



The Dignity Digest

Issue # 89

May 13, 2022

The Dignity Digest is information compiled 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

“We remember. . .”

Alex Goldstein, creator of [FacesOfCovid](https://tinyurl.com/STATFacesOfCovid), a social media platform that has shared the stories of more than 7,000 people who have died of Covid-19. *The faces of Covid*, **STAT News**, May 10, 2022, <https://tinyurl.com/STATFacesOfCovid>

“No amount of money can bring back the veterans who died or erase the pain and suffering that this tragedy needlessly caused those veterans and their families, but justice required that those wrongs not go unaddressed. This settlement recognizes that the tragedy was preventable and never should have happened.”

Thomas Lesser, attorney who represented families of Holyoke Soldiers' Home pandemic victims, *State to pay \$56 million to settle lawsuit brought by families of veterans who got COVID-19 at Holyoke Soldiers' Home*, ***Boston Globe**, May 12, 2022, <https://tinyurl.com/56MillionSettlement>

Whether or not we are done with the virus, it seems the virus will do its best to stay with us.

The 'five pandemics' driving 1 million U.S. Covid deaths, **STAT News**, May 10, 2022, <https://tinyurl.com/FivePandemics>

“If I've got this child and they're cutting and saying they're going to kill themselves, I'll say, 'Well, I'll see them today,' If I call a child psychiatrist, they say, 'I'll see them in a month.' . . . Whatever we're doing isn't working.”

Dr. Melissa Dennison, a pediatrician in Glasgow, KY, *Teens in Distress Are Swamping Pediatricians*, **New York Times (free access)**, May 10, 2022, <https://tinyurl.com/NYTeensInDistress>

Between 5.3 million and 14.2 million people could lose Medicaid coverage following the end of the public health emergency and federal continuous enrollment requirement.

Millions Expected to Lose Medicaid Coverage After the Public Health Emergency Expires, KFF The Latest, May 11, 2022, <https://tinyurl.com/FiscalEnrollmentImplications>

The [provisional 2021 total](#) translates to roughly one U.S. overdose death every 5 minutes.

U.S. overdose deaths hit record 107,000 in 2021, CDC says, STAT News, May 11, 2022, <https://tinyurl.com/OverdoseDeaths107000>

“This [burn pit care] is an urgent issue. I mean, people are dying.”

Aleks Morosky, governmental affairs specialist for the Wounded Warrior Project, Senate GOP Puts Up Roadblocks to Bipartisan House Bill for Veterans’ Burn Pit Care, Kaiser Health News, May 11, 2022, <https://tinyurl.com/BurnPitCare>

“You better think about having community care — because there’s no way you’re going to be able to ramp up the medical infrastructure to provide that purely through the VA.”

Sen. Thom Tillis (R-N.C.), a member of the Veterans’ Affairs Committee, Senate GOP Puts Up Roadblocks to Bipartisan House Bill for Veterans’ Burn Pit Care, Kaiser Health News, May 11, 2022, <https://tinyurl.com/BurnPitCare>

"At the end of the day it's not about what you have or even what you've accomplished... it's about who you've lifted up, who you've made better. It's about what you've given back."

Denzel Washington, <https://tinyurl.com/DavidPStevens>

“Scientific advancements in recent years have dramatically expanded the role of nurses in our health care system, and their knowledge and skills have increased to keep pace with new technologies and methods of treatments.

“Yet, the very core of nursing—caring for patients at the bedside—remains unchanged. Nurses bring a special

	<p><i>compassion and concern for the patient and for the patient's family.</i></p> <p><i>“Nurses play a vital role in educating people in how to avoid illness and promote good health.</i></p> <p><i>“Nurses are essential to every health care setting—in hospitals, nursing homes, ambulatory care centers, and patients' homes.”</i></p> <p>Proclamation 4913—National Recognition Day for Nurses, 1982, <i>National Nurses Day and Week: May 6 and May 6-12, 2022</i>, U. S. Census Bureau, May 6, 2022, https://tinyurl.com/USCensusNursesWeek</p>
Dignity Votes 2022	<p>Fact Sheets and Issue Briefs</p> <p>Prepared by Dignity Alliance Massachusetts Workgroups</p> <p>Nursing Homes</p> <ul style="list-style-type: none"> • Nursing Home Fact Sheet • Nursing Home Staffing Issues • Pandemic Issues in Nursing Homes • Nursing Homes – Financial Responsibility • Nursing Homes – Oversight, Licensures, Closures • Nursing Homes – Small Home Model <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • HCBS Fact Sheet • HCBS Staffing Issues • HCBS Care Coordination Issues <p>Behavioral Health</p> <ul style="list-style-type: none"> • Behavioral Health Fact Sheet • BH Elder Mental Health Outreach Teams (EMHOT) Issues • BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues • Social Work Staffing Issues <p>Housing</p> <ul style="list-style-type: none"> • Housing Issues <p>Veterans</p> <ul style="list-style-type: none"> • Veterans Issues <p>https://dignityalliancema.org/2022-facts-and-issues/</p>
Request for Input	<p>1. CMS Requests Input on the Implementation of a Minimum Staffing Standard and Equity Measures</p> <p>On April 15, 2022, the Center for Medicare & Medicaid Services (CMS) published a Notice of Proposed Rule Making (NPRM) that included requests for information regarding the implementation of a minimum staffing standard in nursing homes and input on measuring health disparities in resident outcomes. The request for information follows the Biden Administration’s February 28, 2022 proposal of significant nursing home reforms. CMS states it plans to propose a minimum staffing standard within one year.</p> <p>In its request for information on a minimum staffing standard, CMS poses seventeen questions and asks for public input. It is important that all advocates for nursing home residents take the time to respond to these questions.</p>

	<p>On May 25, 2022 at 3 p.m., advocates from Consumer Voice, Justice in Aging, Long Term Care Community Coalition, California Advocates for Nursing Home Reform, and Center for Medicare Advocacy will be hosting a webinar to provide information and guidance on how to write comments and respond to these questions. Stay tuned for webinar registration information.</p> <p>There is also a Request for Information Regarding Measuring and Addressing Health Care Disparities and Advancing Health Equity.</p> <p>For more information and to access the questions: https://tinyurl.com/CMSInputMinimumStaffing</p>
Op-Ed	<p>2. STAT News</p> <p>May 10, 2022 <i>The faces of Covid</i></p> <p>By Alex Goldstein, creator of FacesOfCovid, a social media platform that has shared the stories of more than 7,000 people who have died of Covid-19. Across the United States, more than 1 million of our family members, friends, neighbors, co-workers, and complete strangers are now gone, ripped from our lives by an unsparing pandemic that has battered us for two full years. We are justifiably exhausted. But amid the desperate sprint to move on and put the trauma of this nightmare behind us, we are also at risk of making a tragic and avoidable mistake: As a nation, we are failing to process the grief and loss that surrounds us. We have a responsibility to remember the lost. We remember them because their lives had dignity, meaning, and worth. They were more than just a statistic or another grim milestone. Behind the cascade of data about ventilators, ICU beds, hospitalizations, and deaths were real people with rich, textured, beautiful lives. Young and old, they came from small towns and big cities in every corner of the country. They had dreams they hoped to fulfill and struggles they fought to overcome. They had careers of which they were incredibly proud and hobbies and passions that gave them deep purpose. They had meals they could cook better than anyone, and pranks they'd pull on their families that would have them roaring with laughter. They were someone's rock, and the center of someone's world. They loved and were loved. We remember them to show their families that they are not alone. Too many families said goodbye to their loved ones by Zoom or FaceTime, if they were lucky enough to say goodbye at all. Too many families were robbed of the communal rituals and funerals that their loved one deserved or their families needed, replaced instead with the solitary grief and mourning of the pandemic's relentless isolation. The abrupt shift to post-pandemic rhetoric and public health policies, without any true reckoning with the trauma and devastation left in the pandemic's wake, have rendered too many who lost so much invisible. To them, the words "return to normal" refer to a reality that no longer exists. We can tell their stories and cry and grieve and say out loud that when their loved one died, we all lost something and we are all diminished. We remember them because we are all bearing witness to this pandemic while its story is still being written. That story is not only incomplete without our testimony of the names and faces of those we've lost, but it is also being deliberately and opportunistically distorted, rewritten, and erased by those who stand to benefit from anti-science, conspiracy-theory-infused efforts to diminish the severity of the pandemic's toll. We cannot let that happen. History will repeat itself if we fail to tell the story of the pandemic's devastation accurately and honestly.</p>

	<p>We remember them because it is through their stories that we can start to hold those who failed us accountable. Many died because our political leaders didn't take the threat of Covid seriously, and because they failed to put in place public health measures that could protect our most vulnerable. Some died because they were forced into work without proper protective gear, or because the nursing home in which they resided was unsafe. Some died in communities where for decades their health was degraded by entrenched medical racism, environmental injustice, and systemic inequality, and others died because they fell victim to deliberate misinformation and anti-science aggression directed at a vaccine that could have saved their lives. We remember those we've lost because accountability for these failures will be a part of their legacy, and it begins with telling their story. We cannot make it convenient for our leaders to look away.</p> <p>We remember them because it could have been us, and because this virus is still here, and people are still dying. You may not know it from the headlines, but more than 10,000 died of Covid nationwide in April, and for the immunocompromised in our communities who can't benefit from the protection of vaccines, our acceptance of this level of death and virus means they'll continue to live in a constant state of fear and anxiety. While some of us simply got lucky and dodged serious illness these past two years, others have had their lives upended by a brutal prison of symptoms known as long Covid. We remember those we've lost to remind us of what's at stake, to see ourselves in the suffering of others, and to use our voices to advocate on behalf of those who are still at risk.</p> <p>We remember them because empathy, in policy and practice, will be our way out of this pandemic. After years of political polarization and erosion of the civic square, the thin strands of our social fabric have been fully ripped apart. Under the banner of freedom, liberty, and individualism, too many Americans decided that their own personal needs and wants meant more than what could protect our community as a whole. As a result, the United States has suffered one of the highest Covid death rates in the world, and our trust in one another has all but evaporated. We tell their stories because doing so shows our commitment to the restoration of a compassionate, empathetic society that lifts up everyone, and because of our responsibility to doing our part in service to the common good. It is how we can start, finally, to pick up the pieces.</p> <p>https://tinyurl.com/STATFacesOfCovid</p>
Older Americans Month	<div data-bbox="548 1381 998 1606" data-label="Image"> </div> <p data-bbox="1006 1381 1518 1663">Every May, the Administration for Community Living (ACL) leads the nation's observance of Older Americans Month. In 2022, ACL is focusing on aging in place – how older adults can plan to stay in their homes and live independently in their communities for as long as possible. The 2022 theme is <i>Age My Way</i>.</p> <p data-bbox="495 1669 755 1732">3. The White House May 2022</p> <p data-bbox="544 1738 1128 1768"><i>A Proclamation on Older Americans Month, 2022</i></p> <p data-bbox="544 1774 1510 1873">During Older Americans Month, we honor our Nation's seniors and the tremendous impact they have made in helping build a more perfect Union. Older Americans contribute their time and wisdom to make our communities stronger,</p>

more informed, and better connected. They are our loved ones, friends, mentors, essential workers, volunteers, and neighbors. We celebrate their achievements and recommit to providing our elders with the support and services they need to thrive and age with dignity. Older adults have always been a vital source of strength and resilience in America. During the pandemic, many seniors came out of retirement to serve their communities in health care and education roles, filling job vacancies in critical shortage areas. Moving forward, we must ensure that older Americans have the appropriate resources to maintain their independence and stay connected to their communities.

My Administration is committed to keeping older Americans safe and healthy as they age. The American Rescue Plan allocated \$1.4 billion to providing older adults with services for nutrition, health promotion, disease prevention, caregiver support, and long-term care. It also provided additional Medicaid funding to support millions of older adults with disabilities and to help States improve the quality of caregiving jobs. My Administration is also dedicated to improving the safety and quality of care in nursing homes — ensuring that they have sufficient staff, that families have the necessary information to support their loved ones, and that poorly performing nursing homes are held accountable.

This year, we celebrate the 50th anniversary of the Older Americans Act Nutrition Program — the first Federal program to support the well-being of older Americans through meal deliveries, nutrition services, educational programs, and counseling. We also celebrate the 10th anniversary of the National Plan to Address Alzheimer’s Disease and recommit to building upon this important work. During Older Americans Month, let us pay tribute to the seniors who raised and guided us throughout our lives, and let us renew our commitment to honoring their contributions by giving them the fullest care, support, and respect they deserve.

NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim May 2022 as Older Americans Month. This month and beyond, I call upon all Americans to celebrate older adults for their contributions, support their independence, and recognize their unparalleled value to our Nation.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of April, in the year of our Lord two thousand twenty-two, and of the Independence of the United States of America the two hundred and forty-sixth.

<https://tinyurl.com/OlderAmericansMonth2022>

4. Administration on Community Living

May 2022

Information on planning, participation, accessibility, and making connections regarding Older Americans Month activities including [2022 logos](#), [poster](#), [templates](#), [social media graphics](#), and [activity ideas](#).

<https://tinyurl.com/ACLOAM2022>

5. National Center on Law & Elder Rights

May 2022

Celebrating Older Americans Month

Happy [Older Americans Month](#)! Every May, the Administration for Community Living (ACL) leads the celebration of Older American’s Month, and this year’s

	<p>theme, <i>Age My Way</i>, focuses on how older adults can age in their communities, living independently for as long as possible and participating in ways they choose.</p> <p>Diverse communities are strong communities. Ensuring that older adults remain involved and included in our communities for as long as possible benefits everyone. Legal assistance, elder rights, and aging services professionals serve a critical role in enabling older adults to assert their rights and remove barriers to independence and self-determination. Centering equity in this work also helps ensure that older adults from marginalized and underserved communities do not face additional barriers to aging in place.</p> <p>NCLER’s trainings and resources cover many ways that advocates can help older adults age their way. Here are a few recommended resources to review this month:</p> <ul style="list-style-type: none"> • What it Takes to Age in Place: Bringing Housing & Home & Community-Based Services Together (Webinar Recording & Chapter Summary) • Older Americans Act Services and the HCBS Network (Webinar Recording & Chapter Summary) • Advancing Equity for Older Adults Webinar Series & Resources • Assessing Legal Capacity: Strategies for an Elder Rights-Centered Approach (Webinar Recording & Chapter Summary) • Guardianship Termination & Restoration of Rights (Webinar Recording & Issue Brief) • Title II Auxiliary Benefits: Social Security Benefits You’ve Never Heard of and Who is Eligible for Them (Webinar Recording & Chapter Summary) <p>https://tinyurl.com/NCLEROlderAmericansMonth</p>
World Elder Abuse Awareness Day	<div data-bbox="597 1073 886 1289" data-label="Image"> </div> <div data-bbox="1013 993 1510 1482" data-label="Text"> <p>World Elder Abuse Awareness Day (WEAAD) is June 15th. The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect. WEAAD is an opportunity for people or organizations to take action to protect older people by raising awareness about elder abuse, why it occurs, and what we can do to stop it.</p> </div> <div data-bbox="500 1493 1365 1629" data-label="Text"> <p>6. Administration on Community Living May 2022 Materials Available to Prepare for World Elder Abuse Awareness Day resources and materials</p> </div>
National Nurses Week	<div data-bbox="545 1633 954 1814" data-label="Image"> </div> <div data-bbox="1013 1640 1510 1879" data-label="Text"> <p>U. S. Census Bureau May 6, 2022 <i>National Nurses Day and Week: May 6 and May 6-12, 2022</i> According to the American Nurses Association, “National Nurses Week begins each year on May 6th and ends on</p> </div>

	<p>May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.</p> <p>https://tinyurl.com/USCensusNursesWeek</p>
<p>David P. Stevens 1954-2022 <i>Elder Advocate without Peer</i></p>	<p>David P. Stevens Florence, MA — David Pierpont Stevens passed from our lives on April 28, 2022, after a short battle with cancer. He lived a life anchored in a philosophy of friendship and service. His guiding principles were best expressed by others, as follows: "At the end of the day it's not about what you have or even what you've accomplished... it's about who you've lifted up, who you've made better. It's about what you've given back" (Denzel Washington) and "Service to others is the rent you pay for your room here on Earth" (Muhammad Ali). David did all of this and more. He touched countless lives with his kindness, friendship and electric (and eclectic) personality: his family, his friends, his co-workers, his kindred spirits, as well as the occasional passer-by, delighted in his presence and in his ability to forge truly lasting human connections. David served as the Executive Director of the Massachusetts Association of Councils on Aging (MCOA), from 1994 until his retirement in December 2021. MCOA advocates for aging programs to advance policies that effectively address the needs of older adults, family caregivers and people with disabilities. MCOA provided advocacy, networking, professional development, consumer education, technical assistance, and grants to its 350 Massachusetts municipal members and fifty affiliates. He led this agency and its staff, focusing on the four pillars of effective advocacy: economic security, healthy aging, outreach to underserved populations, and training and technical assistance to local Councils for the Aging. Prior to this position David worked at Families USA Foundation in Boston on SSI outreach projects. He also worked for more than ten years at Greater Springfield Senior Services starting as Case Manager and being promoted through several leadership positions to Director of the Area Agency on Aging. David recently served on the Board of Trustees of Cooley Dickinson Health Care and chaired multiple committees, including the patient care, patient experience, and the finance and organizational culture committees. He also served as the Chair of the Board of Lathrop Communities; an independent living facility affiliated with the Kendal Corporation. He chaired Eldervision, the Friends non-profit that raised funds for Northampton Council of the Aging. David has served on numerous state-wide and national committees including as: Executive Member of the Massachusetts Healthy Aging Collaborative; Co-Chair of the Coalition of Elder Economic Security; Elder Stakeholders Task Force; National Council on Aging Strategic Retreat; Executive Committee of the Massachusetts Municipal Association of Human Services Council; and Massachusetts LGBT Aging Commission. David showed his love for his hometown, Northampton, by volunteering in various capacities throughout the years. His work included Co-chair of Northampton's 350th</p>

	<p>Celebration, Chair of the City Charter Revision Committee, Chair of the 2001, 2011 and 2021 Re-Precincting Committees and Chair of Mayor Ford's Parking Study Committee. David served as Co-Chair of the site location committee for the new senior center and on Historic Northampton's Kiosk committee establishing historic markers around downtown. David served on the Lesbian Gay Pride March Committee and helped organize the community wide vote to allow bisexuals to be included. He participated on the Northampton Pride Oral History Project.</p> <p>David was elected for three terms as County Commissioner and served as Chair of the Commission and as Chair of the Human Services committee. In addition, he was a frequent elected delegate to the Massachusetts Democratic Convention representing both Ward 4 and Ward 6.</p> <p>David received his B.A. from Swarthmore College in 1978. His life of service has been rewarded by the love of his community as well as numerous awards, including: 2020 Trailblazer in Aging Award from the National Institute on Senior Centers/National Council on Aging; 2014 Lifetime Achievement Award from the Massachusetts Councils on Aging; and 2002 Northampton Democrat of the Year.</p> <p>David is survived by his husband of almost 38 years, Jeffrey Knerr Rankin, and lived in Florence with rescued Vizslas dogs. David attributed his ability to render community service to the love and support he received throughout the years from Jeff who, in David's words "kept the home fires burning."</p> <p>David is also survived by, in his words, "the best siblings ever:" Craig, Lissa, and Rebecca, who along with their spouses Suzanne, George, and Phillip, provided tremendous family support throughout his life. In addition, his 10 nieces and nephews and their spouses, Alisha and John, Sarah and Matt, Kathleen and Zoli, Geo and Alexandra, Bryan, Elizabeth and Michael, Grady, Abby, and Sam, Will and Emma Pierpont and grandnephew Wyatt, were an active part of his life for which he was truly blessed. Three godchildren Graham, Alex, and Libby (with husband Ronnie) round out his extended family.</p> <p>David leaves behind many, many close friends from all his circles of influence and interest: Longmeadow High School, Swarthmore College, Hamp, political junkies, the Core, the LGBT and Recovery communities, and MCOA. These friends and his co-workers gave him the energy to move forward, especially during the last 7 months as he was battling illness. David was looking forward to July 1st, 2022, which will mark the 38th anniversary with his husband Jeff and 30 years of a clean and sober pathway. He loved music of all kinds, from opera to folk music and remembered fondly concerts he attended in 1969 (Janis Joplin at Tanglewood) and 1975 (Bruce Springsteen, amphitheater at Swarthmore), among others.</p> <p>David was predeceased by parents Elizabeth (Jones) and Walton Eugene Stevens MD and his mother-in-law Phyllis Knerr Rankin</p> <p>David will be laid to rest in a private family ceremony.</p> <p>Memorial contributions to honor David's life and his service, may be made to Emergency Department Capital Campaign of Cooley Dickenson Hospital.</p> <p>https://tinyurl.com/DavidPStevens</p>
Biden / Federal Policy	<p>7. KFF The Latest May 11, 2022 <i>Millions Expected to Lose Medicaid Coverage After the Public Health Emergency Expires</i> Between 5.3 million and 14.2 million people could lose Medicaid coverage following the end of the public health emergency and federal continuous enrollment requirement. In a new analysis, our experts examine two scenarios of</p>

	<p>how it could play out. A second analysis examines typical Medicaid enrollment patterns before the pandemic.</p> <p>KFF finds that states will have spent \$47.2 billion to handle Medicaid enrollment growth during the pandemic -- and will have received more than twice that in enhanced Medicaid matching money designed to provide states with broad fiscal relief.</p> <p>It's all part of KFF's continuing work examining the implications for people of the forthcoming end of the federally-declared public health emergency, including two pieces from KHN about the millions who could lose coverage. Also noteworthy is our brief overview of the major health-related COVID-19 federal emergency declarations that have been made, and the implications for cost, health coverage and access to care once they come to an end. Finally, much of our work on the topic is collected on our resource page about the implications of ending the public health emergency.</p> <p>Analyses:</p> <ul style="list-style-type: none"> • <i>Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends</i> See: a new analysis • <i>Unwinding the PHE: What We Can Learn from Pre-Pandemic Enrollment Patterns</i> See: second analysis • <i>What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access</i> See: brief overview <p>https://tinyurl.com/FiscalEnrollmentImplications</p>
Adolescent Mental Health	<p>8. New York Times (free access) May 10, 2022 <i>Teens in Distress Are Swamping Pediatricians</i></p> <p>Over the last three decades, the major health risks facing U.S. adolescents have shifted drastically: Teen pregnancy and alcohol, cigarette and drug use have fallen while anxiety, depression, suicide and self-harm have soared. In 2019, the American Academy of Pediatrics issued a report noting that “mental health disorders have surpassed physical conditions” as the most common issues causing “impairment and limitation” among adolescents. In December, the U.S. Surgeon General, in a rare public advisory, warned of a “devastating” mental health crisis among American teens.</p> <p>But the medical system has failed to keep up, and the transformation has increasingly put emergency rooms and pediatricians at the forefront of mental health care. Community doctors now routinely deal with complex psychiatric issues, making tough diagnoses after brief visits and prescribing powerful psychiatric medications for lack of better alternatives. “Pediatricians need to take on a larger role in addressing mental health problems,” the 2019 A.A.P. report concluded. “Yet, the majority of pediatricians do not feel prepared to do so.” . . . The causes of this crisis are not fully understood. Experts point to many possible factors. Lifestyle changes have led to declines in sleep, physical activity, and other healthful activities among adolescents. This generation professes to feeling particularly lonely, a major factor in depression and suicide. Social media is often blamed for these changes, but there is a shortage of data establishing it firmly as a cause. . .</p>

	<p>Over two days, Dr. Dennison had 66 appointments, 20 of them related to mental and behavioral health. She dealt with patients taking a range of drugs, many of which she had prescribed and some of which were combined. The drugs included Abilify for mood disorders; Zoloft, Trazodone and Clonidine for sleep issues; Ritalin, Adderall, Qelbree and Vyvanse for A.D.H.D.; and Remeron for major depressive disorder.</p> <p>The growing use of psychiatric medications in youth is one metric of the adolescent mental health crisis. From 2015 to 2019, prescriptions for antidepressants rose 38 percent for teenagers compared with 15 percent for adults, according to Express Scripts, a major mail-order pharmacy.</p> <p>Some health experts have expressed alarm that, nationwide, major psychiatric drugs are so widely prescribed to children and adolescents even though many of these medications have not been studied for their combined or long-term effects. They also worry that some antidepressants have been shown to increase the risk of suicide among children and adolescents. Prozac carries a “black box” warning of such risks.</p> <p>https://tinyurl.com/NYTeensInDistress</p>
<p>Global Accessibility Day [May 19]</p>	<p>9. U.S. Access Board <i>An Introduction to Website Accessibility</i> (Recorded webinar)</p> <p>The U.S. Access Board’s webinar on website accessibility was last week, and the webinar recording and presentation materials are now available in the archives. This webinar reviewed what web accessibility is, how people with disabilities use the web, how to quickly identify accessibility barriers, and what are some simple solutions. It clarified common sources of confusion about web accessibility and provided key resources for learning more about website accessibility. This webinar included video remote interpreting (VRI) and real-time captioning. The webinar series is hosted by the ADA National Network in cooperation with the Board. Other archived copies of previous Board webinars are also available on the site.</p>
<p>Webinars and online sessions</p>	<p>10. National Council on Aging Monday, May 16, 2022, 10:00 a.m. to 5:00 p.m. <i>5th Annual Older Adult Mental Health Awareness Day Symposium</i> Agenda</p> <ul style="list-style-type: none"> • 10:00 a.m. - Welcome and Keynote <ul style="list-style-type: none"> ○ Keynote speaker: Jane Pauley • 11:00 a.m. - Concurrent Sessions <ul style="list-style-type: none"> ○ A Look at Trauma-Informed Care ○ Practical Strategies to Navigate Mental Health Resources and Services for Older Adults and Caregivers • 12:45 p.m. - Understanding and Prevention Suicide in Older Adults • 2:00 p.m. - Concurrent Sessions <ul style="list-style-type: none"> ○ Beyond the Doctor's Office: Older Adult Mental Health Care ○ Alcohol, Cannabis, and Opioid Misuse in Older Adults ○ A Look at Grief and Loss through a Lens of Hope • 3:30 p.m. - Addressing the Intersection of the Social Determinants of Health and Mental Health <p>Registration: https://connect.ncoa.org/oamhad2022</p> <p>11. Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School Tuesday, May 17, 2022, 12:00 to 1:00 p.m.</p>

The Science of Addiction

Panelists

- Introduction: **Carmel Shachar**, Executive Director, Petrie-Flom Center
- **Eden Evins**, M.D., Director, MGH Center for Addiction Medicine and Cox Family Professor of Psychiatry, Harvard Medical School
- **Stephanie Tabashneck**, PsyD, JD, Senior Fellow in Law and Applied Neuroscience, CLBB and the Petrie-Flom Center

The event will be recorded, captioned, and distributed at a later date for registrants who are unable to watch live.

[register now](#)

12. National Center on Law & Elder Rights

Thursday, May 19, 2022, 2:00 to 3:00 p.m.

Unwinding the Public Health Emergency: Strategies for Advocates to Protect Beneficiaries

The Public Health Emergency (PHE) declaration in 2020 in response to the COVID-19 pandemic enabled thousands of older adults and people with disabilities to gain crucial Medicaid services without disruptive or extraneous administrative burden. The unwinding of the PHE would remove many of the flexibilities beneficiaries have relied on and reinstitute the regular redetermination process that states use to determine financial eligibility. The re-determination process can cause confusion for beneficiaries, providers, and caseworkers and millions of redeterminations are expected during the unwinding.

[This training](#) will review the anticipated challenges of the unwinding of the PHE and provide advocates with tools and strategies to support Medicaid beneficiaries during this process.

Presenters:

- Gelila Selassie, Staff Attorney, Justice in Aging
- Bethany Lily, Senior Director of Income Policy, The ARC

Registration: <https://tinyurl.com/UnwindingPublicHealth>

13. Milbank Memorial Fund

Friday, May 20, 2022, 1:00 to 2:15 p.m.

Strengthening the Direct Care Workforce in Your State

The United States is facing a dire shortage of direct care workers who provide essential services to older adults and individuals with disabilities. Yet, states often struggle to determine how to tackle the problem in a systematic, effective way. This Milbank Memorial Fund webinar will explore state levers for change and key areas for action, such as raising wages and collecting and using data to inform interventions. These actions will support the development of a comprehensive approach to addressing the economic insecurity of the workforce and improving its capacity.

This 75-minute webinar will draw on a forthcoming Milbank Memorial Fund toolkit, *The Direct Care Workforce Policy and Action Guide*, by Courtney Roman, Carrie Graham, and Nida Joseph of the Center for Health Care Strategies, Clare Luz of IMPART Alliance/Michigan State University, and Kate McEvoy of the Milbank Memorial Fund. It will also offer insights from officials whose states are bolstering their support for the direct care workforce.

Panelists:

- Kate McEvoy, Milbank Memorial Fund (moderator)
- Courtney Roman, Center for Health Care Strategies
- Julia Figueira-McDonough, Blue Shield California Foundation

- Clare Luz, IMPART Alliance/Michigan State University
Registration: <https://tinyurl.com/StrengtheningDirectCareForce>

14. The Long Term Care Discussion Group

Monday, May 23, 2022, 2:00 to 3:00 p.m.

Integrated Care for Dually Eligible Beneficiaries and Medicaid HCBS Rebalancing: An Update from MACPAC (the Medicaid and CHIP Payment and Access Commission)

Over the past several years, the Commission has engaged in many conversations regarding integrated care programs for individuals who are dually eligible for Medicaid and Medicare. Their work has focused on three goals: increasing enrollment in integrated products, making integrated products more widely available, and promoting greater integration in existing products. Our presenters will share highlights from the draft chapter for the June report to Congress with a recommendation to require all states to develop a strategy to integrate coverage. They will also share high-level MACPAC comments on the Medicare Advantage proposed rule which included many provisions affecting integrated care for the dually eligible, including a plan to transition Medicare-Medicaid plans to Medicare Advantage dual eligible special needs plans, which was finalized on May 9. We'll also discuss initial thoughts on the beneficiary experience in integrated care and improving integration for dually eligible beneficiaries in fee-for-service states.

Over the last two decades, federal and state policymakers have focused on rebalancing long-term services and supports (LTSS) away from institutional settings and toward home- and community-based services (HCBS). The COVID-19 pandemic has accelerated federal and state interest to promote the use of HCBS over institutional services and has exacerbated the workforce shortage. MACPAC is engaged in ongoing work focused on streamlining access to and incentivizing HCBS. The presenters will share preliminary work on considerations in redesigning the Medicaid HCBS benefit, and separately takeaways from a recently released issue brief on HCBS workforce shortages.

Speakers:

- Kirstin Blom, MIPA, is the principal analyst and contracting officer for the Medicaid and CHIP Payment and Access Commission (MACPAC).
- Asmaa Albaroudi, MSG, is a senior analyst for MACPAC.

Access the session via Zoom: <https://tinyurl.com/LTCGDMay23>

15. Encore.org

Tuesday, May 24, 2022, 4:00 p.m.

Solving the Housing Crisis, One College Campus at a Time

Session about two innovative programs that are matching older homeowners who need a little help and companionship with college students who need affordable housing.

Presenters:

- Dr. Ernest Gonzales, associate professor and director of the Center for Health and Aging Innovation, helped launch NYU's Intergenerational Home Share Program.
- Carrie Buck, executive director of Homeless Intervention Services of Orange County, partners with Cal State Fullerton on an intergenerational homesharing program.
- A student and homeowner who are currently co-living.

[Register now](#)

16. Cross-CTSA

Wednesday, May 25, 2022, 4:00 p.m.

Community-Based Approaches to Promoting Behavioral Health Equity: A Call to Action

Hear from the experts about their work related to community-engaged interventions that promote behavioral health equity, the role of community/patient engagement in advancing behavioral health research as well as community perspectives.

Registration: <https://tinyurl.com/C-crossedBasedApproach>

17. The Consumer Voice, Justice in Aging, Long Term Care Community Coalition, California Advocates for Nursing Home Reform, and Center for Medicare Advocacy

Wednesday, May 25, 2022, 3:00 p.m.

Webinar on Preparing Responses to CMS Request for Input on the Implementation of a Minimum Staffing Standard and Equity Measures

Details and registration information forthcoming.

18. CDC Division of Oral Health

Wednesday, May 25, 2022, 1:00 to 2:30 p.m.

Race, Racism, and Oral Health in America

CDC's Division of Oral Health is hosting the next webinar in their [Dental Public Health Lecture Series](#). These webinars are for current dental public health residents, prospective residents, and anyone interested in the field of dental public health. They are designed to help dental public health residents gain a better understanding of the [10 dental public health competencies](#) outlined in the [American Board of Dental Public Health](#). They feature experts in dental public health to provide a deeper dive into their experiences and each competency, and other current topics in the field.

Learning Objectives:

- Understand the development and use of race/ethnicity categories in analysis of population data in the U.S.
- Understand ways to measure the impact of racism on health and well-being.
- Understand the role of racism on the persistence of oral health inequities in the U.S.

Presenter: Raul I. Garcia, DMD, MMedSc, Professor and Chair, Department of Health Policy and Health Services Research at the Boston University Henry M. Goldman School of Dental Medicine.

Registration: <https://tinyurl.com/RacismAndOralHealth>

19. AgeSpan, California State University-Sacramento, Care Dimensions, Good Shepherd Community Care, LGBTQIA+ Aging Project Fenway Health, Over the Rainbow Social Group, and Salem State University School of Social Work

Friday, June 24, 2022, 9:00 a.m. to 3:00 p.m.

11th Annual LGBTQ Elders in an Ever-Changing World (VIRTUAL) Conference

This year's keynote speaker is award-winning filmmaker Stu Maddux, who will present "**Social Isolation, Loneliness, and Resilience in LGBTQ Older Adults.**" Loneliness and isolation are being called the other hidden epidemics during the COVID era. Maddux will discuss his very timely documentary, *All the Lonely People*, which shares first-hand accounts of LGBTQ adults who have been featured in the documentary and have triumphed over the challenges of feeling alone. In addition, Maddux will highlight social engagement strategies that have helped people around the world reach out and connect.

	<p>Conference flyer: https://conta.cc/3jlp8R4. Conference Fee: \$95 - with CEUs / \$75 - no CEUs \$25 - Seniors and Students Register at: https://2022lgbtqeldersconference.eventbrite.com</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Home and Community Based Services</p>	<p>20. Health Affairs March 18, 2022 <i>Policy Opportunities to Expand Home-Based Care for People with Complex Health Needs</i></p> <p>Home-based care is an important and undertapped modality for providing care to millions of people in the United States who are unable to access or have difficulty obtaining care. This type of care is especially important for individuals with complex medical conditions requiring more specialized care and management. Interest in providing care in the home setting has accelerated during the COVID-19 public-health emergency (PHE) as policy makers, providers, and payers quickly pivoted to support care outside of facility settings, such as telehealth or in-person care delivered at home.</p> <p>However, the home setting remains unevenly used and underutilized. Despite evidence indicating overwhelming patient preference for home-based care, the majority of the seven million Americans eligible for home-based care do not receive these services due to provider shortages, coverage barriers, and payment challenges. This mismatch between the demand for home-based care services and the current level of home-based care provided disproportionately affects individuals residing in communities that are economically and socially marginalized. This gap was exacerbated by the PHE and will become more pressing as the US population ages.</p> <p>[R]ecommendations focus on ways to expand home-based care to address the needs of the whole person:</p> <p>Recommendation 1. Adapt Existing Value Based Payment (VBP) Models to Achieve Whole-Person Care</p> <p>Recommendation 2. Adjust Specific Technical Considerations for Home-Based Care</p> <p>Recommendation 3. Support Small, Independent Home-Based Care Providers</p> <p>Recommendation 4. Creating The Foundation to Strengthen Home-Based Care</p> <p>Conclusion</p> <p>Recent policy activities and PHE-related responses have generated significant momentum for expanding home-based care services. As demand for these services continues to grow, policy makers should ensure that care delivery and payment models are capable of addressing the unique needs of people with complex health and social needs that would benefit from greater home-based services. Critically, home-based care must be integrated into the broader health care system to support continuity in care as services and patient acuity changes. We provide key areas that policy makers should consider achieving that objective, including adapting existing VBP models to better support the nuances of home-based care, ensuring models are accessible to small, independent care providers, and leveraging regulatory flexibilities introduced during the PHE. Although additional actions may be required to strengthen home-based care in</p>

	<p>the long term, these immediate activities align with recent policy initiatives and can bolster a vital care modality that benefits millions of Americans. https://tinyurl.com/ExpandHomeBasedCare</p>
<p>Housing</p>	<p>21. 1A NPR Podcast May 11, 2022 <i>What happens when private equity takes over mobile home parks</i> Thanks in large part to the pandemic, home prices are soaring. In March, the median hit a record high of over \$370,000. One affordable housing option is the mobile home. Around 22 million Americans live in a mobile or manufactured house. It’s the largest sector of non-subsidized affordable housing in the country. Unfortunately, they aren’t turning out to be the haven many were hoping for. Now, investors are scooping up these parks during the pandemic. New ownership from out of state has meant restrictive rules, price hikes, and sometimes even eviction. Mobile home residents are particularly vulnerable to these buyouts with few rights and protections. We talk about what this means for affordable housing in the U.S. and mobile home parks across the country. Follow up on link https://www.npr.org/podcasts/510316/1a</p> <p>22. Consumer Financial Protection Bureau May 10, 2022 <i>Profiles of older adults living in mobile homes</i> In February 2022, approximately 3.2 million adults ages 60 and older lived in mobile homes, according to the Census Bureau’s Household Pulse Survey.¹ Using data from the Pulse Survey, this spotlight examines the characteristics and experiences of older adults living in mobile homes. The spotlight shows that a vast majority of older adults living in mobile homes own their homes outright, without any mortgage debt. Yet despite this fact, many older adults living in mobile homes are equally burdened by housing costs as compared to their counterparts living in other housing settings and frequently struggle to afford regular living expenses. . .</p> <p>Older adults living in mobile homes tend to be women and persons living outside the 14 largest metropolitan areas. In general, older adults living in mobile homes and those living in other housing settings share similar demographic characteristics. However, there are two notable differences. First, older adults living in mobile homes report generally having lower incomes and levels of formal education than their counterparts. Second, 86.4 percent of older adults in mobile homes live outside of the 14 largest metropolitan statistical areas compared to 69.7 percent of older adults living in other housing settings. . .</p> <p>Most older adults living in mobile homes own their homes without any mortgage⁶, but are equally burdened by housing costs as compared to older adults residing in other housing settings In general, older adults living in mobile homes are more likely to own their home than their counterparts living in other settings. Similarly, older adults living in mobile homes are more likely to own their home than the younger adult population (ages 18 to 59 years old) living in mobile homes. Compared to both their counterparts living in other housing settings, as well as younger homeowners living mobile homes, older adults who live in mobile homes are also more likely to own the property outright without any mortgage debt. . .</p>

Many older adults living in mobile homes struggle to afford their regular living expenses

Between August 2021 and February 2022, older adults living in mobile homes experienced financial hardships more frequently than their counterparts living in other housing settings. This is true even when accounting for income. Approximately 12 percent of older adults living in mobile homes reported that it was “very difficult” to pay for their usual household expenses.¹⁰ Others (25.1 percent) reported that they “sometimes or often” did not have enough food to eat or could not afford additional groceries. Almost a quarter (22.1 percent) reported that in the past 12 months they were unable to make a full or partial payment on at least one energy bill and more than a quarter (26.3 percent) said that they kept their homes at an unsafe or unhealthy temperature at least one month per year. . .

Older adults living in mobile homes face greater housing insecurity than their peers living in other housing settings.

Between August 2021 and January 2022, 7.9 percent of older adults who owned their mobile homes with a mortgage were behind on their payments and 1.9 percent reported that they were likely facing foreclosure. In contrast, 1.9 percent of older adults who owned other types of homes with a mortgage were behind on their payments and less than 1 percent reported that they were likely facing foreclosure. During this same period, 15.7 percent of older adults renting mobile homes reported being behind on rent payments and 6.5 faced eviction. In comparison, 10.9 percent of older adults renting other types of homes reported being behind on rent payments and 3.6 percent faced eviction. . .

Older adults living in mobile homes experienced higher rates of economic and health impacts during the COVID-19 pandemic than their counterparts living in other settings

Older adults in mobile homes were more likely to report being diagnosed with COVID than older adults living in other housing settings. Similarly, older adults in mobile homes were more likely to report a loss of employment income over a four-week period than older adults living in other housing settings.¹¹ However, the share of older adults reporting these experiences is similar when the analysis is restricted to those with incomes below \$25,000. . .

<https://tinyurl.com/ProfileMobileHomes>

23. Commonwealth

May 8, 2022

Right to counsel needed on housing issues

Veterans particularly would benefit from representation.

Right to counsel – with regard to housing – would legally ensure that residents of the Commonwealth have a right to legal representation in housing court. Low-income tenants and owner-occupants who cannot afford an attorney would be provided one at no cost.

This type of program is critical to keeping veterans in our community safe. They already face myriad challenges: Many struggle with PTSD, substance use disorder, and other behavioral health concerns. Some have difficulty finding and keeping a job, or live in isolation and lack the close familial connections needed to stay healthy. Access to safe, affordable housing is compounded by these issues. . .

Low-income tenants, which include a great many veterans in the Commonwealth, deserve to have an attorney by their side when faced with

	<p>evictions or unsafe housing. In Massachusetts, nine out of 10 tenants represent themselves in housing court. We do not have to accept this. There are two pieces of state legislation (H.1436 and S.874) that would establish a statewide right to counsel program that would promote housing stability.</p> <p>During the COVID-19 pandemic, Gov. Charlie’s Baker’s eviction diversion initiative increased access to legal representation, providing assistance in over 3,000 cases to over 7,000 people as of June 2021, six months within starting up. The impact of this representation, which provided legal aid much like a right to counsel program, was housing stability, with 90 percent of closed cases resulting in positive outcomes, including preserved tenancy.</p> <p>https://tinyurl.com/RightToCounselHousing</p>
Behavioral Health	<p>24. STAT News May 11, 2022 <i>U.S. overdose deaths hit record 107,000 in 2021, CDC says</i></p> <p>The provisional 2021 total translates to roughly one U.S. overdose death every 5 minutes. It marked a 15% increase from the previous record, set the year before. U.S. overdose deaths have risen most years for more than two decades. The increase began in the 1990s with overdoses involving opioid painkillers, followed by waves of deaths led by other opioids like heroin and — most recently — illicit fentanyl.</p> <p>Last year, overdoses involving fentanyl and other synthetic opioids surpassed 71,000, up 23% from the year before. There also was a 23% increase in deaths involving cocaine and a 34% increase in deaths involving meth and other stimulants.</p> <p>https://tinyurl.com/OverdoseDeaths107000</p>
Alzheimer’s / Dementia	<p>25. National Institute on Aging February 17, 2022 <i>Blood test can predict presence of beta-amyloid in the brain, new study finds</i></p> <p>Scientists have demonstrated that a new blood test can accurately predict the presence of beta-amyloid plaques in the brain, according to a new study funded in part by NIA. Published in <i>Neurology</i>, the study analyzed the ability of a blood test to predict the presence of Alzheimer’s disease-associated protein beta-amyloid in the brain. The new blood test, which performs comparably to existing brain scan- or spinal tap-based tests, could lower costs and expand the availability of diagnostic studies for Alzheimer’s disease. . .</p> <p>Across all the blood samples, the scientists found that the blood test could effectively predict the presence of beta-amyloid in the brain. The test became even more accurate when the research team took into account the version of <i>APOE</i> (a gene linked to Alzheimer’s disease risk) that each person had. Using blood samples will make it easier to screen healthy people for potential enrollment in clinical trials that test interventions to prevent or treat Alzheimer’s disease.</p> <p>Although the new test shows promise, one major limitation is that the blood samples used in the study were from majority white, affluent individuals, and the authors note that the results may not be generalizable to other demographic groups</p> <p>https://tinyurl.com/BloodTestBetaAmyloid</p>
Holyoke Soldiers’ Home / Veterans Services	<p>26. *Boston Globe May 12, 2022</p>

State to pay \$56 million to settle lawsuit brought by families of veterans who got COVID-19 at Holyoke Soldiers' Home

Eighty-four veterans died from the virus in massive 2020 outbreak.

Governor Charlie Baker has agreed to pay \$56 million to the families of veterans who contracted COVID-19 at the Holyoke Soldiers' Home in the spring of 2020 in one of the nation's most notorious and deadly outbreaks of the virus.

Families of 84 veterans who died from COVID will each receive a minimum of \$400,000, with an average payment of \$500,000, according to lawyers who brought the federal lawsuit in July 2020. Families of another 84 veterans who contracted COVID at the home and survived will also qualify for a payment of at least \$10,000, with an average payment of \$20,000. . .

[Attorneys] originally sought \$176 million on behalf of the Holyoke victims, arguing that "what happened at the Soldiers' Home was so severe that it rose to the level of a deprivation of the veterans' constitutional rights to be free from harms recklessly created by the government," Lesser said in a statement Thursday.

But Aleo called the \$56 million settlement "extremely fair given the difficulty of the legal obstacles that lay ahead, as well as the difficulty of collecting any award given the limitations" of Massachusetts law.

<https://tinyurl.com/56MillionSettlement>

27. Kaiser Health News

May 11, 2022

Senate GOP Puts Up Roadblocks to Bipartisan House Bill for Veterans' Burn Pit Care

Thousands of military veterans who are sick after being exposed to toxic smoke and dust while on duty are facing a Senate roadblock to ambitious legislation designed to provide them care. . .

As it stands now, more than [three-quarters of all veterans who submit claims](#) for cancer, breathing disorders, and other illnesses that they believe are caused by inhaling poisonous burn pit smoke have their claims denied, according to estimates from the Department of Veterans Affairs and service organizations.

<https://tinyurl.com/BurnPitCare>

28. Commonwealth

May 8, 2022

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Low-income tenants, which include a great many veterans in the Commonwealth, deserve to have an attorney by their side when faced with evictions or unsafe housing. In Massachusetts, [nine out of 10](#) tenants represent themselves in housing court. We do not have to accept this. There are two

	<p>pieces of state legislation (H.1436 and S.874) that would establish a statewide right to counsel program that would promote housing stability.</p> <p>During the COVID-19 pandemic, Gov. Charlie’s Baker’s eviction diversion initiative increased access to legal representation, providing assistance in over 3,000 cases to over 7,000 people as of June 2021, six months within starting up. The impact of this representation, which provided legal aid much like a right to counsel program, was housing stability, with 90 percent of closed cases resulting in positive outcomes, including preserved tenancy.</p> <p>https://tinyurl.com/RightToCounselHousing</p>
Covid-19	<p>29. STAT News May 10, 2022 <i>The ‘five pandemics’ driving 1 million U.S. Covid deaths</i> Officially, the U.S. will almost certainly reach an awful milestone in the next two weeks: its one millionth recorded Covid-19 death.</p> <p>In reality, this milestone was likely unofficially crossed days or weeks ago, and we’ll never know the exact toll or the identity of the pandemic’s actual millionth victim. Nor are humans well-equipped to fully grasp loss on this scale, let alone the magnitude of a global toll estimated to be as high as 14.9 million.</p> <p>One way to start understanding how a country as advanced as the U.S. lost so many people is to look at the ocean of public health data that was gathered as 1 million individual tragedies rippled through civic life.</p> <p>Analysis of the data will continue for years, but it is clear that, when it comes to deadlines, there were five different pandemics — depending on when and where you lived, and who you were.</p> <ul style="list-style-type: none"> • Earlier vs. later • Older vs. younger (but there’s fine print) • Unvaccinated vs. vaccinated • Rural vs. urban • Poorer vs. wealthier <p>Beyond 1 million deaths</p> <p>These five patterns show how SARS-CoV-2 exacted a toll few could have imagined in the spring of 2020. The why of one million is a story of both scientific achievement which saved some lives and of systemic failures which cost far too many. Of heroism and sacrifice beset by distrust and partisanship. Of collective action weighed against individual risk and responsibility.</p> <p>Important questions about Covid remain unanswered, but it is clear that we have entered a new phase of pandemic response characterized by a greater tolerance of risk and a greater desire to return to a sense of normalcy. The pandemic will settle into new patterns of harm, with inequities cast into even sharper relief.</p> <p>People with existing health complications, older people, and people who already face the challenges of economic and social vulnerability are poised to bear the brunt of society’s increased risk tolerance.</p> <p>https://tinyurl.com/FivePandemics</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 rmoore8473@charter.net.</p>
Websites	Faces of Covid

	<p>FacesOfCOVID (@FacesOfCOVID) / Twitter</p> <p>A social media platform that has shared the stories of more than 7,000 people who have died of Covid-19.</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 FY 2023	<p>Commonwealth of Massachusetts</p> <p>The Governor has submitted his proposed budget for FY 2023. The budget has been considered, amended, and voted on by the House of Representatives. The budget is now before the Senate. Below are pertinent excerpts from the Executive Summary of the Senate Committee on Ways and Means Fiscal Year 2023 Budget Recommendations:</p> <p>Health & Human Services</p> <p>Access to health care and the programs that keep our citizens safe is one of the most important components of the Commonwealth’s ongoing recovery and critical to supporting and building a post-pandemic future that equitably benefits all. To that end, this budget makes targeted investments to strengthen our state’s safety net and provides resources to ensure equitable access to health care services essential to the overall well-being of our individuals, families, and most vulnerable populations.</p> <p>MassHealth</p> <p>The Committee’s budget funds MassHealth at a total of \$18.56 billion (\$7.19 billion net), providing over 2.1 million of our Commonwealth’s children, seniors, and low-income residents access to comprehensive health care coverage.</p> <ul style="list-style-type: none"> • \$267.8 million for the Children’s Behavioral Health Initiative, supporting a community-based system of care, guaranteeing that children with MassHealth coverage receive the behavioral health services they need for success at home, in school and throughout life. • \$75 million for nursing facility direct care staff and patient quality supports to continue investments for the nursing home industry. • \$73.2 million to expand the Medicare Savings Program to 225 per cent of the federal poverty line. • Annualizes the costs of fully restoring dental coverage for adults, which was originally included in the FY 2021 GAA. <p>Mental Health</p> <p>The Committee’s budget recognizes that the last year has had a wide impact on mental health and prioritizes mental and behavioral health by investing nearly \$1 billion in mental health services and prevention programs, with a focus on ensuring continued access to comprehensive services and supports for adults and children.</p>

- \$514.3 million for Adult Support Services, including assisted outpatient programming and comprehensive care coordination among health care providers.
- \$274.8 million for DMH hospital and community-based services, including a \$5 million contract for an additional 30 continuing care beds at a third-party facility.
- \$111.8 million for children’s mental health services, including \$3.9 million for the Massachusetts Child Psychiatric Access Program (MCPAP) and MCPAP for Moms to address mental health needs of pregnant and postpartum women.
- \$20 million to recapitalize the Behavioral Health, Access, Outreach and Support Trust Fund to support targeted behavioral health initiatives.
- \$12.7 million for the Forensic Services Program, which increases funds for mental health assessments and consultations in juvenile court clinics by \$1.5 million.
- \$12.5 million in the Department of Housing and Community Development and \$7 million in DMH line items for housing vouchers for DMH clients to transition into housing and community-based services.
- \$10 million for emergency department diversion initiatives for children, adolescents, and adults.
- \$8 million for student behavioral health services at the University of Massachusetts, state universities and community colleges.
- \$7 million to expand jail diversion initiatives to divert individuals with mental illness and substance use disorders from the criminal justice system and connect them with appropriate treatment.
- \$1 million investment to expand Safe Haven housing to end chronic homelessness for people with mental health conditions.

Public Health

Ensuring and maintaining access to high quality public health services continues to be central to our state’s ongoing recovery and integral to our long-term economic health and post-pandemic future. To that end, the Committee’s budget invests \$876 million in public health programs and services, further reinforcing the Senate’s efforts to support access to quality care essential to overall well-being of our citizens.

- \$56 million for domestic violence prevention services.
- \$40.4 million for early intervention services, to ensure supports are accessible and available to infants and young toddlers with developmental delays and disabilities, including funds to support health equity initiatives.
- \$35.2 million for HIV/AIDS treatment and prevention.
- \$190 million in DPH hospital operations to meet higher staffing costs and ensure sick individuals receive the care they require.
- \$19.8 million for school-based health programming and services.
- \$18 million for family and adolescent health, including \$7.8 million for comprehensive family planning services and \$6.7 million to enhance federal Title X family planning funding.
- \$14.7 million for family health services, including sexual and reproductive health counseling, education and clinical services for low-income adolescents and adults.
- \$15 million for grants to support local and regional boards of health.
- \$10 million for the Safe and Successful Youth Initiative, \$6.5 million for Youth At-Risk matching grants and \$2 million for youth violence prevention grants.

- \$8.3 million for maternal and child health, including pediatric palliative care services for terminally ill children and their families.
- \$7.9 million for the Sexual Assault Nurse Examiner (SANE) and pediatric SANE programs, providing safe and integrated services to protect children from abuse.
- \$7.9 million for suicide prevention and intervention, including \$650,000 for Samaritans Inc. and \$200,000 for the Call2Talk suicide prevention hotline.
- \$2.7 million for the Childhood Lead Poisoning and Prevention Trust Fund.
- \$2 million for grants for improvements in reproductive health access, infrastructure, and safety.

Substance Use Disorder Treatment

In every corner of the Commonwealth, the scourge of substance abuse remains prevalent impacting families and their loved ones without prejudice. To continue our efforts to preserve access to care and services at this critical time, the Committee’s budget invests \$209.3 million to support these individuals and their families through the continuum of substance use disorder treatment and intervention services.

- \$10 million for the expansion of low threshold housing to support homeless individuals affected by substance use disorder.
- \$10 million for additional family supportive housing programs in the Commonwealth to ensure families struggling with opioid use disorder have the shelter and care they need.
- \$7 million for ten new recovery centers to enhance geographic access to services.
- \$7 million for investments to address shortages in the addiction treatment workforce through outreach and recruitment efforts and support for continuing education.
- \$5 million for investments in the substance use disorder workforce, including training on medication management, medication-assisted treatment, and treatment of co-occurring disorders.
- \$3 million for the Massachusetts Access to Recovery to help individuals with opioid use disorder reenter the workforce.
- \$3 million for multi-disciplinary, team-based substance use treatment.
- \$3 million for technical assistance to providers working in communities of color to support equitable access to recovery in Massachusetts.
- \$2 million for case management and residential rehabilitation services to help individuals transition between levels of treatment and find support through each step of recovery.
- \$2 million for workforce recruitment in collaboration with educational institutions and vocational-technical high schools.
- \$1.5 million to ensure deaf and hard of hearing individuals and deaf-blind individuals have access to tailored substance use disorder services.
- \$100,000 to improve early intervention programming and care for newborns diagnosed with neonatal abstinence syndrome.

People with Disabilities

The Committee’s budget invests over \$2.38 billion across a range of services and programs that assist and support people with intellectual and developmental disabilities. This ensures equal and fair access to opportunities for these individuals, who meaningfully contribute to our Commonwealth.

- More than \$260 million for the DDS Community Day and Work Program, which includes a \$7.4 million increase over the FY 2022 GAA and the balancing forward of FY 2022 funds to support staffing recovery.
- \$90.6 million for DDS to support respite and family services.
- \$84 million to fully fund Turning 22 services to help young people with disabilities transition to adulthood.
- \$42.3 million for specialized services for adults with autism, which will provide services to an additional 300 adults in FY 2023.
- \$27.1 million for DDS Transportation services to ensure individuals can access services despite ongoing staffing shortages.
- \$27 million for the Massachusetts Commission for the Blind services.
- \$24.9 million for head injury treatment services.
- \$22.6 million for head injury treatment services.
- \$10.5 million for the Disabled Persons Protection Commission, including funding to support the caregiver abuse registry mandated by Nicky’s Law.
- \$8.6 million for the Massachusetts Commission for the Deaf and Hard of Hearing.
- \$8.4 million for services for children with autism.
- \$8 million for the 11 independent living centers across the state providing networks of support to help individuals of all abilities access opportunities and build community.

Elder Affairs

As we recover and build anew in our Commonwealth, we must continue to do all that we can to protect our senior population. To that end, the Committee’s budget dedicates resources to support several programs and services that focus on ensuring our elders receive the necessary supports and home care to support their overall health and wellness.

- \$278.7 million in total for the elder home care program and case management, providing critical health and social services to help seniors remain in their homes.
- \$78.4 million for home care case management services to assist ASAPs in providing services to elders.
- \$42.8 million for the Protective Services Program to prevent elder abuse and neglect.
- \$22.4 million for grants to local Councils on Aging.
- \$12 million for Meals on Wheels and other nutrition programs for seniors.
- \$11 million in housing related programs for older adults receiving benefits through the Elder Homeless Placement, Congregate Housing and Supportive Housing programs.
- \$2.5 million for Geriatric Mental Health Services.
- \$1 million for the Serving the Health Insurance Needs of Everyone (SHINE) Program to assist all residents on Medicare with insurance information and counseling.

Veterans

Reflective of our tireless commitment for veterans, the Committee’s budget once again prioritizes our support for the brave men and women who have served valiantly to protect our way of life. As such, this budget makes investments to maintain our Commonwealth’s leadership in veteran affairs, aiding those who deserve it and promoting access to quality services to meet the changing needs of our veteran population.

- \$68.2 million for veterans’ benefits provided by municipalities, including cash, fuel and rent assistance, employment training and placement and health benefits.
- \$48.7 million for the Chelsea Soldiers’ Home, including funds to finalize preparations of the new Community Living Center.
- \$28.4 million for the Holyoke Soldiers’ Home.
- \$9.1 million for Veterans’ Outreach Centers providing peer counseling, employment skills building and job search assistance, substance use disorder counseling and other services.
- \$2 million for veterans’ mental and behavioral health services through the Home Base program.
- \$626,490 for outreach and services targeted to women veterans.

Support for Children and Working Families

As we move forward together and work to support the health and wellbeing of our communities, we know that our children and families have been disproportionately impacted by the COVID-19 pandemic. To ensure we do not lose sight of this, the Committee’s budget commits to continuing our long-standing support for this vulnerable population as we work to recover and build a post-pandemic future for our Commonwealth that lifts our children and working families in need during this uncertain time.

TAFDC/EAEDC Benefits

The Committee budget recognizes the importance of ensuring that public assistance levels are not undermined by inflation. To that end, the Committee’s budget recommends continuing efforts to tackle “deep poverty” by providing a 10 per cent increase to Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled and Children (EAEDC) benefit levels compared to Fiscal Year 2022, ensuring families receive the economic supports they need to live, work, and provide stability for their children. Combined with the employment supports provided by the Department of Transitional Assistance, these rate increases will boost economic mobility and equip the Commonwealth with a better-trained workforce as we recover from the 2019 novel coronavirus.

School Clothing Allowance

The Committee acknowledges the high cost of living for working families with children in school. In response, the Committee’s budget provides a \$400 per child clothing allowance for families receiving TAFDC benefits, a \$50 increase over the FY 2022 level. This benefit is dispensed in September and helps alleviate the financial burden of back-to-school costs on working families, while also ensuring that all students have new, weather-appropriate clothing heading into the fall and winter.

- \$356.6 million for Transitional Assistance to Families with Dependent Children (TAFDC) and \$140.7 million for Emergency Aid to Elderly, Disabled and Children (EAEDC) to provide the necessary support as caseloads increase, and continue the Deep Poverty increases.
- \$286.2 million for DCF Social Workers, supporting the Department’s ongoing efforts to reduce caseloads for social workers.
- \$72.8 million for DCF family support and stabilization services.
- \$30.5 million for Emergency Food Assistance to ensure that citizens in need can navigate the historic levels of food insecurity caused by COVID-19.

- \$28.3 million for Family Resource Centers to grow and improve the mental health resources and programming available to families, including \$2.3 million for the Juvenile Court Mental Health Advocacy Project administered by Health Law Advocates, Inc.
- \$20 million for the Healthy Incentives Program, including \$8 million in funds carried forward from FY 2022, to ensure continued access to healthy food options for 90,000 SNAP households and support for local farmers.
- \$15.6 million for the DTA Employment Services Program to help low-income people move toward economic independence, including \$1.3 million for programs operated by the Office of Refugees and Immigrants and \$200,000 for the DTA Works Internship Program.
- \$14 million in grants to rest homes caring for Supplemental Security Income (SSI) and EAEDC recipients.
- \$9.5 million for DCF Lead Agencies to connect children with community-based services.
- \$5 million for the Secure Jobs Connect program, providing job placement resources and assistance for homeless individuals.
- \$4.4 million for the Office of the Child Advocate, including \$300,000 for the Transition Age Youth Pilot to provide housing support for children aging out of DCF care.
- \$3.5 million for the Center on Child Wellbeing and Trauma, providing trauma-informed training to professionals and organizations that work with children
- \$3 million for Children Advocacy Centers, including \$950,000 for the Massachusetts Children’s Alliance and \$325,000 for the Department of Public Health to allocate among the centers to improve the critical supports available to children that have been neglected or sexually abused.
- \$3 million for the annual child’s clothing allowance, which provides TAFDC families with \$400 per child to purchase clothes for the upcoming school year.
- \$1.6 million for Project Bread to support the Child Nutrition Outreach Program (CNOP) and the FoodSource Hotline.
- \$750,000 for the Foster Care Parents Campaign to recruit and support foster families.
- \$500,000 in the Supplemental Nutrition Assistance Program (SNAP) Employment and Training Transportation program, providing \$80 per month to cover transportation costs of SNAP clients participating in job training programs.

Housing

Workers need housing and access to housing helps families seeking economic stability and security. Understanding that the COVID-19 pandemic has disproportionately impacted many over these last two years, the Committee’s budget invests over \$850 million, increasing support for housing stability and homelessness assistance programs and maintaining critical relief for families and individuals in need.

- \$213.2 million for Emergency Assistance Family Shelters.
- \$210 million for Residential Assistance for Families in Transition (RAFT), including \$60M carried over from the March supplemental budget. To avoid a “Cliff Effect” and provide households with a transition from the federal Emergency Rental Assistance Program (ERAP), this budget recommends

upholding the emergency level maximum amount of rental assistance that a household can receive of \$10,000 and allow eligible households facing a housing crisis to access both RAFT and HomeBASE.

- \$175 million for the Massachusetts Rental Voucher Program (MRVP), including \$20.7 million in funds carried forward from FY 2022, and recommend structural program changes that, starting January 1, 2023, will allow households to pay no more than 30% of their income for rent to receive rental vouchers for up to 110% of fair market value.
- \$92 million for assistance to local housing authorities.
- \$83.3 million for assistance for homeless individuals.
- \$56.9 million for the HomeBASE diversion and rapid re-housing programs, bolstering assistance under this program to 2 years with a per household maximum benefit of \$20,000.
- \$19.3 million for the Alternative Housing Voucher Program (AHVP) providing rental assistance to people with disabilities, including \$5.6 million in funds carried forward from FY 2022 and \$2.5 million for grants to improve or create accessible affordable housing units.
- \$8.5 million for assistance for unaccompanied homeless youth.
- \$8.2 million for the Housing Consumer Education Centers (HCECs).
- \$5 million for Resident Service Coordinators at local housing authorities.
- \$5 million for sponsored-based supportive permanent housing.
- \$3.9 million for the Home and Healthy for Good re-housing and supportive services program, including \$250,000 for homeless LGBTQQ youth.
- \$2.5 million for the Office of Public Collaboration to support housing dispute mediation efforts across the Commonwealth.
- \$1.8 million for the Tenancy Preservation Program.

Economic Development and Workforce Training

The economic and workforce development needs of every community, every region and every employer have been impacted by this pandemic, which has spared no one. As such, working to support the long-term economic health of our Commonwealth and shape a post-pandemic future that equitably benefits all people is a top priority on our to-do list. Playing to our strengths, the Committee's budget supports our workers, our economy and relies on the ingenuity and work ethic of the people who call Massachusetts home.

- \$24 million for summer jobs and work-readiness training for at-risk youth through the YouthWorks program.
- \$20 million to invest in businesses in socially and economically disadvantaged communities, particularly those disproportionately impacted by the criminal justice system. This includes \$5 million in direct grants to businesses that focus on reaching markets made up of members of these communities.
- \$17 million for the Workforce Competitiveness Trust Fund to connect unemployed and under-employed workers with higher paying jobs.
- \$15.4 million for Career Technical Institutes to increase our skilled worker population and provide residents access to career technical training opportunities.
- \$10 million for One-Stop Career Centers.
- \$7.5 million for grants to community foundations to provide emergency economic relief to historically underserved populations across the Commonwealth.

- \$7 million for Small Business Technical Assistance grants.
- \$2.5 million for the Massachusetts Technology Collaborative Innovation Institute.
- \$2.5 million for the Advanced Manufacturing Program.
- \$2.5 million for the Massachusetts Cybersecurity Innovation Fund, including \$1.5 million to continue partnerships with community colleges and state universities to provide cybersecurity workforce training to students and cybersecurity services to municipalities, non-profits, and small businesses.
- \$2 million for the Massachusetts Manufacturing Extension Partnership.
- \$2 million for Regional Economic Development Organizations.
- \$1.3 million for microlending grants to support small businesses
- \$1 million for employment programs for young adults with disabilities.

<https://malegislature.gov/Budget>

Nursing homes with admission freezes

Massachusetts Department of Public Health

Temporary admissions freeze

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. 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 12, 2022

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Bear Mountain at Sudbury	Sudbury	5/10/22	Infection control
Caldwell Home Extended Care	Fitchburg	2/9/22	Noncompliance Testing
Elaine Center at Hadley	Hadley	5/3/22	Noncompliance Testing
Highview of Northampton	Northampton	3/15/22	Infection control
Lanessa Extended Care	Webster	4/20/22	Inadequate staffing
Mt. Greylock Extended Care Facility	Pittsfield	5/3/22	New cases
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
	Vantage at South Hadley	S. Hadley	5/3/22	Noncompliance Testing

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated April 27, 2022

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 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/>

	<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 • Watertown Health Center No website 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 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?)</p> <table border="1"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>233</td> <td>B</td> </tr> <tr> <td>70</td> <td>C</td> </tr> <tr> <td>6,739</td> <td>D</td> </tr> <tr> <td>1,754</td> <td>E</td> </tr> <tr> <td>452</td> <td>F</td> </tr> <tr> <td>517</td> <td>G</td> </tr> <tr> <td>23</td> <td>H</td> </tr> <tr> <td>59</td> <td>J</td> </tr> <tr> <td>22</td> <td>K</td> </tr> </tbody> </table>	# reported	Deficiency Tag	233	B	70	C	6,739	D	1,754	E	452	F	517	G	23	H	59	J	22	K
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<p>Nursing Home Compare</p>	<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.</p> <p>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>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O’Reilly Samantha VanSchoick Lachlan 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	rmooore8743@charter.net
	Topical Conversations	Lachan Forrow	lforrow@bidmc.harvard.edu
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity 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"> • Cassie Cramer • Judi Fonsh <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>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</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.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			