



The Dignity Digest

Issue # 93

June 10, 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

[T]he number of people 65 and older in the United States has expanded from just over 41 million in 2011 to just under 55 million by 2020. . . [T]he number of nursing home residents has actually decreased during that time — 1,370,680 residents in 2011 compared to 1,290,177 in 2020 — resulting in an overall decline in SNF utilization by 29% nationally.

Perfectly the Wrong Size: The Case for and Against Downsizing in Skilled Nursing, Skilled Nursing News, June 7, 2022, <https://tinyurl.com/PerectlyTheWrongSize>

“I think some people are kidding themselves that [a decrease in nursing home utilization] was a result of the last few years. This trend was happening way before Covid came in ... We’ve been overbedding for a long time.”

Perfectly the Wrong Size: The Case for and Against Downsizing in Skilled Nursing, Skilled Nursing News, June 7, 2022, <https://tinyurl.com/PerectlyTheWrongSize>

“Most facilities haven’t rebounded to pre-pandemic census and so then the question is what the right number of beds is. We’re working with a client right now where they’ve got 580 beds of skilled nursing and we plan to cut that in half. The next question is, what do you do with these buildings and can they be repositioned? Some can, some can’t.”

Dana Wollschlager, a partner with Plante Moran Living Forward, Perfectly the Wrong Size: The Case for and Against Downsizing in Skilled Nursing, Skilled Nursing News, June 7, 2022, <https://tinyurl.com/PerectlyTheWrongSize>

“[W]hile there’s nothing wrong with being young and cute, I wonder if we’ve gotten rid of the ageist stereotypes that hampered Shelby [Scott] and others of that generation.”

Donna L. Halper, associate professor of communication and media studies at Lesley University, *Shelby Scott, a TV reporter buffeted by storms and sexism*, ***Boston Globe**, June 8, 2022 (updated), <https://tinyurl.com/ShelbyScottBuffetedByStorms>

[Shelby Scott] was pounded not just by the forces of nature, but by the forces of an industry that put looks and age ahead of news savvy.

Shelby Scott, a TV reporter buffeted by storms and sexism, ***Boston Globe**, June 8, 2022 (updated), <https://tinyurl.com/ShelbyScottBuffetedByStorms>

In a decade, the price of new oral diabetes treatments increased fivefold. . . [M]any patients struggle to afford necessary medications. For seniors with Medicare, some cancer therapies cost patients more than \$10,000 per year. And these high costs lead patients to not fill or to discontinue important medications or face mounds of debt.

Prices for New Drugs Are Rising 20 Percent a Year. Congress Needs to Act., ***New York Times**, June 8, 2022, <https://tinyurl.com/PricesRising20Percent>

The world is a disturbing place, and every year it gets more disturbing. This is a reality that you may experience whether you are young or old.

The mental health of children, ***Salem News**, June 9, 2022, <https://tinyurl.com/MentalHealthOfChildren>

We were learning to live alongside grief, appreciating its power to keep us close to Havi. We were learning that pain and love could coexist. We weren't risking our hearts; we were expanding them.

Our daughter had a year left to live. We had to do something wonderful with the time she had left., ***Boston Globe Magazine**, June 8, 2022 (updated), <https://tinyurl.com/YearLeftToLive>

“You have a number of days remaining now. The pain of losing you feels different, scarier, and stronger. We used to fear all the things we'd have to stop doing together, but now we are overcome by the fear of just not being with you. We've always dreaded this moment — the moment when you would tell us you were ready. But now we are afraid of having to live the rest

of our lives without you. We wish we could go with you wherever you're going. Of course, we know you'll be with us wherever we are. But please don't be shy about just coming right in, coming back home whenever you can, whenever you want."

Myra Sack, a certified Compassionate Bereavement Care facilitator in a message to her infant daughter, Havi, who was dying, *Our daughter had a year left to live. We had to do something wonderful with the time she had left.*, ***Boston Globe Magazine**, June 8, 2022 (updated), <https://tinyurl.com/YearLeftToLive>

CMS announced that it will not require states to demonstrate compliance with the March 31, 2024, deadline to fully expend the additional [ARPA] funding they received. States originally had a three-year period—from April 1, 2021, through March 31, 2024—to use the additional funding. Instead, CMS expects states to expend the funds by March 31, 2025.

Strengthening and Investing in Home and Community Based Services for Medicaid Beneficiaries: American Rescue Plan Act of 2021 Section 9817, **Medicaid.gov**, June 3, 2022, <https://tinyurl.com/ARPASpendingDeadlineExtended>

[R]espondents were asked whether they found the acuity of new resident move-ins to have increased, decreased, or stayed the same as compared to before the pandemic. Significantly, move-in acuity has increased for 71% of the respondents with assisted living, and for more than 60% of respondents with memory care units and nursing care beds. In independent living settings, 41% of respondents report acuity having increased since before the pandemic.

Executive Survey Insights | Wave 41: May 2 to May 27, 2022, **NIC Notes**, June 2, 2022, <https://tinyurl.com/ExecutiveInsightsWave41>

[The] senior population is living longer and presents more complex healthcare needs than previous generations. The National Council on Aging reports that 80% of older adults have one chronic illness while nearly 70% have two or more.

Improve Population Health Outcomes for Medicare Beneficiaries, **Real Time Medical Systems**, March 2, 2022, <https://tinyurl.com/BuilingPostAcuteStrategies>

“I am humbled by this recognition—it strengthens my resolve to continue to be a disrupter, to work vigilantly toward eliminating the racism and bias embedded in our systems, and to follow community in identifying solutions to the issues that matter to them.”

Nora Moreno Cargie, Vice President, Corporate Citizenship, and President, Point32Health Foundation (formerly Tufts Health Plan Foundation), upon receiving a NCOA Trailblazer in Aging Award, *Trailblazers in Aging Awards*, **National Council on Aging**, <https://tinyurl.com/NCOATrailblazerAward>

Every year, about 20 percent of eligible adults do not file for the EITC [Earned Income Tax Credit], including an estimated 5 million in high-need communities. As a result, more than \$7 billion goes unclaimed, which hurts not only families but also communities and local businesses. SNAP participation rates for seniors lag far behind the rate of other age groups — only about 48 percent of eligible seniors are enrolled, compared with 83 percent of adults ages 18 to 59.

*Amid high inflation and expiring benefits, older adults face impossible choices, **The Hill**, June 5, 2022, <https://tinyurl.com/ImpossibleChoices>*

Self-neglect in older adults is a poorly understood problem with public health implications.

*Self-neglect growing problem among seniors, **Gloucester Times**, June 3, 2022, <https://tinyurl.com/SelfNeglectGrowingProblem>*

“There seems a clear causal link between certain types of debts, especially at higher amounts, and negative health outcomes, both physical and mental.”

*Stipica Mudrazija, senior research associate at the Urban Institute, *In Older Americans, Rising Debt May Adversely Affect Health*, **New York Times (free access)**, June 5, 2022, <https://tinyurl.com/OlderAmericansRisingDebt>*

Dignity Votes 2022

Fact Sheets and Issue Briefs

Prepared by Dignity Alliance Massachusetts Workgroups

Nursing Homes

- [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>
<p>Reports</p>	<p>1. The Network for Public Health Law April 2022 <i>Racism as a Public Health Crisis – Perspectives on Healthy Aging</i></p> <p>Introduction</p> <p>The social determinants of health are the social, economic, and environmental conditions that impact the health outcomes of individuals at all stages of life. These systems include conditions like access to nutritious food, economic stability, safe neighborhoods, stable housing, social connection, and transportation. Inequitable access to these conditions can lead to disparities in health and higher rates of morbidity and mortality. These inequities — and the systems and structures that maintain them — affect lifelong health outcomes and influence how people age. This report uses a revised Social Determinants of Health (SDOH) framework put forward by Ruqaiyah Yearby to examine the role of law as a tool to address structural discrimination, with a focus on health impacts across the lifespan. This framework illustrates how law and the systems it interacts with can shape health and well-being and identifies structural discrimination as the root cause of disparities in health outcomes.</p> <p>Conclusion</p> <p>This analysis illustrates a current opportunity to recognize the effects of racism throughout a person’s life and across generations and embed healthy aging in efforts to promote racial equity. Declarations of racism as a public health crisis, along with recommendations from health equity task forces and equity-focused legislation, can be tools to address the social determinants of health, improve health outcomes, and reduce the longevity gap. Multi-sector partners can, and should, join together to establish common priorities and create a collective infrastructure to identify and implement policy recommendations that will advance health and racial equity across the lifespan. Any process should identify specific community engagement strategies to support age-friendly communities and policies that uplift community voices and expertise.</p> <p>The success of efforts to create an age-friendly public health system depends on renewed investment in public health infrastructure.³² However, it also depends on innovative investment in communities and strategic use of budgets as a policy tool. Countless partners from across sectors, communities, and identities have been involved in crafting, issuing, approving, and implementing declarations, health equity task force recommendations, and legislative requirements. Major funding commitments have been made by hospitals, health systems, insurers, professional</p>

	<p>associations, and corporate partners to advance racial equity. Collective action and strong cross-sector partnerships to leverage funding in pursuit of common objectives can mean greater impact on the health and well-being of people throughout their lives and across generations. Ultimately, health equity across the lifespan must be the framework and not just a goal.</p> <p>https://tinyurl.com/RacismPublicHealthCrisis</p>
Lives Well Lived	<p>2. *Boston Globe June 8, 2022 (updated) <i>Shelby Scott, a TV reporter buffeted by storms and sexism</i> She was pounded not just by the forces of nature, but by the forces of an industry that put looks and age ahead of news savvy.</p> <p>https://tinyurl.com/ShelbyScottBuffetedByStorms</p>
Request for Input	<p>3. Massachusetts Commission for the Deaf and Hard of Hearing <i>Contract Renewal Public Hearings</i> The Massachusetts Commission for the Deaf and Hard of Hearing is accepting testimony regarding the upcoming renewal period of contract MCD06: American Sign Language Interpreters and Transliterators for the Deaf and Hard of Hearing. The renewal period starts on July 1, 2022 and ends June 30, 2025. Submit testimony at any time by the close of business June 10, 2022 in English or ASL as either a link to a YouTube video, or an MP4 file (link saved to Google drive) – please send to sacmcdhh@gmail.com. FB Link: https://fb.watch/dflqLW2E8C/ Transcript: https://docs.google.com/document/d/1O14TuHo_5xjl2e01u5Atc9zyrJKeg0nNdaz2N4Mrec8/edit?usp=sharing</p> <p>4. Christopher & Dana Reeve Foundation and United Spinal Association This survey, created by United Spinal Association and the Christopher & Dana Reeve Foundation and conducted by Vanderbilt University, asks about inpatient rehabilitation (rehab) experiences which, in some cases, may have been many years ago. Eligible participants persons who have a traumatic or non-traumatic spinal cord injury (SCI) or persons who are family members or caregivers of someone with traumatic or non-traumatic SCI and are familiar with their inpatient rehab experiences. The deadline for completing the survey is June 13, 2022.</p> <p>https://tinyurl.com/InpatientRehabSurvey</p>
Request for Manuscripts	<p>5. Health Affairs <i>Health Affairs Cluster On COVID-19: Lessons for Public Health and Practice</i> COVID-19 stressed the public health system, while also demonstrating its importance. Health Affairs is planning a cluster of 8-12 papers focused on lessons for public health policy and practice arising from the COVID-19 pandemic experience. These papers will be published in the March 2023 issue of the journal. We are grateful to the Gordon and Betty Moore Foundation, the New York Health Foundation, and the Episcopal Health Foundation for their generous support of this project.</p> <p>This collection of articles will expand and enhance the national dialogue on lessons from the COVID-19 public health response, bringing new information to policymakers at the local, state, and federal levels, as well as private sector leaders, health professionals, researchers and academics, and the media. Specifically, we are interested in work examining the effects of public health measures and policies enacted during the pandemic, along with papers analyzing the comparative successes or experiences of state and local jurisdictions and lessons about the role of health systems in promoting public health objectives.</p>

	<p>Topic areas include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Effectiveness of COVID-19 mitigation measures, including nonpharmacologic interventions • Operational integration and collaboration between health care and public health systems • Public health financing, governance, and resource allocation • Rolling back public health authorities, other legal challenges, and the impact of litigation during public health emergencies • Lessons in enhancing disease surveillance and detection • Comparative analysis of the underlying political, economic, social, and programmatic environment with respect to COVID-19 responses and outcomes • The role of chronic conditions in amplifying negative health effects of the pandemic • Meeting the needs of people with long COVID • Concomitant and unintended consequences associated with the pandemic (e.g., substance use, suicide, violence, chronic disease, etc.) • Addressing health inequities and differential exposure to COVID-19 • Incorporating non-traditional health care providers into public health • Political polarization, disinformation, and mistrust as impediments to effective risk communication and public health responses • Innovations and practice changes accelerated by COVID-19 (e.g., telemedicine, use of diagnostics in clinical practice and public health) • Overcoming burnout and workforce shortages in health care and public health <p>This list is not comprehensive. Manuscripts due: September 19, 2022 Submit via our editorial processing system Submission guidelines Send queries to: HealthAffairs_covid_publichealth_queries@projecthope.org</p>
REV UP Massachusetts	<p>6. REV UP Massachusetts</p> <p>Dignity Alliance MA voted to endorse and support the upcoming REV UP conference. REV UP Mass (Register! Educate! Vote! Use your Power!) is a local coalition that is part of the larger national REV UP network that exists to build the power of the disability vote. That means making sure that voters with disabilities are registered to vote and that they have equal access to democracy.</p> <p>REV UP Mass is holding the (free) virtual REV UP Mass Conference on July 21, 2022! The conference is currently planned for 10 a.m. – 3:15 p.m. with a break for lunch. The conference planning committee is hard at work finding Speakers and determining an Agenda that will highlight barriers to accessible voting in Mass, how to get out the disability vote, and why the disability vote is so important for the 2022 elections. If you have questions please do not hesitate to reach out to Amelia Fowler, Voting Rights Advocate at DLC, at afowler@dlc-ma.org OR 671-221-8451. Sign up for REV UP emails or check the REV UP website for more information. Conference signup link will be available soon! https://revupma.org/wp/</p>
Reports	<p>7. Berry Dunn May 11, 2022 <i>National Healthcare at Home Best Practices and Future Insights Study</i> With over 1,000 agency site participants, the <i>National Healthcare at Home Best Practices and Future Insights Study's</i> goal is to provide agency leaders with clinical,</p>

	<p>financial, and operational best practices performed by leading organizations across the country.</p> <p>The report covers:</p> <ul style="list-style-type: none"> • Operational, clinical, and financial processes • Staffing, recruitment, and retention • Technology • Palliative care <p>https://tinyurl.com/BerryDunnHomeHealthReport</p>
<p>Biden / Federal Policies</p>	<p>8. *New York Times June 8, 2022 <i>Prices for New Drugs Are Rising 20 Percent a Year. Congress Needs to Act.</i> Millions of Americans are forced to ration or go without prescription drugs because of their high cost. Yet Congress has so far failed to pass legislation to lower drug prices. . . Details of the renewed attempt to rein in drug costs remain unknown but could mirror the provisions that were included in the Build Back Better Act. These include allowing Medicare to negotiate prices for some top-selling drugs, limiting price increases once drugs are marketed and fixing the broken Medicare Part D benefit that saddles some seniors with unaffordable out-of-pocket costs. . . In a new analysis published in The Journal of the American Medical Association, we found that average prices for newly marketed prescription drugs in the United States grew by 20 percent per year from 2008 to 2021, amounting to a tenfold increase in just over a decade. In 2020 and 2021, nearly half of new drugs were priced at more than \$150,000 per year, compared with fewer than 10 percent of drugs introduced at this price level in 2000. . . This trend dramatically outpaces the 1 to 3 percent annual inflation for other health care services. https://tinyurl.com/PricesRising20Percent</p> <p>9. The Hill June 5, 2022 <i>Amid high inflation and expiring benefits, older adults face impossible choices</i> Millions of older Americans with low incomes are in a crisis fueled by climbing inflation rates and high unemployment, despite a tight labor market. The double squeeze is forcing many seniors to choose between paying for essentials like food, medicines, and rent. . . In response to the pandemic, the federal government made several policy changes that have benefited older adults at the lower end of the economic scale, including a one-time expansion of the Earned Income Tax Credit (EITC) and temporary increases in Supplemental Nutrition Assistance Program (SNAP) benefits. These supports are great poverty fighters. The EITC, for example, lifts nearly 6 million people a year out of poverty and helps offset low wages for 1.5 million older workers. For the 2021 tax year, Congress expanded EITC eligibility to anyone over 19 who earned income from a job — making 2.8 million adults over 64, including workers without dependents, newly eligible for this benefit, which provides up to \$1,500 in federal income tax credits. https://tinyurl.com/ImpossibleChoices</p> <p>10. Medicaid.gov June 3, 2022 <i>Strengthening and Investing in Home and Community Based Services for Medicaid Beneficiaries: American Rescue Plan Act of 2021 Section 9817</i> Recently Announced Changes</p>

	<p>On June 3, 2022, CMS announced that it will not require states to demonstrate compliance with the March 31, 2024, deadline to fully expend the additional funding they received. States originally had a three-year period—from April 1, 2021, through March 31, 2024—to use the additional funding. Instead, CMS expects states to expend the funds by March 31, 2025. The extended timeframe of an additional year will help to facilitate high quality, cost-effective, person-centered services for people with Medicaid to remain in the setting of their choice, whether it is their home or another setting, and remain a valued part of their communities. CMS also announced that it has updated states’ reporting requirements to reduce state reporting burden while ensuring that CMS continues to receive timely and up to date information on state spending under ARP section 9817. See CMS’s State Medicaid Director letter (PDF, 255.41 KB) announcing these changes for more information. https://tinyurl.com/ARPA SpendingDeadlineExtended</p>
Recognition	<p>11. National Council on Aging <i>Trailblazers in Aging Awards</i> NCOA’s Trailblazers in Aging Awards recognize individuals and organizations around the country who are working toward a just and caring society that allows all of us to age with dignity, purpose, and security.</p> <p>Change Agent Award This award recognizes an individual or organization working to ensure that every person—regardless of race, income, or background—has the resources to age well. It is in honor of Frankie Freeman, a civil rights attorney and former NCOA Board member who was the first woman appointed to the U.S. Commission on Civil Rights.</p> <p>Nora Moreno Cargie, Vice President, Corporate Citizenship, and President, Point32Health Foundation (formerly Tufts Health Plan Foundation) Nora Moreno Cargie centers social justice and racial equity in all her work. She is a leader in addressing the complex social challenges affecting older people who have experienced health disparities due to systemic racism. A steadfast supporter of diversity and inclusion, she challenges partners to engage all communities, authentically and inclusively.</p> <p>Under her leadership, the foundation provided millions of dollars during the pandemic to engage older people in systems-level change to remove barriers and ensure an equitable response to COVID-19.</p> <p>Moreno Cargie has served on the Governor’s Council to Address Aging in Massachusetts and has been a major force behind the age-friendly community movement in New England, spurring cities and towns to focus on becoming better places to grow old. Today, there are a nation-leading 76 age-friendly communities in Massachusetts, along with more than 60 that have signed a dementia-friendly pledge. https://tinyurl.com/NCOATrailblazerAward</p>
Virtual Conferences	<p>12. NASW Massachusetts Chapter 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"> • 8:30 - 8:45am: Welcome remarks by Rebekah Gewirtz, NASW-MA Executive Director, and Frank E. Baskin, NASW-MA Nursing Home Committee Co-chair • 8:45 - 10:15am: Keynote Address: Diversity, Equity, Inclusion & Opportunity in Long-Term Care Settings with speaker Dr. Macie P. Smith, Ed.D.

- 10:15 - 10:30am: Morning screen break
- 10:30 - 12:30pm: Panel Discussion with speakers Julie Sahlings, LICSW, and Mary Ellen Hopkins, LCSW
- 12:30 - 1:30pm: Lunch screen break
- 1:30 - 2:30pm: Workshop “Public Policy and Action to Change DPH Nursing Home Social Work Regulations” with speaker Frank E. Baskin, LICSW
- 2:30 - 3:30pm: Workshop “LGBTQ+ Equity in the Nursing Home” with speaker Lisa Krinsky, LICSW.
- 3:30 - 3:45pm: Conference ends

Participants will learn about:

- 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.
- Strategies for effective and appropriate interventions to use to keep providing services and aiding residents in need.
- 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.

5.5 CEUs for social workers

Registration closes June 14

Registration: <https://tinyurl.com/NASW2022Conference>

13. 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.

Conference flyer: <https://conta.cc/3jlp8R4>.

Conference Fee:

\$95 - with CEUs / \$75 - no CEUs

\$25 - Seniors and Students

Register at: <https://2022lgbtgeldersconference.eventbrite.com>

14. The 2022 REV UP MA Conference

Thursday, July 21, 2022, 10:00 a.m. to 3:00 p.m.

Speakers, agenda, and location to be announced

Agenda will highlight barriers to accessible voting in Massachusetts, how to get out the disability vote, and why the disability vote is so important for the 2022 elections.

Coalition partners:

- Disability Law Center
- Disability Policy Consortium
- Mass. Developmental Disabilities Council
- Mass. Advocates Standing Strong
- MASS Rainbow

	<ul style="list-style-type: none"> • MetroWest Center for Independent Living • The Arc of Massachusetts <p>Free registration; registration information forthcoming https://tinyurl.com/REVUpMAE2022Conference</p>
Webinars and online sessions	<p>15. CRIP LIT FOR SPOONIES II: Writing Disability and Chronic Illness A 6-week workshop with Ashna Ali Begins Monday, June 13, 2022, 7:00 p.m. The Crip Lit for Spoonies workshop series is a series of reading group-style writing workshops called “CripLit4Spoonies” that centers literatures of chronic illness and disability. The first CripLit looked at the relationship between trauma and disability. CripLit4Spoonies II focuses on the genre and poetics of writing about one’s <i>own</i> experience of illness and disability as a way of healing and asserting the truth of one’s own experience in the face of isolation, silencing, pathologization, and gas-lighting. Over the course of six weeks, we will read excerpts from works on cancer, chronic pain, gynecological disorders, nervous system disorders, and mental illness. Each week, we will share body scans, no less than 30 minutes of collaborative writing in response to prompts generated by the readings, and our responses and impressions of the readings. The workshop envisions itself as a space to share vulnerability, resources, and care through the shared experience of living as a “spoonie,” or a chronically ill individual. Logistics: Meetings once a week for two hours on Zoom, with time divided between discussion and reading and writing exercises designed to both critically engage with the texts and produce original writing in any genre using some of the more suggestive questions produced by our readings as prompts. Recordings of classes will be made available to all participants, along with any lectures, notes, and secondary readings when applicable. Schedule / Session Dates: (June 13, 20, 27, July 5, July 11, July 18) To read more and sign up click here</p> <p>16. The Long-Term Care Discussion Group Wednesday, June 15, 2022, 1:00 to 2:00 p.m. <i>Building a Consistent National Approach for Reviewing Long-Term Care Insurance (LTCI) Premium Rates</i> Recognizing the pricing challenges, the current LTCI environment faces, both to consumers and the state-based system of insurance regulation, the National Association of Insurance Commissioners (NAIC) formed a Long-Term Care Insurance (EX) Task Force. The mission of the Long-Term Care Insurance (EX) Task Force is to: 1) further develop and implement a coordinated national approach for reviewing LTCI rate increases; 2) monitor and evaluate the rate review process; 3) evaluate and recommend options to help consumers manage the impact of rate increases; and 4) monitor work performed by other NAIC groups to review the financial solvency of long-term care (LTC) insurers. The goal of developing a consistent national approach for reviewing current LTCI rates is expected to result in actuarially appropriate increases being granted by the states in a timely manner and elimination of cross-state rate subsidization. To work towards these goals, the Task Force developed a multi-state actuarial (MSA) LTCI rate review process (MSA Review). This framework aims to create a voluntary and efficient MSA Review that produces reliable and nationally consistent rate recommendations that state insurance regulators and insurers can depend upon. The MSA Review has been</p>

designed to leverage the limited LTCI actuarial expertise among state insurance departments by combining that expertise into a single review process and producing an MSA Advisory Report for the benefit and use of all state insurance departments. The goal of this framework is to create a process that will not only encourage insurers to submit their LTCI rate increase filings for multi-state review, but also provide insurance departments the requisite confidence in the MSA Review so they will voluntarily utilize the MSA Rate Review Team's recommendations when conducting their own state level reviews of in force LTCI rate increase filings. The presenters will discuss the formation of the Task Force, their accomplishments to date, and planned next steps to foster as much consistency as possible between states in their respective approaches to LTCI rate increases.

Speakers:

- Fred Andersen, Chief Life Actuary of the Minnesota Department of Commerce
- Ray Nelson, Senior Vice President, Actuarial Services of TriPlus Services, Inc.

[Join Zoom Meeting](#) (No pre-registration required.)

17. FBI's Elder Justice Initiative - Health Care Fraud Awareness Webinar Series

Wednesday, June 15, 2022, 12:00 to 1:00 p.m.

Elder Justice: A case study of abuse/neglect

The second session in the month's series provides a deep dive into a specific case of elder neglect or abuse.

Learn how the allegations first came to light, what steps the authorities took to uncover the facts, and what the outcome was for both the criminals and the victim.

Speakers include:

- Steve Grist, retired Assistant US Attorney
- Marla Vanderbunt, Special Agent, FBI St. Louis
- Julie Schoen, Deputy Director, National Center on Elder Abuse

Registration: <https://tinyurl.com/June15CaseStudy>

Wednesday, June 22, 2022, 12:00 to 1:00 p.m.

Elder Justice: A case study in health care fraud

The third session offers an in-depth look at a specific case of health care fraud. In this case, a woman without medical training used someone else's identity to work as a home health aide and stole money from the man she was supposed to be helping. Our experts will offer tips on the red flags that could indicate health care fraud, especially in situations involving home health care aides.

Speakers include:

- Jennifer Trussell, consultant for the Senior Medicare Patrol Resource Center
- Jonathan Rich, Special Agent, DC Medicaid Fraud Control Unit

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

Wednesday, June 29, 2022, 12:00 to 1:00 p.m.

Elder Justice: Q&A about health care, fraud, and neglect

The fourth session brings together a panel of subject-matter experts to answer your questions about health care fraud, abuse, and neglect involving older adults. The panel will reply to questions raised in the first three sessions of our June series and will answer as many additional questions from the audience as possible. Our panelists include:

- Clarence Holiday, special agent, Office of Inspector General, US. Department of Health and Human Services
- Aaron Weeter, retired supervisory special agent, Washington field office, FBI
- Jennifer Spoeri, executive director, National Adult Protective Services Association
- Jennifer Trussell, consultant, Senior Medicare Patrol Resource Center

	<p>- Wayne Jacobs, special agent in charge, Criminal Division, Washington field office, FBI, who will serve as moderator Registration: https://tinyurl.com/ElderJusticeQAndA</p> <p>18. The National Disability Rights Network (NDRN), the REV UP Voting Campaign at the American Association of People with Disabilities (AAPD), and the National Association of Councils on Developmental Disabilities (NACDD) Wednesday, June 29, 2022, 1:00 p.m. Thursday, June 30, 2022, 1:00 p.m. <i>Disability Vote Summit: Breaking Down Barriers to the Ballot</i> A 2-day virtual summit focused on getting out the disability vote in 2022. Summit speakers will come from the disability, voting, and civil rights communities across the country. This summit will include sessions on:</p> <ul style="list-style-type: none"> - Why We Vote: Centering the Issues - Making Elections More Accessible - Partnering for Success - Protecting Voting Rights and Access - Making Voting Outreach More Accessible - Motivating Disabled Voters in 2022 <p>Registration: https://tinyurl.com/DisabilityVoteSummit</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>19. Skilled Nursing News June 7, 2022 <i>Perfectly the Wrong Size: The Case for and Against Downsizing in Skilled Nursing</i> The clock is ticking on the long-term care sector. Whether an operator is part of a larger organization, a continuing care retirement community (CRCC), or a standalone facility, industry headwinds are pushing leaders across the country to think more closely about what moving to private rooms would look like for their organization. For many that conversation involves downsizing. “It’s trying to understand the consumer preferences, the market dynamics and what the right number of skilled nursing beds are. And also recognizing that we are continuing to see new assisted living and memory care products come online which is a preferred option over skilled nursing.” https://tinyurl.com/PerectlyTheWrongSize</p> <p>20. Massachusetts Department of Public Health Memorandum June 3, 2022 <i>Plans to Comply with Nursing Home Resident Bedroom 2-Bed Maximum Requirement if Request for Hardship Waiver Denied</i> The purpose of this memorandum is to provide information regarding next steps for a nursing home Licensee (“Licensee”) who received a denial letter from the Department of Public Health (the “Department”) in response to the Licensee’s hardship request to waive the requirements for maximum number of beds in a nursing home resident room at 105 CMR 150.017(B)(3)(b)(1) and 105 CMR 150.320(B)(1) (the “2-bed Maximum Requirement”). As stated in the denial letter, the Licensee must submit to the Department for review a plan to come into compliance with the 2-bed Maximum Requirement (the “compliance plan”) no later than ten (10) business days from receipt of the denial letter. The plan must articulate how the facility will come into compliance with the regulation, with a</p>

	<p>minimum compliance date no later than 45 days from the date of the denial letter. Elements of the plan may include but are not limited to:</p> <ul style="list-style-type: none"> • Reduction in census through a facility-initiated limit on new admissions; • Transfer of residents to available beds within the facility and/or rearrangement of facility layout; • Submission of an application, which has been deemed complete and assigned a filing date, to the Determination of Need program to address the 2-bed Maximum Requirement; • Complete applicable Plan Review application(s), including all related forms and documentation, written agreements with contractors; • Seeking appropriate community placement for residents, including through the submission of completed Executive Office of Health and Human Services Discharge Support Intake Forms. <p>As also stated in the denial letter, the Licensee must submit a completed resident roster when the facility has come into compliance with the 2-bed Maximum Requirement. . .</p> <p>[S]ubmitting a plan of compliance in response to a hardship waiver denial letter or a POC to the Department does not signify that the Licensee is in compliance with the 2-bed Maximum Requirement. The Licensee must demonstrate that they have undertaken actionable steps towards compliance and the Department must communicate acceptance of the plan of correction in order for the facility to avoid fines for noncompliance.</p>
Home and Community Based Services	<p>21. Berry Dunn May 11, 2022 <i>National Healthcare at Home Best Practices and Future Insights Study</i> With over 1,000 agency site participants, the <i>National Healthcare at Home Best Practices and Future Insights Study's</i> goal is to provide agency leaders with clinical, financial, and operational best practices performed by leading organizations across the country. The report covers:</p> <ul style="list-style-type: none"> • Operational, clinical, and financial processes • Staffing, recruitment, and retention • Technology • Palliative care <p>https://tinyurl.com/BerryDunnHomeHealthReport</p>
Housing	<p>22. NIC Notes June 2, 2022 <i>Executive Survey Insights Wave 41: May 2 to May 27, 2022</i> Last week, NIC released the findings of its most recent Executive Insight Survey, known as Wave 41. Resident acuity of need upon move-in was reported, and all levels of care reported increases since the pandemic: 71% in AL, 62% in nursing, 61% in memory care and 41% in IL. Staffing shortages were reported to be less severe than in previous surveys, with 77% of respondents now reported their shortages as “moderate.” Reasons for the staffing shortages were reported as “attracting and retaining staff,” 83%; “rising operating costs,” 80%; and “staff turnover,” 63%. In terms of vacant positions, one-third of survey participants had less than 20% of their full-time positions unfilled, and 40% of participants had more than 20% of their FT positions unfilled. A new question was added about the CMS nurse aide training waiver; 43% reported that they have used the waiver to employ aides for more than 4 months without completing all required trainings, and 58% said that the cessation of the waiver would</p>

	<p>have a “moderate” impact on their staffing. The survey also reflected continuing improvement in move-ins at all levels; participants reported a 36% (IL), 53% (AL), 51% (MS) and 78% (SNF) acceleration in move-ins for the month of May. Only nursing homes showed a commensurate increase (27%) in move outs as compared to the last survey, 23%. Finally, 53% of participants reported that lead volumes were above pre-pandemic levels, indicating that the positive trends in occupancy will likely continue this quarter.</p> <p>https://tinyurl.com/ExecutiveInsightsWave41</p>
Social Isolation	<p>23. Administration on Community Living Brief <i>Leveraging Innovation, Collaboration, and Data with Assistive Technology to Reduce Social Isolation and Loneliness: Success Story from Illinois</i> This brief highlights a model and innovative partnership at both the federal and state levels that successfully purchased and distributed technology devices to older adults and people with disabilities served by local agencies in order to reduced social isolation and loneliness.</p> <p>Leveraging Innovation, Collaboration, and Data with Assistive Technology to Reduce Social Isolation and Loneliness: Success Story from Illinois.</p>
Behavioral Health	<p>24. *Salem News June 9, 2022 <i>The mental health of children</i> [A]lthough the pandemic has been terrible for the emotional health of children; it is important to note that young people were already struggling unusually before the pandemic’s onset. From 2007 to 2019, there was a 60% increase in the number of adolescents reporting having a major depressive episode. In the same time period, suicide rates among young people ages 10 to 24 also increased 60%. . . researchers point to factors that were already in play before the pandemic. Youth loneliness, pressure to use the internet and its infinite social media apps, and the overwhelming stimulation of a 24/7 world — combined with an awareness that the existence of the future itself is in question — all merged to produce a societal context that has deeply unsettled young people.</p> <p>https://tinyurl.com/MentalHealthOfChildren</p>
Elder Abuse	<p>25. Gloucester Times June 3, 2022 <i>Self-neglect growing problem among seniors</i> Elder abuse is a largely hidden and growing problem in the United States. It is defined by law as “an act or omission, which results in a serious physical or emotional injury to an elderly person or financial exploitation of an elderly person; or the failure, inability or resistance of an elderly person to provide for himself or herself one or more of the necessities essential for physical and emotional well-being without which the elderly person would be unable to safely remain in the community.” Elder abuse can include physical, sexual, emotional, neglect, and financial exploitation. Another form of elder abuse is self-neglect.</p> <p>In Massachusetts, self-neglect is a serious and reportable component of elder abuse. Older adults who are not successfully able to care for themselves, and refuse help, are at tremendous risk of ill health, and even death. . .</p> <p>Self-neglect is a complex issue. There are many things that can cause an elder to stop taking care of themselves including dementia, depression, disease, poverty, and isolation.</p> <p>https://tinyurl.com/SelfNeglectGrowingProblem</p>
End of Life	<p>26. *Boston Globe Magazine</p>

	<p>June 8, 2022 (updated)</p> <p><i>Our daughter had a year left to live. We had to do something wonderful with the time she had left.</i></p> <p>When Havi was diagnosed with fatal Tay-Sachs disease, we decided to celebrate her with a lifetime’s worth of birthdays.</p> <p>https://tinyurl.com/YearLeftToLive</p>
Health Care	<p>27. New York Times (free access)</p> <p>June 5, 2022</p> <p><i>In Older Americans, Rising Debt May Adversely Affect Health</i></p> <p>Research shows that debt has risen among older people, and those who owe are more likely to have multiple diagnosed illnesses.</p> <p>Now, researchers at the Urban Institute, by analyzing broad national data over nearly 20 years, have reported that indebted older adults fare measurably worse on a range of health measures: fair or poor self-rated health, depression, inability to work, impaired ability to handle everyday activities like bathing and dressing.</p> <p>Those in debt were also more likely to ever have had two or more doctor-diagnosed illnesses like hypertension, diabetes, cancer, heart and lung disease, heart attacks and strokes. . .</p> <p>The proportion whose debt represented 30 percent of their total assets had risen to almost 45 percent, and the proportion whose debt-to-asset ratio had reached a worrisome 80 percent nearly doubled, to 15 percent.</p> <p>Although seniors with any debt were more likely to encounter health problems, the kind of debt mattered, according to the study, which was published by the Boston College Center for Retirement Research. . .</p> <p>In a 2020 study, also using Health and Retirement Study data, Dr. Lusardi and her co-authors found that even in a relatively high-income group of 51- to 61-year-olds, whose average household income was \$103,000, almost one-quarter reported being contacted by bill collectors. “I was frankly shocked,” Dr. Lusardi said. “People close to retirement should be at the peak of their wealth accumulation.”</p> <p>https://tinyurl.com/OlderAmericansRisingDebt</p> <p>28. Real Time Medical Systems</p> <p>March 2, 2022</p> <p><i>Improve Population Health Outcomes for Medicare Beneficiaries</i></p> <p>The last of the country’s baby boomers are reaching retirement age, making them eligible for Medicare. When this younger group of ‘trailing edge’ boomers joins the ‘leading age’ boomers (seniors approaching 80 years), Medicare enrollment will catapult to 80 million beneficiaries by 2040.</p> <p>The senior population is living longer and presents more complex healthcare needs than previous generations. The National Council on Aging reports that 80% of older adults have one chronic illness while nearly 70% have two or more – meaning more people than ever before will rely on our nation’s healthcare delivery system.</p> <p>In turn, establishing an effective population health management strategy is even more critical for health plans trying to control increasing costs and promote healthy living among older adults, particularly those with chronic disease.</p> <p>Key points:</p> <ul style="list-style-type: none"> • A Data-Driven, Analytic Approach is Key to Effective Population Health Management • Leverage Post-Acute Analytics to Improve Member Health and Reduce Costs • Assessing Activities of Daily Living and Social Determinants to Ensure Successful Discharge

	<p>https://tinyurl.com/BuilingPostAcuteStrategies</p>
Incarcerated persons	<p>29. STAT News June 8, 2022 <i>Homeless and incarcerated people in Minnesota struggled to access Covid vaccines</i> Homeless and incarcerated people had significantly lower Covid vaccination rates than others in Minnesota, according to a new study. Its authors say the findings highlight lingering inequities, even in a state that has prioritized vaccinating socially vulnerable groups. The study, published Monday in Health Affairs, is the first to analyze such a wide swath of people — its data set compared about 90% of Minnesota residents. It found just one third of people in jail and less than 30% of homeless people had been fully vaccinated by the end of 2021; less than 10% of people in these groups had received boosters. About 70% of the state’s residents overall had been vaccinated. https://tinyurl.com/HomelessAndIncarcerated</p>
Covid	<p>30. Massachusetts Department of Public Health June 8, 2022 <i>DPH to Update Surveillance Testing Guidance Effective July 1st</i> DPH will be updating requirements for surveillance testing effective July 1st. The changes will include the following:</p> <ul style="list-style-type: none"> • All staff will continue to be tested weekly • Personnel not up to date with vaccination will be required to be tested twice a week • DPH will no longer be defining the testing week - facilities will be free to define their testing week • DPH will no longer require that facilities use molecular (PCR) tests for surveillance testing - providers will be able to determine the type of test to use (including antigen tests) • DPH will no longer be providing BinaxNOW test kits to providers. Facilities that decide to use antigen tests for surveillance testing will need to source their own test kits.
Long Covid	<p>31. YouTube June 4, 2022 <i>Ayanna Pressley: ‘The Status Quo Has Really Failed the Disability Community’</i> Last week in Congress, MA congresswoman Ayanna Pressley House Financial Services committee hearing about the ways in which current policies are failing those with disabilities and will be further deeply strained by the millions of people who have now become disabled due to Long COVID. Highlighting the story of a Cambridge resident who became disabled due to Long COVID, Congresswoman Pressley discussed the ways in which those who lose their jobs due to COVID would have to live in permanent poverty if they rely on SSI and would have trouble trying to find a place to live due to the dire shortage of affordable accessible housing. You can see her testimony in the Forbes video embedded below. The issue of Long COVID greatly expanding the ranks of people with disabilities is one that needs attention. While we’re still learning exactly how the condition works, what we’ve seen so far suggests its symptoms are similar to conditions like Chronic Fatigue Syndrome, which have historically been poorly accommodated in the workplace. Employers, schools, landlords and more are going to need to adjust their expectations regarding reasonable accommodations for not just those with Long COVID but all disabilities that cause these kinds of symptoms. Fortunately, the pandemic era also highlights one of the most effective accommodations for such conditions: making</p>

	<p>remote work, class attendance, etc. freely and easily available. We know as a nation that it is possible for organizations to operate for extended periods for many if not all of their employees working remotely, and for educational institutions to effectively serve remote learners. The question now is whether those accommodations will continue to be available to those who need them.</p> <p>https://tinyurl.com/PressleyDisabilityYouTube</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	<p>Centre for Ageing Better https://ageing-better.org.uk/ The Centre for Ageing Better is pioneering ways to make ageing better a reality for everyone, including challenging ageism and building an Age-friendly movement, creating Age-friendly employment and Age-friendly homes.</p> <p>REV UP Massachusetts https://revupma.org/wp/ REV UP Massachusetts is actively fighting for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.</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.</p> <p>The results of the debate in the Senate and outcome of proposed amendments can be viewed at: https://malegislature.gov/Budget/FY2023/SenateDebate</p> <p>The following amendment was adopted by the Senate:</p> <p><i>Transparency and Accountability for Assisted Living Residences</i></p> <p>“SECTION 56A. Notwithstanding any general or special law to the contrary, there shall be an assisted living commission to study and recommend policies to ensure assisted living residences adequately meet the health and safety needs of residents. The study shall examine: (i) the current statutory and regulatory oversight of assisted living residences; (ii) assisted living best practices in other states; (iii) the benefits and disadvantages of licensing or certifying residences; (iv)</p>

	<p>marketing information communicated by residences to potential residents and families; (v) regulatory procedures for opening, closing or changing ownership of a residence including determination of need processes and clustering of facilities; (vi) trends in incident reports made to the executive office of elder affairs and the long term care ombudsman’s office and resolutions of such incidents; (vii) methods to provide transparency of information for potential consumers and family members researching and comparing residences; (viii) safety standards; (ix) existing consumer protections in statute and regulation; and (x) the provision of health care services in residences.</p> <p>The commission shall consist of: the secretary of elder affairs or a designee, who shall serve as chair; the commissioner of public health or a designee; the assistant secretary of MassHealth or a designee; the long term care ombudsman or a designee; the chairs of the joint committee on elder affairs or designees; and 8 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys, 1 of whom shall be a representative of LeadingAge Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts Assisted Living Association, Inc., 1 of whom shall be a representative of AARP Massachusetts, 1 of whom shall be a representative of the New England chapter of the Gerontological Advanced Practice Nurses Association, 1 of whom shall be a representative of the Massachusetts chapter of the Alzheimer’s Association and 2 of whom shall be residents or family members of residents at an assisted living residence.</p> <p>The commission shall meet not less than 6 times, including at least 1 public hearing, and shall produce a report detailing recommendations, which shall be published online by the executive office of elder affairs.</p> <p>The commission shall file its report and recommendations, including proposed drafts of any necessary legislation or regulations, to the clerks of the senate and house of representatives, the joint committee on elder affairs and the house and senate committees on ways and means not more than 1 year following the effective date of this act.”.</p> <p>The Senate budget included \$75 million in funding for nursing homes of which \$56.25 million would go for an add-on for direct care staffing costs, \$18.75 million for supplemental payments for quality improvement, and \$10 million in funding for rest home rate increases as well as language setting the asset limit at \$2,000 for eligibility for EAEDC for rest home residents, fixing a change that had been made in the FY22 budget that had eliminated the asset limit.</p> <p>On May 26, 2022, the budget was passed by the Senate to be engrossed. It is now numbered H4701.</p> <p>The budget will now be considered by a Conference Committee consisting of three Senators (Sen. Rodrigues of Westport, Sen. Friedman of Arlington, and Sen. O'Connor of Weymouth) and three Representatives (Rep. Michlewitz of Boston, Rep, Ferrante of Gloucester, and Rep. Smola of Sturbridge).</p> <p>https://malegislature.gov/Budget</p>
<p>Nursing homes with admission freezes</p>	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission.</p> <p>Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before</p>

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 June 3, 2022

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Caldwell Home Extended Care	Fitchburg	2/9/22	Noncompliance Testing
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

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated May 25, 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.

	<ul style="list-style-type: none"> • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated April 27, 2022)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities that are candidates for listing</p> <ul style="list-style-type: none"> • Hillcrest Commons Nursing and Rehabilitation Center, Pittsfield https://tinyurl.com/HillcrestCommons • Medway Country Manor Skilled Nursing and Rehabilitation https://tinyurl.com/MedwayManor • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • Plymouth Rehabilitation and Health Care Center (added in May) https://plymouthrehab.com/ • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Tremont Health Care Center, Wareham (added in May) https://thetremontrehabcare.com/ • 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 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:</p>

	<p>https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <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> </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></p> <p>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.</p> <p>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>																				
<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<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 																				
<p>DignityMA Call to Action</p>	<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 																				

<p>Access to Dignity Alliance social media</p>	<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>	<p>Workgroup</p>	<p>Workgroup lead</p>	<p>Email</p>
	<p>General Membership</p>	<p>Bill Henning Paul Lanzikos</p>	<p>bhenning@bostoncil.org paul.lanzikos@gmail.com</p>
	<p>Behavioral Health</p>	<p>Frank Baskin</p>	<p>baskinfrank19@gmail.com</p>
	<p>Communications</p>	<p>Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow</p>	<p>prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu</p>
	<p>Facilities (Nursing homes, rest homes, assisted living)</p>	<p>Arlene Germain</p>	<p>agermain@manhr.org</p>
	<p>Home and Community Based Services</p>	<p>Meg Coffin</p>	<p>mcoffin@centerlw.org</p>
	<p>Housing</p>	<p>Shaya French</p>	<p>sfrench@bostoncil.org</p>
	<p>Legislative</p>	<p>Richard Moore</p>	<p>rmoore8743@charter.net</p>
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	<p>Veteran Services</p>	<p>James Lomastro</p>	<p>jimlomastro@comcast.net</p>
<p><i>The Dignity Digest</i></p>	<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>		
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<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			