



The Dignity Digest

Issue # 101

August 8, 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.

Spotlight:

CommonWealth Magazine

August 4, 2022

The Legislature's Missed Opportunity – Failure to Reform Nursing Homes in Massachusetts

By former State Senator Richard T. Moore, Chair Dignity Alliance Massachusetts Legislative Workgroup and Member, DignityMA Coordinating Committee

Much has been written about the legalization of Sports Betting in the Commonwealth. The introduction of this much-debated and formerly illegal past-time is a tribute to the power of the gambling industry in Massachusetts!

With the conclusion of the Legislature's formal sessions, a bill that would have taken some of the gamble out of receiving quality care for residents of nursing homes across the state, languished for nearly two months in the House Committee on Ways and Means. The lack of movement of this vitally important bill is a testament to the power of the nursing home industry! House Bill 4780, An Act to improve quality care and oversight in nursing homes, was crafted in, and favorably reported by, the Legislature's own Committee on Elder Affairs – a group of thoughtful lawmakers who know a lot about the long-term care needs of older adults and people with disabilities. Senator Pat Jehlen and Representative Tom Stanley deserve great credit for developing this bill. The bill also was favorably reported by the Committee on Health Care Financing, which I once chaired.

Among many needed reforms for nursing homes, House 4780 would have:

- Improved the safety and quality of nursing home care, treating residents with DIGNITY!
- Strengthened the licensure of nursing homes to ensure reputable owners!
- Expanded workforce training to achieve consistent quality of care!
- Implemented annual audits to ensure nursing home funds are being utilized in the best interests of residents!
- Required customized outbreak response plans, including at least a part-time infection preventionist, to protect nursing home residents from ever again experiencing the devastation they suffered from the COVID-19 pandemic!

Dignity Alliance Massachusetts, a statewide coalition of advocates, supports the bill, and believes that this measure, with a few targeted changes, could have resulted in transformational change in long-term care. It might also

	<p>have justified the hundreds of millions of tax dollars provided in recent years to nursing homes, the vast majority of which are for-profit, investor-owned, out of state companies with a dismal track record for providing residents with dignity and quality care! Some of these companies have even had the temerity to sue the state to prevent enforcement of a regulation that limits nursing homes to no more than two residents per room, This, despite the likelihood that higher occupancy served to spread COVID to more elders and staff.</p> <p>For more than two decades various media, including both Commonwealth and the Boston Globe have detailed that tragedy of nursing home care both before, and during the pandemic. Despite such effective reporting and editorials, despite advocacy by families of residents and advocate groups like Dignity Alliance and AARP, despite the national publicity about the number of deaths in nursing homes, it is shocking that Massachusetts nursing homes have not been reformed, and that staff remain overworked and underpaid. As a recent survey by AARP makes clear, the problems of COVID in nursing homes have not gone away and, in fact, continue to cry out for action. The survey found “The rate of resident cases increased by 27 percent in the four weeks ending June 19 compared to the previous four weeks, with about 1 out of every 35 nursing home residents testing positive for COVID-19. The rate of staff cases increased by 42 percent, with around 1 staff member for every 28 residents testing positive. More than one-third of nursing homes nationwide reported a confirmed resident case during the four weeks, while two-thirds reported a confirmed staff case.</p> <p>In an apparent insult to the thousands of older adults who were sickened or died from COVID in Massachusetts during the pandemic, the Legislature even failed to pass House Bill 4672 establishing a COVID-19 Remembrance Day! How soon we’ve forgotten this tragic event should prove the need for such a day. However, in this case, there still may be time to enact the bill during informal sessions before the end of the year.</p> <p>Can there be any evidence-based excuse for such a catastrophic failure from lack of care and accountability by nursing homes or the dereliction of policy makers to require action? How much longer will nursing home residents and front-line caregivers suffer and die from poor quality care and lack of accountability, while state and federal governments line the pockets of the nursing home industry, and those empowered to change the law campaign for the votes of older adults pledging to improve their lives!</p> <p><i>The author is a former member of the Legislature and served as Senate Chair of the Committee on Health Care Financing. Although he is a co-founder of Dignity Alliance, Inc, the views expressed in this article are not necessarily those of the coalition or its participants.</i></p> <p>https://tinyurl.com/LegislativeMissedOpportunity</p>
<p>Quotes of the Week</p>	<p><i>"The importance of manufactured housing for addressing our current affordability crisis is just immense, because manufactured housing is half the cost to build of traditional, site-built construction."</i></p> <p>Esther Sullivan, sociology professor at the University of Colorado Denver and the author of "Manufactured Insecurity", PEW Stateline, <i>Factory-Built</i></p>

Homes: A Housing Crisis Solution?, August 2, 2022,

<https://tinyurl.com/FactoryBuiltHomesSolve>

“It’s hard for me to see, barring any massive change in the way we’re treating the virus right now or trying to manage it, that anything inherent to the virus is really going to change much. We’re going to continue to see the emergence of variants, we’re going to continue to see spread outside the winter months, we’re probably going to see more spread in winter months in temperate regions — basically any time people are crowding indoors.”

Stephen Kissler, an epidemiologist at Harvard’s T.H. Chan School of Public Health, *Covid has settled into a persistent pattern — and remains damaging. It may not change anytime soon*, **STAT News**, August 4, 2022,

<https://tinyurl.com/CovidConsistentPattern>

The disability community has not always been at the forefront of thought when we’re doing our mobility planning. We can and we must do better.”

Jane Terry, vice president, National Safety Council, *Wheelchair Users Say States Should Spend New Road Money on Safety*, **Pew Stateline**, June 1, 2022,

<https://tinyurl.com/WheelchairSafetyNewMoney>

(A) 2019 MA Department of Transportation survey of state sidewalks and curb ramps . . . noted, for example, that 31% of the 7,600 bus stops in the Boston area lacked adjacent crosswalks.

Wheelchair Users Say States Should Spend New Road Money on Safety, **Pew Stateline**, June 1, 2022, <https://tinyurl.com/WheelchairSafetyNewMoney>

“Sometimes the sidewalks have ended, or the concrete has broken up, or there is no curb cut, and you’re forced to be on the road. I’ve had people who’ve yelled and cursed at me for being in the street. They say, ‘Get back on the sidewalk.’ And I think, ‘Where do you see a curb cut, buddy?’ It’s ridiculous.”

Tanisha Sepulveda, 31, a Seattle architectural drafter who uses a motorized wheelchair, *Wheelchair Users Say States Should Spend New Road Money on Safety*, **Pew Stateline**, June 1, 2022,

<https://tinyurl.com/WheelchairSafetyNewMoney>

All Medicare providers are required under statute to identify indirect owners, including “ultimate parents,” that hold a 5% or greater ownership interest in the providers. Based on the reasonable assumption that every “ultimate parent” holds at least a 5% ownership interest in a provider—otherwise it wouldn’t ostensibly be the ultimate parent—CMS currently requires the reporting of “ultimate parents.” However, CMS cannot verify whether providers, in general, are accurately reporting “ultimate parents” or any other owners in the ownership chain.

Changes of Ownership of Hospital and Skilled Nursing Facilities: An Analysis of Newly-Released CMS Data, U. S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation, April 20, 2022, <https://tinyurl.com/ASPEChangeOfOwnership>

The best way to break the harmful homelessness-jail cycle? Keep people housed, first; then quickly provide the supportive services they need to thrive.

Supportive Housing Can Help End the Homeless-to-Jail Cycle, Robert Wood Johnson Foundation Culture of Health Blog, June 23, 2022, <https://tinyurl.com/EndHomelessToJail-Cycle>

“It’s my responsibility, being there with the residents. I take them to be like my own people.”

Momah Wolapaye, certified nursing assistant at Goodwin Living, a long-term care community in the suburbs of Washington, DC for 11 years, and an immigrant from Liberia, The Crisis Facing Nursing Homes, Assisted Living and Home Care for America’s Elderly, Politico Magazine – The Big Idea, July 28, 2022, <https://tinyurl.com/PoliticoCrisisFacingNHs>

“The numbers alone suggest we’re going to need a lot more people in the caregiving sector than we have now. We need to make some changes in order for that to happen.”

Tara Watson, fellow at the Brookings Institution and professor of economics at Williams College, The Crisis Facing Nursing Homes, Assisted Living and Home Care for America’s Elderly, Politico Magazine – The Big Idea, July 28, 2022, <https://tinyurl.com/PoliticoCrisisFacingNHs>

Perhaps the biggest problem is that workforce shortages facing elder care is an issue most just don’t see. If you don’t

have enough construction workers, you see a half-built building. But while the elder-care crisis is behind closed doors, it will be one of the most acute issues in about five years and to prevent that immigration is one of the policy tools that policy makers should start working on.”

Jeanne Batalova, senior policy analyst at the Migration Policy Institute, *The Crisis Facing Nursing Homes, Assisted Living and Home Care for America’s Elderly*, **Politico Magazine – The Big Idea**, July 28, 2022, <https://tinyurl.com/PoliticoCrisisFacingNHs>

“It’s truly a joyous and historic milestone, for the state and for the country, because it really will allow people with disabilities to reap the same benefits of higher education. They have shown that they can exceed societal expectations when they’re given the same opportunities to learn.”

Julia Landau, director of the Disability Education Justice Initiative at Massachusetts Advocates for Children, *First-of-its-kind law improves college access for students with autism, intellectual disabilities*, ***Boston Globe**, August 7, 2022, <https://tinyurl.com/CollegeAccessAutism>

“I used to feel shame about my shortcomings, and now I realize I can forge a different path and be an individual ... and that is just as valuable.”

Hannah Gold, University of Massachusetts Amherst student who plans to work full time with the university’s inclusion initiative after graduation, *First-of-its-kind law improves college access for students with autism, intellectual disabilities*, ***Boston Globe**, August 7, 2022, <https://tinyurl.com/CollegeAccessAutism>

Arnold Whitman – the chairman of Formation Capital, the private equity firm behind Consulate – told [The New York Times](#) in 2007 that chopping up nursing home ownership into separate companies is a crucial legal maneuver that rehabilitated a struggling industry. He did not respond to emails requesting comment.

Nursing home chain’s tangled corporate structure and bankruptcy threats stymied litigation, **STAT News**, August 5, 2022, <https://tinyurl.com/TangledCorporateStructure>

	<p><i>Toby Edelman, a senior policy attorney for the Center for Medicare Advocacy, said the steeply reduced settlement amount undermines whistleblower litigation under what’s known as the False Claims Act. “That’s a message to other chains that are charged with violations of the False Claims Act,” Edelman said. “They can take their chances in court and if they lose, try to settle for far less.”</i></p> <p><i>Nursing home chain’s tangled corporate structure and bankruptcy threats stymied litigation, STAT News, August 5, 2022, https://tinyurl.com/TangledCorporateStructure</i></p>
<p>Dignity Votes 2022</p>	<p>1. *Boston Globe August 7, 2022 (updated) <i>Massachusetts candidates shouldn’t be making promises in secret</i> It should go without saying that candidates shouldn’t make undisclosed commitments to constituency groups. Nor, for that matter, should constituency or advocacy groups ask for answers they themselves won’t make public. . . No matter where one stands on these public-policy matters, the candidates’ responses to those questions should be public. https://tinyurl.com/NoCandidatePromisesInSecret</p> <p>Candidates for State Auditor: questionnaires and interviews Candidates for constitutional office have been invited to participate in individual interviews with a panel of Dignity Alliance Massachusetts members as well as to respond in writing to a set of questions pertinent to the office sought. Candidates for the office of state auditor were the first to be invited. The candidates are:</p> <ul style="list-style-type: none"> • Arthur Amore (R) • Chris Dempsey (D) • Diana DiZoglio (D) <p>They were interviewed by a panel consisting of</p> <ul style="list-style-type: none"> • Richard Moore, former Massachusetts Senate President Pro Tempore and Senate Chair, Joint Health Care Finance Committee • Arlene Germain, Executive Director, Massachusetts Advocates for Nursing Home Reform • Sandy Alissa Novack, MBA, MSW <p>Charles Carr, former Commissioner of the Massachusetts Rehabilitation Commission, served as moderator. The recorded Interviews and the written responses to the questionnaire can be found at: https://dignityalliancema.org/2022/06/27/state-auditor-q-and-a/</p> <p>Candidates for Governor, Lieutenant Governor, Attorney General, and Secretary State Questionnaires for these offices are in the process of being prepared and will be distributed in July. Invitations for an interview with a panel of Dignity Alliance Massachusetts will be extended.</p> <p>Congressional office candidates</p>

	<p>Questionnaires for congressional candidates are in the process of being prepared and will be distributed in July.</p> <p>State legislative candidates Questionnaires for selective legislative office candidates are in the process of being prepared and will be distributed in July and August.</p> <p>Fact Sheets and Issue Briefs Prepared by Dignity Alliance Massachusetts Workgroups</p> <p>Nursing Homes</p> <ul style="list-style-type: none"> • Nursing Home Fact Sheet • Nursing Home Staffing Issues • Pandemic Issues in Nursing Homes • Nursing Homes – Financial Responsibility • Nursing Homes – Oversight, Licensures, Closures • Nursing Homes – Small Home Model <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • HCBS Fact Sheet • HCBS Staffing Issues • HCBS Care Coordination Issues <p>Behavioral Health</p> <ul style="list-style-type: none"> • Behavioral Health Fact Sheet • BH Elder Mental Health Outreach Teams (EMHOT) Issues • BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues • Social Work Staffing Issues <p>Housing</p> <ul style="list-style-type: none"> • Housing Issues <p>Veterans</p> <ul style="list-style-type: none"> • Veterans Issues <p>https://dignityalliancema.org/2022-facts-and-issues/</p> <p>State Election Information The following websites contain useful, timely information about this year’s elections. (Source: <i>AARP Bulletin</i> July / August 2022)</p> <ul style="list-style-type: none"> • <i>AARP Voter Guides</i> Information about the voting process from registration to Election Day voting locations and hours. www.aarp.org/electionguides • <i>Ballotpedia</i> Information about statewide races and ballot measures. www.ballotpedia.org • <i>OpenSecrets</i> Tracks flow of money within the electoral process. www.opensecrets.org • <i>Vote411</i> Election year information provided by the League of Women Voters. www.vote411.org • <i>Vote Smart</i> On demand detailed information about individual candidates www.votesmart.org
Recommended Analysis	<p>2. Politico Magazine – The Big Idea July 28, 2022</p>

	<p><i>The Crisis Facing Nursing Homes, Assisted Living and Home Care for America’s Elderly</i></p> <p>For excerpts, see “Nursing Home” section below</p> <p>Editor’s note: It is strongly recommended to read the entirety of the report at https://tinyurl.com/PoliticoCrisisFacingNHs</p>
<p>Reports</p>	<p>3. U. S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation</p> <p>April 20, 2022</p> <p><i>Changes of Ownership of Hospital and Skilled Nursing Facilities: An Analysis of Newly-Released CMS Data</i></p> <p>This report analyzes newly-released data from CMS that provides information on changes in ownership among hospitals and skilled nursing facilities (SNFs), based on information reported to CMS through the Provider Enrollment, Chain, and Ownership System (PECOS). Analyses of this dataset demonstrate 347 changes in ownership among hospitals and more than 3000 among skilled nursing facilities between 2016 and 2021, with wide variation across states.</p> <p>KEY POINTS</p> <ul style="list-style-type: none"> • Data on health care provider ownership is an important tool in program integrity as well as a necessary input for informed policymaking to bolster competition in health care. • This report analyzes newly-released data from the Centers for Medicare & Medicaid Services (CMS) on changes of ownership among hospitals and skilled nursing facilities (SNFs), based on information reported to CMS through the Provider Enrollment, Chain, and Ownership System (PECOS). • Analysis of this dataset indicates that 348 hospitals and more than 3,000 skilled nursing facilities experienced a change in ownership between 2016 and 2021, with wide variation in hospital rates across states. • Ownership changes were more common in medium and larger hospitals (compared to small hospitals), hospitals with negative profit margins, and long-term care hospitals. • Future research can link this new dataset to other sources of information to support policymaking and research on consolidation, health care quality, and health care costs. <p>RESULTS</p> <ul style="list-style-type: none"> • Over the period from 2016 to 2021, 348 hospitals and 3,236 SNFs were sold. This equates to 9.8 per 1,000 hospitals per year, and 39.9 per 1,000 SNFs per year. • 62.3% of purchased SNFs have a single organizational owner, while 18.2% have only individual owners. <p>Another possible topic for future work involves “ultimate parents.” Federal statute, pertaining to certain agencies such as the Securities and Exchange Commission, generally defines an “ultimate parent” as an entity with subsidiaries but not a subsidiary of another entity. The “ultimate parent” definition and associated regulations do not technically apply to Medicare; nevertheless, the term will be used here for illustrative purposes. All Medicare providers are required under statute to identify indirect owners, including “ultimate parents,” that hold a 5% or greater ownership interest in the</p>

	<p>providers. Based on the reasonable assumption that every “ultimate parent” holds at least a 5% ownership interest in a provider—otherwise it wouldn’t ostensibly be the ultimate parent—CMS currently requires the reporting of “ultimate parents.” However, CMS cannot verify whether providers, in general, are accurately reporting “ultimate parents” or any other owners in the ownership chain; ownership data is self-reported and there is no centralized database to which CMS can compare the self-reported information. https://tinyurl.com/ASPEChangeOfOwnership</p>
<p>Resident Rights Month: October 2022</p>	<p>4. National Consumer Voice for Quality Long-Term Care <i>Residents' Rights Month (October 1 through 31, 2022)</i> October is Residents’ Rights Month, an annual event designated by Consumer Voice to honor residents living in all long-term care facilities and those receiving care in their home or community. It is an opportunity to focus on and celebrate the dignity and rights of every individual receiving long-term services and supports. Being a part of a community is essential to our well-being. Throughout the pandemic, residents of long-term care facilities were disconnected from the resident and staff communities within their facilities when activities and group dining were limited. Residents were disconnected from the broader local community when visitation was restricted, and many residents were unable to leave their facilities to participate in outside activities. This year's Residents’ Rights Month theme - Inspiring Unity within Our Community - emphasizes the importance of fostering meaningful community within the facility and encouraging residents’ connection to their local community. Promotional Materials Resident's Voice Challenge Activity Suggestions https://theconsumervoice.org/events/2022-residents-rights-month</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>5. STAT News August 5, 2022 <i>Nursing home chain’s tangled corporate structure and bankruptcy threats stymied litigation</i> [Regina] Romero’s family is one of many who faced similar hardball tactics, plaintiffs’ lawyers said. In the six-year run-up to the bankruptcy filing of six Consulate affiliates, at least 137 plaintiffs across a half-dozen states had sued the affiliates on allegations ranging from negligence and wrongful death to Medicare fraud, according to an online search of legal databases; many cases were settled and the outcome of others was unclear. A STAT investigation found that in many of these cases, lawyers for Consulate affiliates leveraged the threat of bankruptcy in seeking to lower settlements, and that the companies’ actions fit a larger pattern. Before bankruptcy, the company used a convoluted corporate structure that stymied litigation, including dividing up ownership of its nursing homes and keeping paltry liability insurance. Taken together, Consulate left families like the Romeros with little chance of recourse for alleged wrongdoing. Such tactics, while legal, have prompted calls for holding nursing home chains more accountable, and the Biden administration has announced it will take steps to make homes’ ownership and finances more transparent. Nursing home</p>

watchdogs say the Consulate affiliates' bankruptcy case set a troubling precedent. When a company files for bankruptcy, all ongoing legal actions are frozen and plaintiffs must seek relief from the bankruptcy court. Under the bankruptcy order, which was approved last December, unsecured creditors, including the families with pending legal actions, are expected to recover only 0.7 percent of their claims. . .

In pursuing litigation against Consulate, families and their attorneys faced a maze of related businesses that obscured where profits went, government cost reports show. The company's many subsidiaries became a recurring theme in the bankruptcy.

The bankrupt entities — which had a stake in Consulate's nursing homes — were sold to a company made up of Consulate insiders, called CPSTN Operations, in what's known as a stalking-horse bid.

Early in the bankruptcy proceedings, a creditor committee argued that Consulate used the stalking-horse bid to avoid litigation while pleading poverty in isolation from the larger corporate structure. Consulate placed six affiliates in bankruptcy, but not itself or its private equity owner. . .

Robert Lawless, a professor at the University of Illinois College of Law who specializes in bankruptcy law and has no ties to the case, said Consulate's size and byzantine ownership structure likely imperiled the committee's attempts to probe the conglomerate's finances.

Lawless urged stricter federal limits on the ability of nursing home chains to divide ownership — and adoption of a rule that to be eligible for Medicare funding, companies in a wider corporate structure be liable for each other. . .

Because Consulate is a privately held company, its financial health remains shrouded. But according to the bankruptcy filings, Consulate paid then-CEO Christopher Bryson \$2.004 million in bonuses eight months before bankruptcy — nearly one-third of which came days before the declaration. The bonuses were on top of \$1.062 million in salary during the period. . .

The Romero family's attorneys, too, were frustrated by the complicated corporate structure, writing in a court filing that they were "forced to try to untangle the everchanging web of companies and entities."

Lawyers for Paloma Blanca, a 119-bed facility that advertises care for medically complex patients, disputed Consulate's role in the nursing home's operations when plaintiff attorney Wesley Jackson moved to include other corporate entities in the Romero family's lawsuit. The Romero family's lawsuit ultimately named **16 LLCs under the umbrella of Consulate.**

<https://tinyurl.com/TangledCorporateStructure>

6. Politico Magazine – The Big Idea

July 28, 2022

The Crisis Facing Nursing Homes, Assisted Living and Home Care for America's Elderly

Hundreds of thousands of workers are leaving the caregiving industry. Unless immigration policies and industry standards change, an aging U.S. is going to face drastic consequences.

Since January 2020, [400,000 nursing home and assisted living staff](#) have quit, [citing pandemic exhaustion](#) as well as the low pay and lack of advancement opportunities typical of the field. The job losses arrive when America already faces an elder caregiver shortage, as 10,000 people daily turn 65 and [birth rates decline](#). The [labor shortage gripping America's workforce](#) across industries is felt

most acutely in home health care. According to the Bureau of Labor Statistics, home health and personal care aides are actually the fastest growing industry, [projected to grow 33 percent](#) in the next decade, much faster than all occupations. But there still simply aren't enough workers to fill the demand. [For decades, elder care in the U.S. has been bolstered by an immigrant workforce.](#) . . . But today, [international migration to the U.S. is at record-lows.](#) And with native-born Americans apparently reluctant to take elder care jobs, economists like Watson are raising alarm bells: Who will care for America's elderly?

It's a particularly important question as the crisis we're in now is nothing compared to what's coming: The percentage of people over the age of 85 — the group that most needs care — is [predicted to double to 14 million by 2040](#), in part because Americans are living longer. [In 2050, 84 million elderly people will live in America. Virginia alone is projected to be short 23,000 nurses in the next decade.](#) . . .

Net migration to the U.S. has plummeted from 1 million in 2016 to 250,000 in 2021. The decline — from pandemic restrictions, shuttered consulates, [backlogged visas](#), Trump immigration policies and [changes in global migration](#) — will right itself slightly as the pandemic lifts, says Watson, but not to 2016 levels. With fewer immigrants coming, elder care work goes unfilled. . . .

But these roles and jobs have not been valued by immigration or labor policy up to now. The preference is towards "high-skilled" workers, like programmers and doctors. "Once you talk about a level of skills for home health, it's as if there's an aversion," says Kosten, who suggests that what's really needed is a new category of low-skilled employment-based visas. . . .

Can't these jobs be filled by American-born workers?

They don't want them. The pay is too low, will likely never be high, and the [American workforce has become more educated](#) with bachelor's and master's degrees. Elder care jobs, if they get filled at all, Kosten says, will go the way of agriculture jobs — now 70 percent filled by immigrants — but only if policymakers make it possible. . . .

Finding more workers to do these jobs is only half the solution: Higher pay and opportunities for career advancement are critical for retention. In fact, the root of what plagues the long-term care industry is not a worker shortage but a wage shortage, says Charlene Harrington, professor emerita of sociology and nursing at UC San Francisco. Most direct care aides are paid on par with fast food restaurants, at [\\$13- \\$15/hour](#), and live below the federal poverty line. Many lack health insurance. The workloads are too heavy — [a CNA should be responsible for seven residents](#), but many are responsible for 12 or even as many as 25, says Harrington. Burnout creates turnover, as employees depart for fast-food and housekeeping jobs with similar wages but fewer stressors, she says. And it's not just up to the industry to self-correct. The government can play an important role in instigating changes.

Earlier this year, the [Biden administration proposed a slate of executive reforms that could help](#). The new measures call for increased oversight of nursing home ownership, financial transparency and minimum staffing standards — [found to be low](#) in almost every state. "Seventy-five percent of all nursing homes have inadequate staffing," says Harrington, an "appalling" reality that research has shown for 20 years but which the pandemic made obvious. She notes that [lower RN staffing led to increased nursing home Covid infection and deaths.](#) . . .

Several states like New York, New Jersey and Massachusetts have set “[direct care ratios](#),” which ensure a limit on profits so that more expenditures are directed to care, in an industry where 70 percent of nursing homes are for-profit. Since the onset of the pandemic, [five states have adopted permanent increases](#) to nursing home staffing requirements, and four have adopted laws or regulations for increased nursing home wages. “The nursing homes need to step up and start paying decent wages, and I don’t think they’re going to do that until they’re required to do it,” says Harrington. “You can’t have a decent, stable workforce unless you increase the wages and benefits.” And even so, all these changes relate to nursing homes, which represents only a fraction of all elder care; [of 14 million elderly adults currently receiving some form of care, approximately 1 million are in nursing homes.](#) <https://tinyurl.com/PoliticoCrisisFacingNHs>

7. McKnight’s Long Term Care News

April 21, 2022

Feds’ spotlight on owners could detract from patient focus, experts warn

A Department of Health and Human Services analysis of nearly 4,000 transactions over a six-year period revealed 3,236 nursing homes were sold in that time, compared to 348 hospitals. That equates to 39.9 sales annually per 1,000 SNFs versus 9.8 per 1,000 hospitals, HHS said.

<https://tinyurl.com/FedsSpotlightonFeds>

8. McKnight’s Long Term Care News

April 20, 2022

Ownership changes go public in fresh CMS move

The Centers for Medicare & Medicaid Services early Wednesday announced it had added data highlighting nursing home ownership changes to its website in an effort to increase transparency.

The move, which marks the first time the agency has compiled and shared information on mergers, acquisitions, consolidations, and changes in ownership, supports a broader White House initiative aimed at providing insights into private-equity and other ownership types. . .

The information is now available on data.cms.gov, and CMS quickly encouraged its use by “researchers, enforcers and the public (to) analyze trends and issues” in skilled nursing.

<https://tinyurl.com/OwnershipChangesGoPublic>

9. U. S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation

April 20, 2022

Changes of Ownership of Hospital and Skilled Nursing Facilities: An Analysis of Newly-Released CMS Data

This report analyzes newly-released data from CMS that provides information on changes in ownership among hospitals and skilled nursing facilities (SNFs), based on information reported to CMS through the Provider Enrollment, Chain, and Ownership System (PECOS). Analyses of this dataset demonstrate 347 changes in ownership among hospitals and more than 3000 among skilled nursing facilities between 2016 and 2021, with wide variation across states.

KEY POINTS

- Data on health care provider ownership is an important tool in program integrity as well as a necessary input for informed policymaking to bolster competition in health care.

	<ul style="list-style-type: none"> • This report analyzes newly-released data from the Centers for Medicare & Medicaid Services (CMS) on changes of ownership among hospitals and skilled nursing facilities (SNFs), based on information reported to CMS through the Provider Enrollment, Chain, and Ownership System (PECOS). • Analysis of this dataset indicates that 348 hospitals and more than 3,000 skilled nursing facilities experienced a change in ownership between 2016 and 2021, with wide variation in hospital rates across states. • Ownership changes were more common in medium and larger hospitals (compared to small hospitals), hospitals with negative profit margins, and long-term care hospitals. • Future research can link this new dataset to other sources of information to support policymaking and research on consolidation, health care quality, and health care costs. <p>RESULTS</p> <ul style="list-style-type: none"> • Over the period from 2016 to 2021, 348 hospitals and 3,236 SNFs were sold. This equates to 9.8 per 1,000 hospitals per year, and 39.9 per 1,000 SNFs per year. • 62.3% of purchased SNFs have a single organizational owner, while 18.2% have only individual owners. <p>Another possible topic for future work involves “ultimate parents.” Federal statute, pertaining to certain agencies such as the Securities and Exchange Commission, generally defines an “ultimate parent” as an entity with subsidiaries but not a subsidiary of another entity. The “ultimate parent” definition and associated regulations do not technically apply to Medicare; nevertheless, the term will be used here for illustrative purposes. All Medicare providers are required under statute to identify indirect owners, including “ultimate parents,” that hold a 5% or greater ownership interest in the providers. Based on the reasonable assumption that every “ultimate parent” holds at least a 5% ownership interest in a provider—otherwise it wouldn’t ostensibly be the ultimate parent—CMS currently requires the reporting of “ultimate parents.” However, CMS cannot verify whether providers, in general, are accurately reporting “ultimate parents” or any other owners in the ownership chain; ownership data is self-reported and there is no centralized database to which CMS can compare the self-reported information.</p> <p>https://tinyurl.com/ASPEChangeOfOwnership</p>
Housing	<p>10. PEW Stateline August 2, 2022 <i>Factory-Built Homes: A Housing Crisis Solution?</i></p> <p>Nationwide, there's an estimated shortage of about 3.8 million housing units. The shortfall has many causes, including growing investor ownership of homes, but it stems largely from a construction slowdown that began in 2008 during the Great Recession and never regained the momentum to meet present-day need. Because manufactured homes are built on an assembly line, they're less expensive and faster to construct. They're seen as essential for providing new housing, especially for lower-income buyers who may have been priced out of site-built homes or expensive rental markets. Many housing experts see factory-built homes as an effective way of meeting current housing needs, especially in rural areas. . .</p>

The average factory-built home costs \$106,000 to build, compared with \$351,000 for site-built homes, said Lesli Gooch, chief executive officer of the Manufactured Housing Institute. . .

Cheaper doesn't mean it's shoddier, Gooch said. Factory-built homes are constructed on an assembly line with the precision and quality that comes from a controlled building environment, she said. They also must meet the national construction and safety standards of the U.S. Department of Housing and Urban Development, which has building inspectors on site in factories. . .

The Biden administration's Housing Supply Action Plan released in May specifically supports the production of new manufactured housing and new ways of financing such homes. States such as Oregon have begun to respond, with zoning rules that allow more types of mobile homes, in more locations. So have many cities, Gooch said, among them some in Tennessee that have begun allowing so-called [CrossMod](#) homes that look more like site-built homes, but are made in factories.

<https://tinyurl.com/FactoryBuiltHomesSolve>

11. Robert Wood Johnson Foundation Culture of Health Blog

June 23, 2022

Supportive Housing Can Help End the Homeless-to-Jail Cycle

The Denver Supportive Housing Social Impact Bond Initiative used private investment, housing tax credits and vouchers, and Medicaid reimbursement to provide a supportive housing program that aimed to increase housing stability and decrease jail stays among people who were experiencing chronic homelessness and had frequent interactions with the criminal justice and emergency health systems.

This evaluation busted many myths! Despite the common public narrative, the evaluation showed that with the right housing and services, communities can end homelessness and people with complex needs can succeed in long-term, stable housing.

We found that when offered housing first with supportive services, people quickly enter housing and stay there. They also experience many longer-term benefits, including reduced jail time.

The initiative used a Housing First approach, which aims to quickly get people out of homelessness and into housing, without requiring that participants meet typical preconditions (such as employment, income, absence of a criminal record, or sobriety).

More than five years in, [results](#) from Denver's five-year supportive housing program show a better way to invest in people and communities. What surprised you most about the findings?

Our evaluation further showed that program participants had fewer interactions with the criminal justice system compared to those who received usual care services (for example, emergency shelter) in the community, including:

- Eight fewer police contacts (34% reduction)
- Four fewer arrests (40% reduction)
- Two fewer jail stays (30% reduction)
- 38 fewer days in jail (27% reduction)

There were significant findings on the use of detoxification facilities, preventive healthcare, and emergency care that indicate that supportive housing increases access to and use of preventive healthcare while decreasing the use of costly

	<p>emergency care. Compared to those who received usual care services in the community, people referred to the Denver supportive housing program had:</p> <ul style="list-style-type: none"> • A 65 percent reduction in visits to short-term, city-funded detoxification facilities • A 40 percent decrease in emergency department visits • A 155 percent increase in office-based visits • A 29 percent increase in unique prescription medications to support their wellbeing <p>How can this evaluation be put to use? As chronic homelessness surges and pandemic-related eviction moratoriums end, evidence from the Denver SIB and other similar initiatives disrupts the story that homelessness is an unsolvable problem. Housing First ends the homelessness-jail cycle. Cities need more development of and funding for subsidized housing along with services to help people access and stay in housing. We hope policymakers and practitioners use these data to advocate for supportive housing as a better solution.</p> <p>https://tinyurl.com/EndHomelessToJail-Cycle</p>
Covid	<p>12. STAT News August 4, 2022 <i>Covid has settled into a persistent pattern — and remains damaging. It may not change anytime soon</i></p> <p>Our tussle with Covid-19 — after a harrowing introduction and then wave upon wave of infections — seems to have settled into a persistent pattern. It may stay that way for a while.</p> <p>While Covid is not nearly the threat it once was, transmission of the coronavirus remains at sky-high levels. At the same time, the death rate has dropped thanks to vaccinations and improved treatments, and the overwhelming majority of people in the United States have developed some level of protection, from shots, a previous infection, or some combination of the two.</p> <p>In some ways, Covid is increasingly looking like other respiratory infections — mild in many people, but sometimes severe in certain high-risk populations. . . . Beyond deaths, the current level of illness is nothing to shrug off. Mass infections are both disruptive to society and result in an untold number of cases of long Covid.</p> <p>Experts note there’s room for improvement with available tools, both by vaccinating those who have not yet rolled up their sleeves and who still account for a sizable chunk of deaths, and by reaching more people with booster shots. U.S. health officials are also still trying to expand access to and uptake of Covid therapies — both those that are given to infected people, like the antiviral Paxlovid that President Biden took during his recent bout, and a treatment called Evusheld, which is given to immunocompromised people who aren’t infected to prevent illness.</p> <p>But a key reason why the country is still recording several hundred Covid deaths a day is simply because so many infections are occurring. Though there have been regional ebbs and flows, national case counts since mid-May have been greater than 100,000 a day, increasing to 130,000 recently. This is also a massive undercount, given that surveillance efforts have been rolled back and many people either forgo tests or use them at home.</p> <p>https://tinyurl.com/CovidConsistentPattern</p>
Incarcerated Individuals	<p>13. Robert Wood Johnson Foundation Culture of Health Blog June 23, 2022</p>

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<https://tinyurl.com/EndHomelessToJail-Cycle>

14. *Boston Globe

August 7, 2022

First-of-its-kind law improves college access for students with autism, intellectual disabilities

Massachusetts students with autism and significant intellectual disabilities will gain unprecedented access to postsecondary education at state colleges and universities under a law signed late last month by Governor Charlie Baker, lauded by disability rights advocates as the first of its kind in the nation. More than a decade in the making, [the breakthrough legislation](#) will require all of the state’s public college campuses to offer accommodations to young people whose severe disabilities prevent them from earning a standard high school diploma, allowing them to take classes as nondegree-seeking students and join extracurricular activities alongside their peers — experiences that can transform their lives for the better, according to experts. . .

The law will create pathways for students whose intellectual challenges have often left them stuck in high school as their classmates graduated and moved on without them. Unable to pass the state MCAS exam or gain admission to college — and unlikely to thrive there without support — many students with Down syndrome, autism, and other conditions have instead languished in isolated classrooms, facing poor employment prospects and limited social options as they wait to age out of high school at age 22. . .

While the state’s total population of college-age young adults with serious intellectual disabilities and autism has been estimated in the past at 3,500 to 4,000, a smaller number are likely to seek college access under the new law, advocates said. Those admitted will improve their chances of employment: [According to one national study of adults with intellectual disabilities](#), those who attended college were more than twice as likely to find paid employment as those who did not.

<https://tinyurl.com/CollegeAccessAutism>

15. Pew Stateline

June 1, 2022

Wheelchair Users Say States Should Spend New Road Money on Safety

The streets can be dangerous for people in wheelchairs. Some are forced to roll along the street because the sidewalk is broken, uneven or nonexistent. Some have to cross busy roads with multiple lanes. Motorists, particularly those in SUVs and large pickup trucks, may not see them because they sit low.

Disability rights and highway safety advocates say some of the funding from the new \$1.2 trillion federal infrastructure law, which includes \$11 billion for transportation safety programs, should be spent on curb ramps, more accessible sidewalks and roads engineered to slow down traffic and provide safe crossings for people with disabilities.

The law includes the “Safe Streets and Roads for All” initiative, which will provide \$5 billion in grants to local governments over five years to support projects and strategies [to reduce crashes and fatalities](#).

The law also boosted funding for the Federal Highway Administration’s state-administered highway safety improvement program. It added a provision aimed at improving safety for “vulnerable road users” such as older adults, people with disabilities and bicyclists. If those users comprise 15% or more of the total number of annual fatalities in a state, it will have to dedicate at least 15% of those funds the next year to improve those road users’ safety. . .

	<p>The National Highway Traffic Safety Administration conducted an analysis for <i>Stateline</i> and found that at least 301 people in wheelchairs and 225 who used a cane or crutches died in pedestrian crashes from 2010 through 2020. . .</p> <p>Even if disability groups get what they're asking for, the infrastructure money won't be enough, said Zivarts, of Disability Rights Washington. She noted that her state did an analysis last year that found it needed more than \$5 billion just to make state roads safer for pedestrians and cyclists. That's the total amount of the Safe Streets program's funding nationwide.</p> <p>https://tinyurl.com/WheelchairSafetyNewMoney</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 rmoores8473@charter.net.</p>
Websites	<p>CMS: Skilled Nursing Facility Change of Ownership https://tinyurl.com/CMSNHChangeOfOwnership</p> <p>Information on skilled nursing facility's change of ownership. The Skilled Nursing Facility (SNF) Change of Ownership (CHOW) dataset provides information on the SNF ownership changes that occurred on or after January 1, 2016. This data includes information on the buyer and seller organization's legal business name, provider type, change of ownership type (CHOW, Acquisition/Merger, or Consolidation) and the effective date of the change.</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 signed the budget passed by the Legislature on July 28, 2022. The results of his review including vetoes are available at https://budget.digital.mass.gov/summary/fy23/ Media release: https://www.mass.gov/news/governor-charlie-baker-signs-fiscal-year-2023-budget</p>
Assisted Living Residences Closures	<ul style="list-style-type: none"> • Motif by Monarch (previously Landmark at Ocean View), Beverly, July 2022 • Connemara Senior Living, Brockton, Summer 2022 • Landmark at Longwood, Mission Hill, Boston, Summer 2022
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <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. 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</p>

before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

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

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

Updated on August 4, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Apple Valley Center	Ayer	7/20/22	Infection Control
Attleboro Healthcare	Attleboro	8/2/2022	Infection Control
Beaumont Rehab -Northboro	Northborough	7/20/22	New cases
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Hillcrest Commons	Pittsfield	7/20/22	New cases
Medway Country Manor	Medway	7/20/2022	Infection Control
Savoy Nursing and Rehab Center	New Bedford	4/19/2022	Infection control
Sudbury Pines Extended Care	Sudbury	7/6/2022	New cases

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated June 29, 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?

	<ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <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"> • Highview of Northampton (added in June) https://highviewnorthampton.com/ • 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 • Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website • 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 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website https://tinyurl.com/SpecialFocusFacilityProgram
Nursing Home Inspect	ProPublica Nursing Home Inspect

	<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). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>233</td> <td>B</td> </tr> <tr> <td>70</td> <td>C</td> </tr> <tr> <td>6,739</td> <td>D</td> </tr> <tr> <td>1,754</td> <td>E</td> </tr> <tr> <td>452</td> <td>F</td> </tr> <tr> <td>517</td> <td>G</td> </tr> <tr> <td>23</td> <td>H</td> </tr> <tr> <td>59</td> <td>J</td> </tr> <tr> <td>22</td> <td>K</td> </tr> </tbody> </table>	# reported	Deficiency Tag	233	B	70	C	6,739	D	1,754	E	452	F	517	G	23	H	59	J	22	K
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></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. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																				
<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 																				

	<ul style="list-style-type: none"> • CMS COVID-19 Nursing Home Data 																														
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																														
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																														
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Please contact workgroup lead for more information	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow</td> <td>prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes, rest homes, assisted living)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Clarence Richardson</td> <td>Clarence@massnaela.com</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Housing	Bill Henning	bhenning@bostoncil.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Clarence Richardson	Clarence@massnaela.com	Veteran Services	James Lomastro	jimlomastro@comcast.net
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The Dignity Digest	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>																														
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Charlie Carr • Wynn Gerhard • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.</p>																														

	<i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i>
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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.