-covid-19-nursing-home-data)
 |
| DignityMA Call to Action | * The MA Senate released a report in response to COVID-19. **Download the** [**DignityMA Response to Reimagining the Future of MA**](https://dignityalliancema.org/wp-content/uploads/2022/02/Reimagining-the-Future-of-MA.pdf).
* **Advocate** for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals **–** [**State Legislative Endorsements**](https://dignityalliancema.org/legislative-endorsements/).
* **Support** relevant bills in Washington **–** [**Federal Legislative Endorsements**](https://dignityalliancema.org/federal-legislative-endorsements/).
* **Join** our [**Work Groups**.](https://dignityalliancema.org/about/working-groups/)
* **Learn** to use and leverage Social Media at our workshops: [**Engaging Everyone: Creating Accessible, Powerful Social Media Content**](https://dignityalliancema.org/2022/02/09/social-media-workshops/)
 |
| Access to Dignity Alliance social media | Email: info@DignityAllianceMA.org Facebook: <https://www.facebook.com/DignityAllianceMA/> Instagram: <https://www.instagram.com/dignityalliance/> LinkedIn: <https://www.linkedin.com/company/dignity-alliance-massachusetts> Twitter: <https://twitter.com/dignity_ma?s=21> Website: [www.DignityAllianceMA.org](http://www.DignityAllianceMA.org)  |
| **Participation opportunities with Dignity Alliance Massachusetts**Most workgroups meet bi-weekly via Zoom.Please contact workgroup lead for more information | **Workgroup** | **Workgroup lead** | **Email** |
| General Membership | Bill HenningPaul Lanzikos | bhenning@bostoncil.orgpaul.lanzikos@gmail.com  |
| Behavioral Health | Frank Baskin | baskinfrank19@gmail.com  |
| Communications | Pricilla O’ReillySamantha VanSchoickLachlan Forrow | prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu |
| Facilities (Nursing homes, rest homes, assisted living) | Arlene Germain | agermain@manhr.org  |
| Home and Community Based Services | Meg Coffin | mcoffin@centerlw.org  |
| Housing | Shaya French | sfrench@bostoncil.org  |
| Legislative | Richard Moore | rmoore8743@charter.net  |
| Topical Conversations | Lachan Forrow | lforrow@bidmc.harvard.edu  |
| Veteran Services | James Lomastro | jimlomastro@comcast.net  |
| ***The Dignity Digest*** | For a free weekly subscription to *The Dignity Digest:*<https://dignityalliancema.org/contact/sign-up-for-emails/> Editor: Paul LanzikosPrimary contributor: Sandy NovackMailChimp Specialist: Sue Rorke |
| Note of thanks | Thanks to the contributors to this issue of *The Dignity Digest** Wynn Gerhard
* Bill Henning

Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.**If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to* *paul.lanzikos@gmail.com**.* |
| *Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.* *Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.**The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.* *Previous issues of The Tuesday Digest* and *The Dignity Digest are available at:* [*https://dignityalliancema.org/dignity-digest/*](https://dignityalliancema.org/dignity-digest/)*For more information about Dignity Alliance Massachusetts, please visit* [*www.DignityAllianceMA.org*](http://www.DignityAllianceMA.org)*.* |