



The Dignity Digest

Issue # 108

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The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

*May require registration before accessing article.

Spotlight

Centers for Medicare and Medicaid Services

Data on Ownership of Nursing Homes

CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.

Quotes of the Week

“The idea of young adults living with grandparents really solves a lot of social issues. Most older adults want to age in place, and they need help to do so.”

Rachel Margolis, associate professor of sociology at the University of Western Ontario in Canada who studies the demography of grandparenthood, *Grand-mates: Generations Sharing a Special Bond (and Sometimes the Rent)*, *New York Times, October 2, 2022, <https://tinyurl.com/NYTGrandmates>

“Swimming gives me purpose and focus. Why slow down?”

Charlotte Sanddal, 100-year-old competitive swimmer who began swimming at age 72, *Meet the 100-Year-Old Swimmer Breaking World Records* **Wall Street Journal**, September 27, 2022, <https://tinyurl.com/100YearOldSwimmer>

People often talk about death as if it's the worst thing that can happen to someone. As if it's something that must be avoided at all costs. Better to age, however painfully, however diminished, than to ever admit that we are mortal. But at the end of a long, full life, my grandfather was done. He died with power and agency, love, and support. To have that death, he had to acknowledge and embrace his

mortality. At our death party, he gave his family a chance to accept that fact, too.

Sara Harrison, whose grandfather died at age 97, *My Grandfather's Death Party Was a Final Gift to His Family*, **New York Times Magazine**, September 27, 2022, <https://tinyurl.com/GrandfathersDeathParty>

The story of dying in the 21st century is a story of paradox. While many people are overtreated in hospitals with families and communities relegated to the margins, still more remain undertreated, dying of preventable conditions and without access to basic pain relief.

Report of the Lancet Commission on the Value of Death: bringing death back into life, **Lancet**, February 1, 2022, <https://tinyurl.com/LancetValueOfDeath>

Art can be a path to healing. Art can also be a source of income. For some, it's both.

Creating Income Opportunities for Artists with Disabilities, **Health Affairs**, September 26, 2022, <https://tinyurl.com/ArtistsWithDisabilities>

"It's very easy for the general public to get confused by the value of Medicaid [and Medicare] and what it funds. It's become such a big political conversation...that you kind of lose sight of the intended beneficiaries and our corporate and social responsibility to support people in very meaningful but expensive ways. And just because it's expensive, doesn't take us off the hook for our social responsibility to continue providing support for the most vulnerable people in our country and in our communities.... We're talking about human lives. And so, it's just very hard to place a monetary value on that."

Arts Enable Executive Director Tony Brunswick, *Creating Income Opportunities for Artists with Disabilities*, **Health Affairs**, September 26, 2022, <https://tinyurl.com/ArtistsWithDisabilities>

Mental health tips on social media are a mixed bag.

How to vet mental health advice on Tiktok and Instagram, **Washington Post** (free access), October 3, 2022, <https://wapo.st/3y9atjq>

"People think I'm a project because of my disabilities. And a lot of people in their 20s aren't looking for a project."

	<p>Hannah Foote, a 22-year-old marketing professional from Phoenix who has a genetic disorder, <i>‘People Think I’m a Project:’ The Unique Challenges of Dating With Chronic Illness</i>, *New York Times, September 28,2022, https://tinyurl.com/ChallengesOfDating</p> <p><i>“It went from ankle-deep to knee-deep within, I don’t think it was even, five minutes. I just knew that there was no way out.”</i></p> <p>Darcy Bishop, age 61, describing the situation facing her and her two brothers who have cerebral palsy, Russell Rochow, age 66, and Todd, age 63, during Hurricane Ian, <i>‘I Did All I Could’: As Floodwaters Rose, She Fought to Save Her Disabled Brothers</i>, *New York Times, October 2, 2022, https://tinyurl.com/IDidAllICould</p> <p><i>Elder financial exploitation robs millions of older adults of their money and property.</i></p> <p><i>Recovering from Elder Financial Exploitation: A framework for policy and research</i>, Consumer Financial Protection Bureau, September 28, 2022, Read the report</p> <p><i>Housing infrastructure can be used to address some of the most intractable challenges in the long-term services and supports (LTSS) system.</i></p> <p><i>LTSS Choices: Coordinating Housing, Health and LTSS Through Home-Based Care Management</i>, AARP Public Policy Institute, September 30, 2022, https://tinyurl.com/LTSSChoices</p>
<p>Dignity Votes 2022</p>	<p>REMINDER: GENERAL ELECTION DAY IS TUESDAY, NOVEMBER 8th</p> <p>Candidates for Governor, Lieutenant Governor, Attorney General, Secretary State, and State Auditor</p> <p>Responses to questionnaires from candidates for these offices have been posted at https://dignityalliancema.org/state-candidates/.</p> <ul style="list-style-type: none"> • <i>Forum with gubernatorial candidate Geoff Diehl</i> The forum, held on Wednesday, September 28, was organized by Advocates for Autism of Massachusetts, Boston Center for Independent Living, the Disability Law Center, Mass Advocates Standing Strong, Massachusetts Developmental Disabilities Council, and the ark of Massachusetts. The transcript is posted on https://dignityalliancema.org/state-candidates/. <p>Congressional office candidates</p> <p>Questionnaires for congressional candidates have been distributed. Responses are being posted on https://dignityalliancema.org/congressional-candidates/ as they are received.</p> <p>State legislative candidates</p> <p>Questionnaires for legislative office candidates have been distributed. Responses are being posted on https://dignityalliancema.org/state-candidates/ as they are received.</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</p> <p>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
Inspiration	<p>1. Wall Street Journal September 27, 2022 <i>Meet the 100-Year-Old Swimmer Breaking World Records</i> Charlotte Sanddal didn’t start swimming seriously until she retired at 72; now she has an intense training regimen for her Masters events. At age 100, Charlotte Sanddal still paints her toes in rainbow colors, enjoys her Chardonnay, and doggedly pursues swimming world records. . .</p>

	<p>She didn't discover her competitive edge until she jumped in the pool in 1994 at age 72. A World War II veteran, she had just retired from her job as a licensed clinical social worker for the state of Montana and was looking for a hobby. Peggy Stringer, her coach of 15 years and occasional relay partner, says Ms. Sanddal relishes a tough workout and still kicks off the new year with an hour-long swim. "She is very competitive with others, but also herself," Ms. Stringer says. "She also really loves winning a ribbon."</p> <p>Ms. Sanddal jokingly calls Maurine Kornfeld, a fellow centenarian Masters swimmer from California, her nemesis. "She whips the socks off of me," Ms. Sanddal says. "But I like having someone to chase."</p> <p>She credits her swimming workouts with keeping her active and aiding her recovery when she broke her hip in a bike accident at age 88. "Most people her age don't come back from that injury," Ms. Stringer says.</p> <p>Ms. Sanddal has competed in more than 400 Masters swim races. She holds five individual Masters world records ratified by the International Swimming Federation, known as FINA, and 10 individual U.S. Masters Swimming records. She also has 300 individual U.S. Masters Swimming top 10s, meaning she placed among the top 10 in her sex and age group in an event over a whole season.</p> <p>https://tinyurl.com/100YearOldSwimmer</p>
<p>October: Resident Rights Month</p>	<p>2. October is Resident Rights Month</p> <p>October 1st marked the beginning of a month-long celebration of residents' rights. Spend time this month honoring residents living in all long-term care facilities, including nursing homes, sub-acute units, assisted living, board and care, and retirement communities. Plus, take time to focus on individuals receiving care in their homes or communities.</p> <p>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.</p> <p>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.</p> <p>Learn More →</p>
<p>October: National Stop Bullying Month</p>	<p>3. October is National Bullying Prevention Month, a time to raise awareness around bullying and to recognize that bullying must be addressed through education and support. National Bullying Prevention Month is an opportunity to examine best practices when it comes to creating safe environments that foster inclusion and respect. Research shows that effective responses to bullying can include both intervention and prevention strategies which engage all people.</p> <p>Selected websites</p> <ul style="list-style-type: none"> • <i>Stop Bullying federal website</i> https://www.stopbullying.gov/ • <i>Coping with Older Adult Bullying in Senior Living Communities</i> https://www.seniorhomes.com/bullying-in-senior-living-communities/ • <i>Stop Bullying Coalition</i> https://www.stopbullyingcoalition.org/ • <i>National Bullying Prevention Center</i>

	https://www.pacer.org/bullying/nbpm/
<p>October: Domestic Violence Awareness Month</p>	<p>4. October is Domestic Violence Awareness Month</p> <p>Every October, the National Coalition Against Domestic Violence organizes Domestic Violence Awareness Month in an effort to raise awareness and educate the public. In recognition of this month, the Taunton Police Department will be sharing a series of communications relating to domestic violence with a focus on different communities each week. This week’s focus is domestic violence in senior populations.</p> <p>The following information is courtesy of the National Institute on Aging:</p> <p>What is Elder Abuse?</p> <p>Elder abuse is defined by the National Clearinghouse on Abuse in Later Life as “abuse, neglect, abandonment, or financial exploitation of an older individual by another person or entity who has a trust-based relationship with the older adult or, any harm that occurs because an older person is targeted by a stranger based on their age or disability.”</p> <p>Elder abuse can be at the hands of family members, strangers, health care providers, caregivers, or friends. Abuse can include the following:</p> <ul style="list-style-type: none"> • Physical Abuse: Physical abuse occurs when someone causes bodily harm to another individual. Bodily harm includes hitting, pushing, slapping, and anything else that results in bodily injury. It can also include restraining an elderly individual against their will. • Emotional Abuse: Emotional abuse, also referred to as psychological abuse, can include hurtful words, yelling, threatening, or repeatedly ignoring an elderly adult. Isolating an individual and keeping them from friends or relatives is also considered emotional abuse. • Neglect: Neglect occurs when a caregiver doesn’t respond to an elderly individual’s needs, including physical, emotional, and social needs. Neglect can include withholding food, medications, or access to health care. • Abandonment: Abandonment is considered leaving an elderly individual in need of care alone without planning for their care. • Sexual Abuse: Sexual abuse may involve forcing an elderly individual to watch or be part of sexual acts. Sexual harassment is also considered abuse. • Financial Abuse: Financial abuse occurs when money or belongings are stolen from an elderly individual. Financial abuse can include forging checks, taking someone else’s retirement or Social Security benefits, or using a person’s credit cards and bank accounts without their permission. Changing names on a will, bank account, life insurance policy, or any other official document without permission can also be considered financial abuse. <p>What are the Signs of Elder Abuse?</p> <ul style="list-style-type: none"> • Stops taking part in activities he or she enjoys • Looks messy, with unwashed hair or dirty clothes • Has trouble sleeping • Loses weight for no reason • Becomes withdrawn or acts agitated or violent • Has unexplained bruises, burns, cuts, or scars • Has broken eyeglasses/frames, or physical signs of punishment or being restrained • Develops bed sores or other preventable conditions • Lacks medical aids (glasses, walker, dentures, hearing aid, medications)

	<ul style="list-style-type: none"> • Has an eviction notice for unpaid rent, notice of late mortgage, or home eviction • Has hazardous, unsafe, or unclean living conditions • Displays signs of insufficient care or unpaid bills despite adequate financial resources <p>Elder abuse often requires intervention. If you see signs of abuse, try talking with the older adult to find out what’s going on. If you believe someone may be a victim of abuse, you can file a MA Adult Protective Services Report online or call 800-922-2275.</p> <p>Additional resources for reporting elder abuse include:</p> <ul style="list-style-type: none"> • In an emergency, call 911. • For anonymous, confidential help available 24/7, call the National Domestic Violence Hotline at 1-800-799-7233 (SAFE) or 1-800-787-3224. If you’re unable to speak safely, you can chat online, or text LOVEIS to 22522. Additional crisis organizations and helplines can be found by clicking here. • SafeLink is Massachusetts’ statewide 24/7 toll-free, multilingual hotline and a resource for anyone affected by domestic violence. SafeLink’s 24-hour hotline is available by calling 877-785-2020.
MassHealth Public Notices	<p>5. MassHealth September 20, 2022 <i>Notice of Public Hearings</i> Substance Abuse Treatment Services Community Behavioral Health Center Services</p> <p>MassHealth has published notices of public hearings for the following regulations. You can view the notices and the corresponding regulations at https://www.mass.gov/service-details/masshealth-public-hearings.</p> <ul style="list-style-type: none"> • 130 CMR 418.000: Substance Abuse Treatment Services • 130 CMR 448.000: Community Behavioral Health Center Services <p>The hearings will be conducted remotely. To join the hearing online, go directly to EHS Public Hearings Meeting Room. Alternatively, go to https://zoom.us/join and enter meeting ID 935 397 8200 and passcode 800606. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted. You can view an unofficial live written recording of the hearing in progress provided by the Communication Access Realtime Transcription (CART) service at the following link: https://www.streamtext.net/player?event=EOHHS.</p> <p>Interested parties may submit written comments by email or regular mail, as instructed in the Notice of Public Hearing. In addition, MassHealth will publish the staff testimony on the regulations web page for these chapters.</p> <p><i>Notice of Proposed Amendment of Regulations</i> Durable Medical Equipment Services Oxygen and Respiratory Therapy Equipment Prosthetics Services Orthotics Services</p> <p>MassHealth has published a notice for the following regulations. You can view the notice and the corresponding regulations at https://www.mass.gov/service-details/masshealth-public-notices.</p> <ul style="list-style-type: none"> • 130 CMR 409.000: Durable Medical Equipment Services, 130 CMR 427.000: Oxygen and Respiratory Therapy Equipment, 130 CMR 428.000: Prosthetics Services, and 130 CMR 442.000: Orthotics Services

Opportunity for Input	<p>6. Administration on Community Living <i>ACL Now Accepting Comments on the National Strategy to Support Family Caregivers</i></p> <p>Comment period will remain open through November 30</p> <p>The 2022 National Strategy to Support Family Caregivers (the strategy) is now available for public comment for a period of 60 days. Comments received from the public will be used to inform the ongoing work of two Congressionally mandated caregiving advisory councils, as well as to inform future updates to the strategy.</p> <p>The strategy is intended to serve as a national roadmap for better recognizing and supporting family and kinship caregivers of all ages, backgrounds, and caregiving situations. It includes nearly 350 actions the federal government will take to support family caregivers in the coming years and more than 150 actions that can be adopted at other levels of government and across the private sector to build a system to support family caregivers.</p> <p>The strategy was developed jointly by the advisory councils established by the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act and the Supporting Grandparents Raising Grandchildren (SGRG) Act, with extensive input from family caregivers, the people they support, and other stakeholders.</p> <p>Each year, around 53 million people provide a broad range of assistance to support the health, quality of life and independence of a person close to them who needs assistance as they age or due to a disability or chronic health condition. Another 2.7 million grandparent caregivers – and an unknown number of other relative caregivers – open their arms and homes each year to millions of children who cannot remain with their parents. Millions of older adults and people with disabilities would not be able to live in their communities without this essential support – and replacing it with paid services would cost an estimated \$470 billion each year.</p> <p>While family caregiving is rewarding, it can be challenging, and when caregivers do not have the support they need, their health, wellbeing and quality of life often suffer. Their financial future can also be put at risk; lost income due to family caregiving is estimated at \$522 billion each year. When the challenges become overwhelming and family caregivers no longer can provide support, the people they care for often are left with no choices except moving to nursing homes and other institutions or to foster care – the cost of which is typically borne by taxpayers.</p> <p>ACL is requesting comments on:</p> <ul style="list-style-type: none"> • The most important topics/issues for the advisory councils to focus on moving forward; and • Issues that were not covered by the initial strategy that should be addressed in future updates. <p>Comments can be submitted via an online form. Respondents have the option to comment on each individual component of the strategy or provide feedback on the strategy as a whole.</p> <p>For additional information about the strategy, contact Greg Link. Submit a Comment</p>
Reports	<p>7. Consumer Financial Protection Bureau September 28, 2022</p>

Recovering from Elder Financial Exploitation: A framework for policy and research

Elder financial exploitation robs millions of older adults of their money and property. It can happen to any older adult, and it can happen regardless of whether the person stealing the money is a stranger or a close contact. We are releasing new findings of a study that describes how older adults recover from elder financial exploitation. [Learn how older adults trying to recover their losses face a complicated multi-step process in our new report.](#)

The report, [Recovery from elder financial exploitation: a framework for policy and research](#), outlines the stages of recovery from elder financial exploitation and addresses why some older adults are more likely to get their money back than others. The report also identifies areas of work in policy, research, and practices that can help us better understand how to improve the likelihood of recovery, including:

- Greater consumer protections on common payment methods used to defraud older adults;
- How to empower older adults and caregivers to recognize EFE and to know their rights for pursuing recovery of fraud losses; and
- More public awareness of successful prosecutions of EFE resulting in financial recovery.

The study identifies eight cross-cutting factors that can be influential throughout the four stages of the recovery process, and thus may play an important role in more cases. These factors are:

- Prior relationship between perpetrator and victim.
- Cognitive decline.
- Physical health factors.
- Social support networks.
- Method and amount of transactions.
- Responder training/resources.
- Victims' personal financial situation.
- The location of the perpetrator.

[Read the report](#)

8. Grantmakers in Health

May 2022

The Impact of COVID-19 on Aging and Older Adults Grantmaking Survey

Adults over the age of 65 have been significantly affected by the COVID-19 pandemic, causing communities to struggle with myriad challenges related to the shortcomings of health services and social supports for older adults. To better understand how philanthropy has responded to these challenges over the course of the pandemic, Grantmakers in Health and Grantmakers in Aging launched a joint survey in November 2021 to learn how health and aging funders are addressing COVID-19 related needs among older adult populations and potential long-term impacts on future grantmaking.

Five key takeaways:

- The philanthropic response to the pandemic focused on the immediate needs of older adults.

- Funders relied heavily on data and evidence when determining how they would respond to the pandemic
- Foundations already investing in funding older adults and aging typically continued funding for their existing grantees and strategies
- Funder strategies impacted by the pandemic appear to not be short-term changes
- The pandemic did not negatively impact the level of support being devoted to older adults and aging by established aging funders

[Download Publication](#)

9. Lancet

February 1, 2022

Report of the Lancet Commission on the Value of Death: bringing death back into life

Key messages

- Dying in the 21st century is a story of paradox. Although many people are overtreated in hospitals, still more remain undertreated, dying of preventable conditions and without access to basic pain relief.
- Death, dying, and grieving today have become unbalanced. Health care is now the context in which many encounter death and as families and communities have been pushed to the margins, their familiarity and confidence in supporting death, dying, and grieving has diminished. Relationships and networks are being replaced by professionals and protocols.
- Climate change, the COVID-19 pandemic, and our wish to defeat death all have their origins in the delusion that we in control of, not part of, nature.
- Rebalancing death and dying will depend on changes across death systems—the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced, and managed.
- The disadvantaged and powerless suffer most from the imbalance in care for those dying and grieving.
- The *Lancet* Commission on the Value of Death sets out five principles of a realistic utopia, a new vision of how death and dying could be. The five principles are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value.
- The challenge of transforming how people die and grieve today has been recognised and responded to by many around the world. Communities are reclaiming death, dying and grief as social concerns, restrictive policies on opioid availability are being transformed and health-care professionals are working in partnership with people and families, but more is needed.
- To achieve our ambition to rebalance death, dying and grieving, radical changes across all death systems are needed. It is a responsibility for us all, including global bodies and governments, to take up this challenge. The Commission will continue its work in this area.

<https://tinyurl.com/LancetValueOfDeath>

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>10. Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p> <p>11. LeadingAge September 23, 2022 <i>Hearing: Impact of the Coronavirus in Nursing Homes</i> On September 21, 2022, the House Select Subcommittee on the Coronavirus Crisis held a hearing titled, “Examining Long-Term Care in America: The Impact of the Coronavirus in Nursing Homes.” The initial scope and purpose of the hearing was to examine the impact of the coronavirus on nursing home residents and staff, as well as to explore structural problems in nursing homes and the improvements needed to ensure residents and staff are protected from the coronavirus and other public health risks. In the hours leading up to the hearing, the Select Subcommittee issued a press release announcing “new evidence of dire conditions inside for profit nursing home chains during the early months of the pandemic, as well as documents that shed light on how convoluted corporate structures have been used by for-profit nursing home chains and may have helped these companies to obscure profits and avoid accountability.” This release was part of an ongoing investigation into how large, for-profit nursing home chains have responded to the coronavirus pandemic. Subcommittee Chairman James Clyburn (D-SC) acknowledged in his opening statement for the hearing that additional steps must be taken to address longstanding challenges in this industry. “We must ensure that nursing home workers receive adequate pay and benefits—such as paid sick leave—which is crucial for the health and safety of residents as it is for staff. We must also improve oversight and transparency in the nursing home industry to give residents and their loved ones the ability to make informed decisions about their care,” stated Chairman Clyburn. Among the witnesses who testified at the hearing were Dr. Alice Bonner, Senior Advisor for Aging at the Institute for Healthcare Improvement and Chair of the Moving Forward Nursing Home Quality Coalition; Dr. David Grabowski, Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Adelina Ramos, Certified Nursing Assistant, Greenville, RI; Dr. Jasmine Travers MHS, RN, Assistant Professor of Nursing, New York University Rory Meyers College of Nursing; and, Daniel Arbeeney, son of a nursing home resident. You can access more information or watch the full subcommittee hearing here.</p> <p>12. MassHealth <i>October 3rd Nursing Facility Occupancy Survey</i> MassHealth will be conducting its mandatory quarterly Nursing Facility Occupancy Survey for the October 3 census date. All licensed nursing facilities in</p>

	<p>the Commonwealth are required to complete the survey, including those that do not have MassHealth or Medicare residents.</p>
<p>Home and Community Based Services</p>	<p>13. AARP Public Policy Institute September 30, 2022 <i>LTSS Choices: Coordinating Housing, Health and LTSS Through Home-Based Care Management</i> Housing infrastructure can be used to address some of the most intractable challenges in the long-term services and supports (LTSS) system, and many health care and LTSS providers alike are working to strengthen their relationships with housing programs and systems. Housing-based care management (HBCM) programs use the housing system to extend primary care and human services practices into the homes of people with needs for LTSS. This report describes and evaluates the SASH (Support and Services at Home) program in Vermont as one model of HBCM programs. Founded in 2009, SASH now partners with 70 organizations, including hospitals, community-based organizations, and academic institutions in sites across the state. Essential Components of SASH’s HBCM Model</p> <ul style="list-style-type: none"> • The participant panel. • Housing partners. • Formalized partnerships with community agencies. • Care coordinators. • Wellness nurses. <p>Value-Based Care and HBCM Models SASH provides an excellent example of how value-based care systems function. Initial funding in 2011 through a CMS Medicare Demonstration provided \$70,000 per panel to support the SASH care coordinator and wellness nurse. The idea is that this investment will save the state and federal governments money through preventing more serious health care expenses down the road. Some of these savings have already been demonstrated. https://tinyurl.com/LTSSChoices</p>
<p>Behavioral Health</p>	<p>14. Washington Post (free access) October 3, 2022 <i>How to vet mental health advice on Tiktok and Instagram</i> Not all tips on social media are helpful. Here’s how to consume mental health content in a safe way. Mental health tips on social media are a mixed bag. Your favorite online creator might give valid advice on managing anxiety symptoms or drawing boundaries with family members. They also might spread wrong information or use their platform to promote dubious products. Not only did mentions of mental health on social media increase during the pandemic, many influencers shifted their focus from “raising awareness” to offering guidance, creators say. And because real-world mental health care can be expensive, difficult to access and stigmatized, more young people are turning to social media to figure out how to manage difficult thoughts and feelings. Mental health matters, and so does the information you consume. Here are six simple questions to help determine whether a piece of online content is helpful and true.</p> <ul style="list-style-type: none"> • What are the creator’s qualifications? • Can you find research on the topic? • How does it make your body feel?

	<ul style="list-style-type: none"> • Who else is talking about it? • Is it generalizing, or emphasizing diagnosis over symptoms? • Is it pretending to be treatment? <p>https://wapo.st/3y9atjq</p>
Veteran Services	<p>15. Veteran Services October 1, 2022 <i>VA Expands Program of Comprehensive Assistance for Family Caregivers to Veterans of All Service Eras</i></p> <p>The U.S. Department of Veterans Affairs (VA) is expanding the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to include eligible Veterans and their family caregivers of all eras.</p> <p>VA's PCAFC provides resources, education, support, a financial stipend, health insurance (if eligible), and additional benefits to Family Caregivers of eligible Veterans.</p> <p>For more information about the PCAFC expansion, or to learn more about VA's Caregiver Support Program, visit www.caregiver.va.gov/index.asp, reach out to your local CSP team, or call our Caregiver Support Line at 855-260-3274 Monday through Friday, 8:00 a.m. to 10:00 p.m. ET, and Saturday, 8:00 a.m. to 5:00 p.m. ET.</p> <p>www.caregiver.va.gov/index.asp</p>
End of Life	<p>16. New York Times Magazine September 27, 2022 <i>My Grandfather's Death Party Was a Final Gift to His Family</i></p> <p>The end of life is often invisible, shut away in nursing homes or intensive-care units. There's another way. . .</p> <p>Death is, famously, one of the few certainties in this life. It's also a reality that doctors, patients, and families tend to avoid. In a recent report, The Lancet Commission on the Value of Death notes that today death "is not so much denied but invisible." At the end of life, people are often alone, shut away in nursing homes or intensive-care units, insulating most of us from the sounds, smells and look of mortality.</p> <p>Not so for my grandfather. Though he didn't rush headlong into the hereafter, he didn't want to wait for his faculties to fail one by one. He wanted to die with a modicum of independence, with hospice care.</p> <p>https://tinyurl.com/GrandfathersDeathParty</p> <p>17. Lancet February 1, 2022 <i>Report of the Lancet Commission on the Value of Death: bringing death back into life</i></p> <p>See "Report" section above</p>
Intergenerational	<p>18. *New York Times October 2, 2022 <i>Grand-mates: Generations Sharing a Special Bond (and Sometimes the Rent)</i></p> <p>More young adults are moving in with their grandparents, in a trend known as "skipped-generation" households.</p> <p>According to a recent survey by Credit Karma, a personal finance platform, nearly a third of Americans from 18 to 25 live at home with their parents or other relatives. "We're hearing more and more about adult grandchildren living with grandparents," said Donna Butts, the executive director of Generations</p>

	<p>United, a nonprofit based in Washington that promotes programs and policies that connect generations. . .</p> <p>According to 2017 research by [Natasha Pilkauskas, an associate professor of public policy at the University of Michigan], about 10 percent of Black children lived in so-called skipped-generation households at some point in their lives from birth to age 18; the numbers were lower among Latino, Asian and white children. “Given the pandemic, these figures may now be underestimates,” she added.</p> <p>Once the grandchildren are older, Ms. Butts said, “skipped-generation” relationships are stronger because the grandchildren and grandparents can approach each other as individuals. Grandparents, in this instance, aren’t seen as authority figures, and grandchildren aren’t viewed by Grandma and Grandpa as tots needing guidance and a lecture or three.</p> <p>https://tinyurl.com/NYTGrandmates</p>
Aging Topics	<p>19. Grantmakers in Health May 2022 <i>The Impact of COVID-19 on Aging and Older Adults Grantmaking Survey</i></p> <p>Adults over the age of 65 have been significantly affected by the COVID-19 pandemic, causing communities to struggle with myriad challenges related to the shortcomings of health services and social supports for older adults. To better understand how philanthropy has responded to these challenges over the course of the pandemic, Grantmakers in Health and Grantmakers in Aging launched a joint survey in November 2021 to learn how health and aging funders are addressing COVID-19 related needs among older adult populations and potential long-term impacts on future grantmaking.</p> <p>Five key takeaways:</p> <ul style="list-style-type: none"> • The philanthropic response to the pandemic focused on the immediate needs of older adults. • Funders relied heavily on data and evidence when determining how they would respond to the pandemic • Foundations already investing in funding older adults and aging typically continued funding for their existing grantees and strategies • Funder strategies impacted by the pandemic appear to not be short-term changes • The pandemic did not negatively impact the level of support being devoted to older adults and aging by established aging funders <p>Download Publication</p>
Disability Topics	<p>20. *New York Times October 2, 2022 <i>‘I Did All I Could’: As Floodwaters Rose, She Fought to Save Her Disabled Brothers</i></p> <p>It was Wednesday, around noon, and Darcy Bishop roused her two brothers who had been resting after lunch. She pulled the wheelchair up to the oldest, Russell Rochow, 66, and heaved him into it before slipping his feet into black Velcro shoes.</p> <p>Her other brother, Todd Rochow, 63, was in his room, changing out of pajamas. He could manage with a walker.</p> <p>Both men had been born with cerebral palsy, and their mental development was like that of a young child. About 10 years ago, they started showing signs of Parkinson’s disease. But they found joy in their surroundings. Todd liked collecting cans at the beach and waiting for the mail carrier. Russell loved riding</p>

the bus and going to parks. And both had girlfriends. Ms. Bishop, 61, was their lifeline, their little sister who had long felt an obligation to keep them safe. . . Ms. Bishop had watched over her brothers since she was a child while her parents ran a leather and fur-cleaning service. As an adult, she had always lived near or with Russell and Todd, overseeing their medications and appointments at great cost to her personal life. “I’ve been married a couple times; nobody wanted to deal with all of the drama, so none of that lasted,” she said. “I just committed my life to them.” . .

On Friday, she fractured her hand while helping Russell into the bathroom and had to be taken to urgent care. The injury added even more weight to the question already on her mind.

“How am I going to take care of my brothers?”

<https://tinyurl.com/IDidAllICould>

21. *New York Times

September 28,2022

‘People Think I’m a Project:’ The Unique Challenges of Dating with Chronic Illness

Deciding if and how to share health information can leave daters on a tightrope between vulnerability and vigilance.

On the dating app Hinge, users fill out profiles by responding to open-ended prompts. When Hannah Foote, a 22-year-old marketing professional from Phoenix, shared “disability rights” as a social issue she supports, the responses she received were revealing: Matches called her “a saint” for caring about disabled people, she said. They were unaware that she lives with her own debilitating illness. . .

An estimated [133 million Americans have at least one chronic health condition](#) — such as heart disease, respiratory or mental illness. Yet lingering stigma can make dating — an endeavor that [over half of American adults describe as difficult](#) — even more challenging. Deciding if and how to discuss those conditions with potential partners can leave daters on a tightrope between vulnerability and vigilance. . .

When Joseph Kibler started online dating in 2009, he experimented with how best to share information about his health. The 33-year-old actor from Brooklyn — who loves exploring restaurants and playing musical instruments — was born with H.I.V. and neurological complications that affect his fine motor skills. After going on a first date with someone who seemed shocked by his disability, Mr. Kibler created three distinct profiles on OKCupid. In one, he posted only his photo; in another, he disclosed that he uses a wheelchair or crutches; in the third, he shared both his disability and his H.I.V. status.

He made the different profiles out of curiosity: Which of the three would generate the most romantic interest? The second profile usually garnered the most messages, he said. . .

While there isn’t much data on how often people with chronic illness face harassment on dating apps, Dr. Mazur’s [research suggests](#) harassment and fetishizing are particularly acute for women with visible disabilities. Dr. Mazur said she has come across disabled women who deal with people sexualizing their conditions, but she’s never heard the same from disabled men. Harassment, regardless of disability, breaks down along the same gender lines, she added, with [women reporting more harassment when dating online](#) than men. . .

Self-disclosure, the process of revealing personal information overtly and implicitly, is an important part of any burgeoning relationship. Sharing health

	<p>information can be particularly empowering for chronically ill people as they examine any internalized stigma and shame. https://tinyurl.com/ChallengesOfDating</p> <p>22. Health Affairs September 26, 2022 <i>Creating Income Opportunities for Artists with Disabilities</i> Art can be a path to healing. Art can also be a source of income. For some, it’s both. . . As of July 2022, the unemployment rate for the working-age population with a disability was 7.8 percent—much higher than the 3.6 percent unemployment rate for those without a disability. However, when disaggregated, the data show there are additional disparities in unemployment across race and ethnicity. Last year, the unemployment rate was 9.3 percent among White people with disabilities, 15.1 percent for Black people with disabilities, and 13.3 percent for Hispanic or Latino people with disabilities. According to the Bureau of Labor Statistics, those living with disabilities often obtain less full-time employment than those living without one. They often only work part time, even if they prefer to work full time, to avoid exceeding asset or income limits tied to benefits such as Medicaid, Social Security Income, and Social Security Disability Insurance. Exceeding said limits could lead to penalties or even loss of services. . . “It’s very easy for the general public to get confused by the value of Medicaid [and Medicare] and what it funds. It’s become such a big political conversation...that you kind of lose sight of the intended beneficiaries and our corporate and social responsibility to support people in very meaningful but expensive ways,” says [Arts Enable Executive Director Tony] Brunswick. “And just because it’s expensive, doesn’t take us off the hook for our social responsibility to continue providing support for the most vulnerable people in our country and in our communities.... We’re talking about human lives. And so, it’s just very hard to place a monetary value on that.” https://tinyurl.com/ArtistsWithDisabilities</p> <p>23. Pacer Center <i>COUNT ME IN puppet program</i> The COUNT ME IN puppet program helps children and adults learn about disabilities and chronic illnesses to bridge the gap between students with and without disabilities. The program started in 1979 and has reached over 442,000 children and adults with the message that all children want to play and learn to the best of their abilities. The show features child-size puppets that portray children with disabilities. Each show includes short skits that encourage audience interaction appropriate to the age of the students. https://tinyurl.com/PacerCountMeln</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net .
Websites	Pacer Center https://www.pacer.org/

	Pacer enhances the quality of life and expands opportunities for children with disabilities.
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	<ul style="list-style-type: none"> • Quincy Health and Rehabilitation Center LLC, Quincy 126 beds; current census: 77 Owner: Waschusetz Healthcare Star rating: 2 stars Target closure: December 7 • Attleboro Healthcare, Attleboro 120 beds Owner: Next Step Healthcare Star rating: Special Focus Facility Target closure: December 29 • Dedham Healthcare, Dedham 145 beds Owner: Next Step Healthcare Star rating: 1 star Target closure: December 29 • Gloucester Healthcare, Gloucester 101 beds Owner: Next Step Healthcare Star rating: 3 stars Target closure: December 30 • Chetwynde Healthcare, West Newton 75 beds Owner: Next Step Healthcare Star rating: 2 stars Target closure: December 30 <p>NOTE: Admission freezes have been initiated in all facilities with closure plans. Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures</p>
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
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, October 5, 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 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</p>

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 September 30, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attleboro		Closure notice
Chapin Center	Springfield	9/28/2022	New cases
Charwell House Health and Rehab	Norwood	9/14/2022	Infection Control
Chetwynde	West Newton		Closure notice
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Gloucester Healthcare	Gloucester		Closure notice
Life Care Center of Raynham	Raynham	9/22/2022	New Cases
Park Avenue Health Center	Arlington	9/27/2022	Infection Control
Pleasant Bay of Brewster Rehabilitation Center	Brewster	9/20/202	Infection Control
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy		Closure notice

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 July 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"> • None <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <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"> • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • Plymouth Rehabilitation and Health Care Center https://plymouthrehab.com/ • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website • South Dennis Healthcare, South Dennis (added in July) https://www.nextstephc.com/southdennis • Tremont Health Care Center, Wareham 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
<i>Nursing Home Inspect</i>	ProPublica

	<p>Nursing Home Inspect</p> <p>Data updated August 2022</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:</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"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>249</td> <td>B</td> </tr> <tr> <td>79</td> <td>C</td> </tr> <tr> <td>7,092</td> <td>D</td> </tr> <tr> <td>1,857</td> <td>E</td> </tr> <tr> <td>552</td> <td>F</td> </tr> <tr> <td>489</td> <td>G</td> </tr> <tr> <td>1</td> <td>H</td> </tr> <tr> <td>33</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> </tbody> </table>	# reported	Deficiency Tag	249	B	79	C	7,092	D	1,857	E	552	F	489	G	1	H	33	J	7	K
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS)</p> <p><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.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																				
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services</p> <p><i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of</p>																				

	poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Workgroup	Workgroup lead	Email
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	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	Jeni Kaplan	jkaplan@cpr-ma.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i>		

- Arlene Germain
- Richard Moore
- Sue Rorke
- David Roush

Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest*.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to paul.lanzikos@gmail.com.

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at: <https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.