



# The Dignity Digest

Issue # 91

May 27, 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

*The COVID-19 pandemic exposed the dangers of tying health care delivery to brick-and-mortar health care facilities*

*Home-Based Care Reimagined: A Full-Fledged Health Care Delivery Ecosystem Without Walls, \*Health Affairs, May 2022,*

<https://tinyurl.com/HomeBasedCareReimagined>

*In short, nursing homes too often have inadequate care staff and fail to provide appropriate care with dignity because nothing is stopping them from doing otherwise. As the data in this report indicate, the government is breaking its promise to ensure that residents are safe and treated with dignity. There is often little or no punishment when nursing homes fail to provide care that meets the standards they are paid to achieve, even when such failures result in significant resident suffering or avoidable death.*

*Broken Promises: An Assessment of Nursing Home Oversight, Long Term Care Community Coalition, <https://tinyurl.com/LTCCCBrokenPromises>*

*Inspectors noted residents sleeping on floor mattresses less than a foot apart near standing water, some were partially undressed or completely naked, and others were calling for help or left alone with full diapers. The building smelled of urine while trash and dirty linens were piling up.*

*HHS-OIG Issues Notice of Exclusion to Owner of 7 Louisiana Nursing Homes, U. S. Health and Human Services Office of Inspector General, May 23, 2022,*

<https://tinyurl.com/7LANursingHomesExcluded>

*“Improving nursing home performance and the care they provide is my number one priority. When those facilities and their owners fail to protect our most vulnerable populations, OIG will not hesitate to implement its powerful exclusion tool to safeguard HHS programs and the people they serve.”*

Inspector General Christi A. Grimm, *HHS-OIG Issues Notice of Exclusion to Owner of 7 Louisiana Nursing Homes*, **U. S. Health and Human Services Office of Inspector General**, May 23, 2022, <https://tinyurl.com/7LANursingHomesExcluded>

*“Having housing helps people move toward recovery and better health. Whether you are empathetic like me or you’re a pragmatic realist, we all know that few people can engage in post-hospital care without a place to live. Giving people access to a safe physical space gives them peace of mind so they can do the hard work of taking care of their health.”*

A.K. Kopperud, a social worker at UHealth University of Colorado Hospital, *For those living on the streets, a path to housing and much better health*, **UC Health Today**, May 23, 2022, <https://tinyurl.com/PathToHousing>

*“The widespread belief by many in the health sector that people with a mental-health condition have a brain defect or disorder of the brain, so easily leads to overwhelming disempowerment, loss of identity, loss of hope, self-stigma and isolation.”*

Michelle Funk, researcher who is leading the W.H.O’s work on mental-health policy, law, and human rights, *Doctors Gave Her Antipsychotics. She Decided to Live with Her Voices*. **\*New York Times**, May 17, 2022, <https://tinyurl.com/LiveWithVoices>

*“Post-Covid syndrome is going to become perhaps one of the most common pre-existing comorbidities going forward.”*

Dr. Paddy Ssentongo, an assistant professor of infectious disease epidemiology at Penn State, *Over 75 Percent of Long Covid Patients Were Not Hospitalized for Initial Illness, Study Finds*, **\*New York Times**, May 17, 2022, <https://tinyurl.com/75PercentLongCovidNotHospital>

*“Being lucky enough to have the last chapter of your life be the best chapter of your life? If you have any say-so, for God’s sake, have the best be the last.”*

Gaylynn Baker, 85-year-old performer in The [Retirement House](#)’s videos shown on TikTok, *Grandfluencers’ Are Sharing a New Vision of Old Age*, **New York Times (free access)**, May 25, 2022, <https://tinyurl.com/GrandfluencersNewVisionOldAge>

*“As you get into old age, moving into a nursing home is what’s expected, and many older people buy into that. What we’re doing, through the strength of our friendships and our mutual support, is changing the course of the way one lives their life.”*

Robert Reeves, age 78, performer in The Retirement House’s videos shown on TikTok, *Grandfluencers’ Are Sharing a New Vision of Old Age*, **New York Times (free access)**, May 25, 2022, <https://tinyurl.com/GrandfluencersNewVisionOldAge>

*By 2030, 70 million people in the United States will be over 65 years old, according to [census data](#); for the first time, the country will have more seniors than children.*

*Grandfluencers’ Are Sharing a New Vision of Old Age*, **New York Times (free access)**, May 25, 2022, <https://tinyurl.com/GrandfluencersNewVisionOldAge>

*“Disability is hugely intersectional ... disability is one of the few groups anyone can join at any time.”*

Joshua Miele, a principal accessibility researcher at Amazon, *Amazon accessibility researcher says inclusion of people with disabilities is ‘lacking’ in health tech*, **STAT News**, May 24, 2022, <https://tinyurl.com/STATAmazonAccessibility>

*Something as simple as getting a Covid-19 test can be complicated for Joshua Miele, a principal accessibility researcher at Amazon. Miele is blind. When he got his rapid test results at the STAT Health Tech Summit in San Francisco on Tuesday morning, the clinician handed a sheet of paper with his result not to Miele, but to a sighted STAT reporter standing beside him. That is just one example of the erasure people with disabilities face when seeking health care, especially when that care is unrelated to disability,*

Amazon accessibility researcher says inclusion of people with disabilities is 'lacking' in health tech, **STAT News**, May 24, 2022, <https://tinyurl.com/STATAmazonAccessibility>

*“Health care and health tech are really lacking in their thinking about disability inclusion. I think of the medical system as one of the most ableist institutions we still have.”*

Joshua Miele, a principal accessibility researcher at Amazon, *Amazon accessibility researcher says inclusion of people with disabilities is 'lacking' in health tech*, **STAT News**, May 24, 2022, <https://tinyurl.com/STATAmazonAccessibility>

*We will remember “This is Us” for showing us how people are the same in what affects our lives — love, family, grief, joy — without ignoring the factors that make our lives so different.*

*‘This Is Us’ should be remembered for its nuanced portraits of mental health, dementia, and identity*, **STAT News**, May 24, 2022, <https://tinyurl.com/ThisIsUsRemembered>

*“The suit contends 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.*

*“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.”*

Tom Lesser, one of the families' attorneys in the Holyoke Soldiers’ Home lawsuit, *State settles with families of Holyoke Soldiers Home victims*, **WGBH News**, May 12, 2022, <https://tinyurl.com/StateSettlesSoldiersHome>

*Since 2015, more than 1,000 nursing homes have closed and over 44,000 residents have been displaced—punctuated by 30% jump in closings during the pandemic.*

*The Unintended Implications of Nursing Homes Closures*, **Open Minds**, May 4, 2022, <https://tinyurl.com/ImplicationsNHClosure>

	<p><i>“I will make the rest of your time here miserable.”</i></p> <p>Administrator at Veterans Victory House, a four-star facility in(South Carolina, <i>Nursing Homes Fail US Veterans: Elder Justice “No Harm” Newsletter</i>, <b>Long Term Care Community Coalition</b>, <a href="https://tinyurl.com/NursingHomesFailVeterans">https://tinyurl.com/NursingHomesFailVeterans</a></p>
Dignity Votes 2022	<p><b>Fact Sheets and Issue Briefs</b> Prepared by Dignity Alliance Massachusetts Workgroups</p> <p><b>Nursing Homes</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Nursing Home Fact Sheet</a></li> <li>• <a href="#">Nursing Home Staffing Issues</a></li> <li>• <a href="#">Pandemic Issues in Nursing Homes</a></li> <li>• <a href="#">Nursing Homes – Financial Responsibility</a></li> <li>• <a href="#">Nursing Homes – Oversight, Licensures, Closures</a></li> <li>• <a href="#">Nursing Homes – Small Home Model</a></li> </ul> <p><b>Home and Community Based Services</b></p> <ul style="list-style-type: none"> <li>• <a href="#">HCBS Fact Sheet</a></li> <li>• <a href="#">HCBS Staffing Issues</a></li> <li>• <a href="#">HCBS Care Coordination Issues</a></li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Behavioral Health Fact Sheet</a></li> <li>• <a href="#">BH Elder Mental Health Outreach Teams (EMHOT) Issues</a></li> <li>• <a href="#">BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues</a></li> <li>• <a href="#">Social Work Staffing Issues</a></li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Housing Issues</a></li> </ul> <p><b>Veterans</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Veterans Issues</a></li> </ul> <p><a href="https://dignityalliancema.org/2022-facts-and-issues/">https://dignityalliancema.org/2022-facts-and-issues/</a></p>
Reports	<p><b>1. Long Term Care Community Coalition</b> <i>Broken Promises: An Assessment of Nursing Home Oversight</i> This report, “<b>Broken Promises: An Assessment of Nursing Home Oversight</b>,” presents the results of an analysis of survey and enforcement data at the state, regional, and federal levels with a focus on all U.S. states and the 10 Regional Offices of the federal Centers for Medicare and Medicaid Services (CMS) tasked with overseeing the performance of the state enforcement agencies in their respective regions of the country. <a href="#">Download the full report</a> <a href="#">Click here for interactive maps and tables.</a></p>
Film Essay	<p><b>2. New York Times (free access)</b> May 17, 2022 <i>I’m a College Student with a Disability. Stop Treating Me Like a Child.</i> The path into adulthood is a precarious one for those with a disability. Samuel Habib, 21, wants to date, leave home, go away to college. But for Samuel and millions of other young adults with disabilities, the path beyond public school and into adulthood is difficult to navigate. Samuel lives with a rare neurodevelopmental disorder caused by a <a href="#">mutation in a gene known as GNAO1</a>. He drives a 350-pound wheelchair, uses a communication device, and can have a seizure at any moment.</p>

	<p>In this short documentary, Samuel seeks out guidance from America’s most rebellious disability activists. He wants to learn how they built full adult lives — as a road map for himself and others. “No one tells you how to be an adult, let alone an adult with a disability,” he says. “But there are badass people with disabilities who figured it out. Maybe they could be my mentors.”</p> <p><a href="http://www.mydisabilityroadmap.com">www.mydisabilityroadmap.com</a>  <a href="https://tinyurl.com/StopTreatingMeLikeAChild">https://tinyurl.com/StopTreatingMeLikeAChild</a></p>	
<p>World Elder Abuse Awareness Day</p>		<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>
	<p><b>3. National Center on Elder Abuse</b>          Wednesday, June 8, 2022, 1:00 to 1:30 p.m.  <b>NCEA’s WEAAD Twitter Chat (#WEAADChat)</b>          Questions to be discussed:</p> <ul style="list-style-type: none"> <li>• Q1: What are some community supports essential for aging with dignity and respect? #WEAADChat</li> <li>• Q2: Why are these supports so important for #PreventingElderAbuse? #WEAADChat</li> <li>• Q3: What is one thing we can all do to strengthen community supports for #WEAAD? #WEAADChat</li> <li>• Q4: What are you doing to highlight community resources and supports for #WEAAD this year? #WEAADChat</li> </ul> <p><a href="https://tinyurl.com/WEAADTwitterChat">https://tinyurl.com/WEAADTwitterChat</a></p> <p><b>4. Administration on Community Living</b>          May 2022          Materials Available to Prepare for World Elder Abuse Awareness Day  <a href="#">resources and materials</a></p>	
<p>Virtual Conferences</p>	<p><b>5. NASW Massachusetts Chapter</b>          Thursday, June 16, 2022, 8:30 a.m. to 3:45 p.m.  <i>Nursing Home Conference 2022: Differences Matter: Equitable Social Work Practice with Older Adults</i>          CONFERENCE AGENDA:          8:30am: Conference begins</p> <ul style="list-style-type: none"> <li>• 8:30 - 8:45am: Welcome remarks by Rebekah Gewirtz, NASW-MA Executive Director, and Frank E. Baskin, NASW-MA Nursing Home Committee Co-chair</li> <li>• 8:45 - 10:15am: Keynote Address: Diversity, Equity, Inclusion &amp; Opportunity in Long-Term Care Settings with speaker Dr. Macie P. Smith, Ed.D.</li> <li>• 10:15 - 10:30am: Morning screen break</li> </ul>	

	<ul style="list-style-type: none"> <li>• 10:30 - 12:30pm: Panel Discussion with speakers Julie Sahlings, LICSW, and Mary Ellen Hopkins, LCSW</li> <li>• 12:30 - 1:30pm: Lunch screen break</li> <li>• 1:30 - 2:30pm: Workshop “Public Policy and Action to Change DPH Nursing Home Social Work Regulations” with speaker Frank E. Baskin, LICSW</li> <li>• 2:30 - 3:30pm: Workshop “LGBTQ+ Equity in the Nursing Home” with speaker Lisa Krinsky, LICSW.</li> <li>• 3:30 - 3:45pm: Conference ends</li> </ul> <p>Participants will learn about:</p> <ul style="list-style-type: none"> <li>• The experiences and issues residents, families, and staff encounter when working in nursing homes and other older adult congregate settings with respect to diversity, equity, and inclusion.</li> <li>• Strategies for effective and appropriate interventions to use to keep providing services and aiding residents in need.</li> <li>• General issues about race, culture, impairment, LGBTQ+, religion etc. when working with older adults and in older adult congregate care that inform social work practice.</li> </ul> <p>5.5 CEUs for social workers  Registration closes June 14  Registration: <a href="https://tinyurl.com/NASW2022Conference">https://tinyurl.com/NASW2022Conference</a></p> <p><b>6. 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</b>  Friday, June 24, 2022, 9:00 a.m. to 3:00 p.m.  <i>11th Annual LGBTQ Elders in an Ever-Changing World (VIRTUAL) Conference</i>  This year’s keynote speaker is award-winning filmmaker Stu Maddux, who will present “<b>Social Isolation, Loneliness, and Resilience in LGBTQ Older Adults.</b>” Loneliness and isolation are being called the other hidden epidemics during the COVID era. Maddux will discuss his very timely documentary, <i>All the Lonely People</i>, 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.  Conference flyer: <a href="https://conta.cc/3jlp8R4">https://conta.cc/3jlp8R4</a>.  Conference Fee:  \$95 - with CEUs / \$75 - no CEUs  \$25 - Seniors and Students  Register at: <a href="https://2022lgbtgeldersconference.eventbrite.com">https://2022lgbtgeldersconference.eventbrite.com</a></p>
Podcast	<p><b>7. Stanford Center on Longevity – The Longevity Project</b>  Recorded on May 24, 2022 via Zoom  <i>Virtual Panel on the Great Retirement</i>  Insights into the Great Retirement  Every month for the last year, on average more than 4 million American workers have left their jobs.  The Great Resignation, or the Big Quit, is an unprecedented movement of Americans out of their jobs. For the most part, workers who left their jobs during the Great Resignation were simply moving to other, more preferred jobs, rather than leaving the labor force. For these workers, the tight labor market of the Great Resignation was an opportunity to find a new job with better pay and benefits, more flexible work conditions, a career path, or just a better boss.</p>

	<p>But the vast movement of workers also included a much higher than usual number of retirements, many of them unplanned and driven by the financial and public health issues of the pandemic. The Federal Reserve Board of St. Louis has estimated that there were more than 2 million more retirements than would be ordinarily expected during the first year of the pandemic. This is the Great Retirement, and it is likely to have significant consequences as this new group of early retirees consider their long-term financial conditions and as the tight labor market grapples with the loss of millions of capable workers.</p> <p>Why did these workers leave the work force and what are the issues that they face in light of an earlier-than-expected retirement?</p> <p>The insights below are drawn from: (1) an AIG Life &amp; Retirement survey of 2,202 U.S. adults ages 25-75 conducted online by Morning Consult between April 12- April 15 and (2) focus groups conducted by the Schlesinger Group for the Longevity Project.</p> <ul style="list-style-type: none"> <li>• The pandemic drove millions of Americans into early retirement. Of the respondents who retired during the pandemic, only 40% said that their retirement was already planned. A range of unexpected economic and health circumstances drove the other 60% out of the workforce.</li> <li>• Health concerns led the way in the reasons for retirement during the pandemic, with 25% citing health as a primary reason for retirement. Health concerns were enhanced during the pandemic by fear of isolation. In focus groups, recent retirees expressed fear of getting sick and being isolated from their family caregivers.</li> <li>• Many recent retirees also cited job loss and the difficulty of finding new work during the pandemic as reasons for early retirement. In focus groups and verbatims, recent retirees spoke about stress of the pandemic, fears of job loss and rapid changes in the work environment as additional reasons for early retirement, as well as the difficulty of starting over in such a harsh economic climate.</li> <li>• Early retirement brings with it a host of financial concerns, with the risk of inflationary pressures of particular concern to the retirees of the pandemic. Concerns about inflation are widespread in all age groups in the survey, but they are particularly strong among recent retirees, with 71% citing it as a source of primary concern.</li> <li>• Despite economic concerns, recent retirees are not looking (at least yet) to return to the workforce. Only 15% of recent retirees said that they miss working and only 19% indicated that they would want to work part-time in retirement, but factors such as concerns about inflation, a safer work environment or a more favorable employment environment could draw them back into the work force in the future.</li> </ul> <p>Participants are:</p> <ul style="list-style-type: none"> <li>• Sergio Avedian, Senior Contributor at the Rideshare Guy</li> <li>• Veena Dubal, Professor of Law, University of California, Hastings College of the Law</li> <li>• Paul Oyer, Professor of Economics, Stanford Business School</li> <li>• Alexandra Ravenelle, Assistant Professor of Sociology, University of North Carolina, Chapel Hill and author of Hustle and Gig</li> </ul> <p><a href="https://tinyurl.com/PanelGreatRetirement">https://tinyurl.com/PanelGreatRetirement</a></p>
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Webinars and online sessions	<p><b>8. Leonard David Institute of Health Economics – University of Pennsylvania</b> Friday, May 27, 2022, 9:00 to 10:20 a.m.</p>
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	<p><i>Possibilities, Politics, and Priorities: Transforming Long-Term Care Late-Breaking Conversation with U. S. Senator Bob Casey</i></p> <p>After decades of neglect, U.S. nursing homes are in crisis. The COVID-19 pandemic provided renewed attention to addressing this crisis, along with a recent report from the National Academies of Sciences, Engineering, and Medicine calling for major reform of the nursing home industry. Senator Casey and a panel of experts will discuss opportunities to improve these critical health care facilities.</p> <p>Panelists:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mary Ersek, PhD, RN</a> Professor of Palliative Care, Biobehavioral Health Sciences, Penn Nursing; Professor of Medicine, Division of General Internal Medicine, Perelman School of Medicine</li> <li>• <a href="#">Jasmine Travers, PhD, RN</a> Assistant Professor of Nursing, NYU Rory Meyers College of Nursing</li> <li>• <a href="#">Rachel M. Werner, MD, PhD</a> Executive Director, Penn LDI; Robert D. Eilers Professor of Health Care Management and Economics, Wharton School; Professor of Medicine, Perelman School of Medicine</li> <li>• <a href="#">Rodney Whitlock, PhD</a> Vice President, McDermott+Consulting; Former Health Policy Director for Former U.S. Representative Charlie Norwood</li> </ul> <p>Registration: <a href="https://tinyurl.com/SenatorCaseyConversation">https://tinyurl.com/SenatorCaseyConversation</a></p> <p><b>9. Disability Employment Technical Assistance Center</b> Tuesday, June 14, 2022, 3:00 to 4:30 p.m. <i>Celebrating Olmstead: Working4Inclusion</i> Join the DETAC along with the National Disability Rights Network (NDRN) and speakers from two state Protection and Advocacy entities, to celebrate the anniversary of the Olmstead Decision. NDRN will share national trends for phasing out sheltered work in addition to highlighting the Employment First outcomes across the country. State expert speakers will showcase innovative and effective strategies at the state level to transition from a segregated work model to increasing competitive, integrated employment opportunities for individuals with disabilities. Registration: <a href="https://tinyurl.com/CelebratingOlmstead">https://tinyurl.com/CelebratingOlmstead</a></p>
Previously posted webinars and online sessions	<p><b>Previously posted webinars and online sessions can be viewed at:</b> <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Nursing Homes	<p><b>10. McKnight’s Long-Term Care News</b> May 25, 2022 <i>Nursing homes sue over minimum staffing ratios, mandatory spending levels</i> Nonprofit New York nursing homes are taking action against the state in a push to overturn “illegal and unconstitutional” policies that establish a minimum staffing requirement and spending mandates for providers. . . Former New York Gov. Andrew Cuomo (D) <a href="#">signed</a> the minimum staffing law in June 2021. Implementation was delayed until the current Gov. Kathy Hochul (D) declined to extend a stay on the mandate at the end of March. The regulation requires facilities to provide a daily average of 3.5 hours of care per resident by a nurse or nursing assistant. At least 2.2 hours of care must be provided by a certified nursing assistant, and at least 1.1 hours of care must be given by a licensed nurse. . .</p>

The state's new [spending mandate](#) for nursing homes also requires providers to spend a minimum of 70% of revenue on direct patient care — with at least 40% of that going to direct-care staffing. That also had been delayed from implementation until Hochul let it expire in March.

<https://tinyurl.com/NursingHomesSue>

#### **11. U. S. Health and Human Services Office of Inspector General**

May 23, 2022

*HHS-OIG Issues Notice of Exclusion to Owner of 7 Louisiana Nursing Homes*

Nursing Homes Were Previously Excluded After Squalid Conditions Led to Deaths in Aftermath of Hurricane Ida.

The Louisiana Department of Health revoked the facilities' licenses to operate as nursing homes due to multiple violations of state law that left seven residents dead and hundreds of others neglected and vulnerable following Hurricane Ida in August 2021. As a result, OIG has excluded the nursing homes and their owner. Prior to Hurricane Ida making landfall, the seven nursing homes evacuated over 800 of their residents to a warehouse facility. This was hundreds of residents greater than the facility's capacity. . .

Inspectors noted residents sleeping on floor mattresses less than a foot apart near standing water, some were partially undressed or completely naked, and others were calling for help or left alone with full diapers. The building smelled of urine while trash and dirty linens were piling up.

<https://tinyurl.com/7LANursingHomesExcluded>

#### **12. Open Minds**

May 4, 2022

*The Unintended Implications of Nursing Homes Closures*

The stability of nursing homes is a big issue for the health and human service field. Since 2015, more than 1,000 nursing homes have closed and over 44,000 residents have been displaced—punctuated by 30% jump in closings during the pandemic (see [Of More Than 1,000 Nursing Homes That Closed Since 2015, One-Third Closed During COVID-19](#)).

For facilities that have managed to keep their doors open, the financial picture isn't pretty—65% of nursing homes were operating at a loss in 2020 (see [65% Of Nursing Homes Are Operating At A Loss As Of December 2020](#)) and are projected to have a 4.8% negative operating margin this year (see [Nursing Home Margins Projected At Negative 4.8% In 2022](#)). This is coupled with last month's proposal by the Centers for Medicare & Medicaid Services (CMS) to reduce skilled nursing facility (SNF) payments to nursing homes for fiscal year 2023, which includes a 4.6% cut related to the Patient-Driven Payment Model (see [CMS's Proposed \\$320M Decrease In Nursing Home Medicare Funding Could Be 'Ruinous' For Struggling Operators](#)). The expectation from all of this is that another 400 nursing homes are predicted to close this year (see [400 Nursing Home Closings Projected For 2022: 3 Notes](#)).

Not surprisingly, the number of residents and census in nursing homes is declining. There are 1.2 million consumers residing (temporarily or long-term) in nursing homes—down almost 1.4 million in 2015 (see [Total Number Of Residents In Certified Nursing Facilities](#)). The median occupancy rate for U.S. nursing homes fell from 85% in January 2020 to 68% in January 2021 (see [Initial Observations of SNF Trends Data Illustrates COVID-19 Challenges](#) and [Average Nursing Home Census Down 12% Since End Of 2019, But Nursing Homes Remain Understaffed By 16%](#)).

	<p>The fate of nursing homes has important implications for consumers with disabilities. About 16.5% of nursing home residents—almost 200,000—were younger than age 65 (see <a href="#">Nursing Home Facts And Statistics</a>). And there are roughly 500,000 consumers with mental illnesses living in nursing homes (see <a href="#">Mental Illness In Nursing Homes: Variations Across States</a>) and the prevalence of serious mental illness (SMI) in nursing homes increased 77% between 2007 and 2017, from 10.5% to 18.6% (see <a href="#">Trends In Serious Mental Illness In US Assisted Living Compared To Nursing Homes And The Community: 2007-2017</a>). This reliance on nursing homes in the support services system for consumers with mental illnesses is problematic—particularly since the 20% of nursing homes with the lowest margins (-7.5% or worse) currently house 40% of residents, a dramatic jump from the 15% of residents who were in at-risk nursing homes in 2019. <a href="https://tinyurl.com/ImplicationsNHClosure">https://tinyurl.com/ImplicationsNHClosure</a></p>
Home and Community Based Services	<p><b>13. *Health Affairs</b>  May 2022  <i>Home-Based Care Reimagined: A Full-Fledged Health Care Delivery Ecosystem Without Walls</i>  The COVID-19 pandemic exposed the dangers of tying health care delivery to brick-and-mortar health care facilities. Both before and, more intensely, during the pandemic, health systems have struggled to support high-need patients, especially those unable to engage with virtual technology or needing urgent care in the home. The pandemic has highlighted an ongoing need to create a distributed health care delivery ecosystem centered in patients’ homes and the community. This age-friendly ecosystem would initially focus on high-need patients, expand access, improve equity, and be of high value. It would integrate episodic and longitudinal care and expand to serve broader populations as it matures. We briefly describe the evidence base for home-based care models that constitute this ecosystem, define the guiding principles underlying it, and discuss what will be required to build out and scale it. <a href="https://tinyurl.com/HomeBasedCareReimagined">https://tinyurl.com/HomeBasedCareReimagined</a></p>
Housing	<p><b>14. UC Health Today</b>  May 23, 2022  <i>For those living on the streets, a path to housing and much better health</i>  A team of social workers from UCHealth University of Colorado Hospital helps patients map out plans to support permanent housing after hospital stays. <a href="https://tinyurl.com/PathToHousing">https://tinyurl.com/PathToHousing</a></p>
Behavioral Health	<p><b>15. STAT News</b>  May 24, 2022  <i>‘This Is Us’ should be remembered for its nuanced portraits of mental health, dementia, and identity</i>  This NBC series explored the lives of three children — twins Kevin and Kate, whose parents adopted a third baby, Randall, whose father had abandoned him at a fire station. As avid fans, we debriefed weekly to discuss the twists, turns, and tears of the Pearson family saga, which wraps up on May 24. From our public health and ethnic studies perspectives, the series accomplished a rarity for a fictional TV show: It showed the ways the conditions in which people live, work, and play can influence their health. . .  Far more front and center in “This Is Us” is the thread of mental health, which plays out across many characters. The family matriarch is diagnosed with</p>

	<p>dementia, and as the show hops back and forth in time, viewers witness her decline even as they are reminded of what a vibrant young mother she was. Across the seasons, the show highlighted post-traumatic stress disorder related to military service, first in Vietnam and then Afghanistan. Major characters struggled with depression, debilitating anxiety, addiction, disordered eating, and weight and body image. Each storyline explores the ways mental health affects day-to-day experience and how access to mental health care affects the quality of life.</p> <p><a href="https://tinyurl.com/ThisIsUsRemembered">https://tinyurl.com/ThisIsUsRemembered</a></p> <p><b>16. *New York Times</b>  May 17, 2022  <i>Doctors Gave Her Antipsychotics. She Decided to Live with Her Voices.</i>  A new movement wants to shift mainstream thinking away from medication and toward greater acceptance. . .  Her mix of psychotropic pills shifted, expanded: antipsychotics, mood stabilizers, an antidepressant, a benzodiazepine for anxiety, a stimulant for attention deficit. The pileup of drugs was typical; people hearing voices or having other hallucinations rarely wind up on just one medication. Multiple chemicals are prescribed, often more than one similar antipsychotic simultaneously, in an attempt to quell the psyche.  Last June, the <a href="#">World Health Organization published a 300-page directive on the human rights of mental-health clients</a> — and despite the mammoth bureaucracy from which it emerged, it is a revolutionary manifesto on the subject of severe psychiatric disorders. It challenges biological psychiatry’s authority, its expertise and insight about the psyche. And it calls for an end to all involuntary or coercive treatment and to the dominance of the pharmaceutical approach that is foremost in mental health care across conditions, including psychosis, bipolar disorder, depression, and a host of other diagnoses. Psychiatry’s problematic drugs, the W.H.O. maintains, must no longer be an unquestioned mainstay. . .  In demanding a “fundamental paradigm shift” in the field of mental health, the W.H.O. is calling for a close to half a century of psychiatric history.  <a href="https://tinyurl.com/LiveWithVoices">https://tinyurl.com/LiveWithVoices</a></p>
<p>Longevity</p>	<p><b>17. New York Times (free access)</b>  May 25, 2022  <i>Grandfluencers’ Are Sharing a New Vision of Old Age</i>  On TikTok, the over-65 set is thriving.  Most of the TikTok influencers living in so-called collab houses — mansions where they film content together — are barely old enough to legally sign a lease. But the Old Gays and their fellow “grandfluencers” are proof that recording viral videos under one roof isn’t reserved for the young. And while these senior influencers may very much be performing for the camera, they’re also sharing a new vision for what it means to live meaningfully with age.  By 2030, 70 million people in the United States will be over 65 years old, according to <a href="#">census data</a>; for the first time, the country will have more seniors than children. Most older Americans live <a href="#">alone or with only a partner</a>, according to research from Pew. And they want to stay that way: A <a href="#">recent AARP survey</a> found that 86 percent of people over 65 want to age in place rather than in a care home. . .  Retirement House, for all its artifice, presents a version of aging full of novelty and active curiosity. “It’s not a home, where you need care and somebody to</p>

	<p>cook for you and bring you your pills,” Ms. Yulish said. “This is a group of older people who are perfectly capable of doing everything on their own and having a lot of fun while they’re doing it.”</p> <p><a href="https://tinyurl.com/GrandfluencersNewVisionOldAge">https://tinyurl.com/GrandfluencersNewVisionOldAge</a></p>
Disability Issues	<p><b>18. STAT News</b>  May 24, 2022  <i>Amazon accessibility researcher says inclusion of people with disabilities is ‘lacking’ in health tech</i></p> <p>In a room full of health technology executives, researchers, and others in the field, Miele described his difficulty in accessing basic tools because they are not created with a diversity of users — people with different needs — in mind. “Why is it so hard to buy a talking glucometer ... a talking blood pressure cuff?” he asked. . .</p> <p>A medical paradigm that places clinicians at the top and patients at the bottom often considers those with disabilities to be a fringe group instead of as individuals with agency who are accessing services, Miele said. It takes constant self-advocacy to navigate systems that consider people with disabilities as inferior or incapable of making decisions for themselves.</p> <p><a href="https://tinyurl.com/STATAmazonAccessibility">https://tinyurl.com/STATAmazonAccessibility</a></p>
Holyoke Soldiers’ Home / Veterans Services	<p><b>19. WGBH News</b>  May 12, 2022  <i>State settles with families of Holyoke Soldiers Home victims</i></p> <p>Massachusetts has agreed to pay \$56 million to settle a class-action lawsuit brought by the families of veterans who died or became sick after contracting COVID-19 at a state-run veterans' care center during one of the deadliest outbreaks at a long-term care facility in the U.S., officials said Thursday.</p> <p>The families of 84 veterans who <a href="#">died during the outbreak at the Holyoke Soldiers' Home</a> will receive a minimum of \$400,000 each, while 84 veterans who contracted the disease and survived will receive a minimum of \$10,000 under terms of the settlement that still requires a federal judge's approval. . .</p> <p>Gov. Baker plans to file legislation seeking \$56 million for the claims fund in the coming weeks.</p> <p><a href="https://tinyurl.com/StateSettlesSoldiersHome">https://tinyurl.com/StateSettlesSoldiersHome</a></p> <p><b>20. Long Term Care Community Coalition</b>  <i>Nursing Homes Fail US Veterans: Elder Justice “No Harm” Newsletter</i></p> <p>This newsletter focuses on the following “no harm” violations:</p> <ul style="list-style-type: none"> <li>• Pronounced dead: Staff fail to verify resident’s CPR status.</li> <li>• Unquenched thirst: Dehydration lands resident in hospital.</li> <li>• Sexual harassment: Residents at risk for unwanted and inappropriate touching.</li> <li>• ‘I will make the rest of your time here miserable’: Nursing home administrator verbally abuses resident.</li> <li>• Out of time: Staff fail to assist resident with basic hygiene services.</li> <li>• In the dark: Facility fails to notify family members of significant change.</li> </ul> <p><a href="https://tinyurl.com/NursingHomesFailVeterans">https://tinyurl.com/NursingHomesFailVeterans</a></p>
Long Covid	<p><b>21. *New York Times</b>  May 17, 2022  <i>Over 75 Percent of Long Covid Patients Were Not Hospitalized for Initial Illness, Study Finds</i></p>

	<p>More than three-quarters of Americans diagnosed with long Covid were not sick enough to be hospitalized for their initial infection, a <a href="#">new analysis</a> of tens of thousands of private insurance claims. . .</p> <p>The new study adds to a growing body of evidence that, while patients who have been hospitalized are at greater risk for long Covid, people with mild or moderate initial coronavirus infections — who make up the vast majority of coronavirus patients — can still experience debilitating post-Covid symptoms including breathing problems, extreme fatigue, and cognitive and memory issues.</p> <p><a href="https://tinyurl.com/75PercentLongCovidNotHospital">https://tinyurl.com/75PercentLongCovidNotHospital</a></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Nursing Home Closures	Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a>
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
State Budget FY 2023	<p><b>Commonwealth of Massachusetts</b></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.</p> <p>The budget is now before the Senate.</p> <p>Below are pertinent excerpts from the Executive Summary of the Senate Committee on Ways and Means Fiscal Year 2023 Budget Recommendations:</p> <p><b>Health &amp; Human Services</b></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><b>MassHealth</b></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"> <li>• \$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.</li> </ul>

- \$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.

**Mental Health**

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.

- \$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 lost 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

	<p>justice system. This includes \$5 million in direct grants to businesses that focus on reaching markets made up of members of these communities.</p> <ul style="list-style-type: none"> <li>• \$17 million for the Workforce Competitiveness Trust Fund to connect unemployed and under-employed workers with higher paying jobs.</li> <li>• \$15.4 million for Career Technical Institutes to increase our skilled worker population and provide residents access to career technical training opportunities.</li> <li>• \$10 million for One-Stop Career Centers.</li> <li>• \$7.5 million for grants to community foundations to provide emergency economic relief to historically underserved populations across the Commonwealth.</li> <li>• \$7 million for Small Business Technical Assistance grants.</li> <li>• \$2.5 million for the Massachusetts Technology Collaborative Innovation Institute.</li> <li>• \$2.5 million for the Advanced Manufacturing Program.</li> <li>• \$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.</li> <li>• \$2 million for the Massachusetts Manufacturing Extension Partnership.</li> <li>• \$2 million for Regional Economic Development Organizations.</li> <li>• \$1.3 million for microlending grants to support small businesses</li> <li>• \$1 million for employment programs for young adults with disabilities.</li> </ul> <p><a href="https://malegislature.gov/Budget">https://malegislature.gov/Budget</a></p>
<p>Nursing homes with admission freezes</p>	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i></p> <p>On November 6, the state <a href="#">announced</a> 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:</p> <ul style="list-style-type: none"> <li>• Number of new COVID-19 cases within the facility</li> <li>• Staffing levels</li> <li>• Failure to report a lack of adequate PPE, supplies, or staff</li> <li>• Infection control survey results</li> <li>• Surveillance testing non-compliance</li> </ul> <p>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.</p>

Updated on May 24, 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
Lanessa Extended Care	Webster	4/20/22	Inadequate staffing
Oosterman's Melrose Rest Home	Melrose	12/18/21	Noncompliance Testing
Savoy Nursing and Rehab Center	New Bedford	4/19/22	Infection control
The Meadows of Central Massachusetts	Leicester	4/12/22	Infection control
Vantage at South Hadley	S. Hadley	5/3/22	Noncompliance Testing
Willows at Worcester	Worcester	5/17/22	Noncompliance Testing

<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  Updated May 25, 2022  CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.  <b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated April 27, 2022)</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough</li> </ul>
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	<p><a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></p> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• Attleboro Healthcare, Attleboro <a href="https://tinyurl.com/AttleboroHealthcare">https://tinyurl.com/AttleboroHealthcare</a></li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities that are candidates for listing</b></p> <ul style="list-style-type: none"> <li>• Hillcrest Commons Nursing and Rehabilitation Center, Pittsfield <a href="https://tinyurl.com/HillcrestCommons">https://tinyurl.com/HillcrestCommons</a></li> <li>• Medway Country Manor Skilled Nursing and Rehabilitation <a href="https://tinyurl.com/MedwayManor">https://tinyurl.com/MedwayManor</a></li> <li>• Parkway Health and Rehabilitation Center <a href="https://tinyurl.com/ParkwayHealthCenter">https://tinyurl.com/ParkwayHealthCenter</a></li> <li>• Plymouth Rehabilitation and Health Care Center (added in May) <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a></li> <li>• Revolution Charwell <a href="https://tinyurl.com/RevolutionCharwell">https://tinyurl.com/RevolutionCharwell</a></li> <li>• Tremont Health Care Center, Wareham (added in May) <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a></li> <li>• Vantage at South Hadley No website</li> <li>• Vero Health and Rehabilitation Center of Amesbury <a href="https://tinyurl.com/VeroAmesbury">https://tinyurl.com/VeroAmesbury</a></li> <li>• Vero Health and Rehabilitation Center of Revere <a href="https://tinyurl.com/VeroRevere">https://tinyurl.com/VeroRevere</a> <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																				
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b></p> <p><b><i>Nursing Home Inspect</i></b></p> <p>Data updated November 2021</p> <p>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).</p> <p>Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">233</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">70</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">6,739</a></td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,754</a></td> <td><a href="#">E</a></td> </tr> <tr> <td><a href="#">452</a></td> <td><a href="#">F</a></td> </tr> <tr> <td><a href="#">517</a></td> <td><a href="#">G</a></td> </tr> <tr> <td><a href="#">23</a></td> <td><a href="#">H</a></td> </tr> <tr> <td><a href="#">59</a></td> <td><a href="#">J</a></td> </tr> <tr> <td><a href="#">22</a></td> <td><a href="#">K</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">233</a>	<a href="#">B</a>	<a href="#">70</a>	<a href="#">C</a>	<a href="#">6,739</a>	<a href="#">D</a>	<a href="#">1,754</a>	<a href="#">E</a>	<a href="#">452</a>	<a href="#">F</a>	<a href="#">517</a>	<a href="#">G</a>	<a href="#">23</a>	<a href="#">H</a>	<a href="#">59</a>	<a href="#">J</a>	<a href="#">22</a>	<a href="#">K</a>
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Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <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"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>		
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <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><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
DignityMA Call to Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA.</a></b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements.</a></li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements.</a></li> <li>• <b>Join</b> our <a href="#">Work Groups.</a></li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
Participation opportunities with Dignity Alliance Massachusetts	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>

<p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Housing	Shaya French	<a href="mailto:sfrench@bostoncil.org">sfrench@bostoncil.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Clarence Richardson	<a href="mailto:Clarence@massnaela.com">Clarence@massnaela.com</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
<b><i>The Dignity Digest</i></b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>            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"> <li>• Frank Baskin</li> <li>• Lisa Iezzoni, MD</li> <li>• Lisa Krinsky</li> <li>• Dale Mitchell</li> <li>• Dick Moore</li> </ul> <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			