The Dignity Digest

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*May require registration before accessing article.

Spotlight

What is at Stake for Medicaid in Supreme Court Case Health & Hospital Corp v. Talevski?

Kaiser Family Foundation
October 28, 2022
https://tinyurl.com/KFFTalevskiCase

On November 8th, the U.S. Supreme Court is scheduled to hear oral arguments in *Health & Hospital Corporation of Marion County (HHC) v. Talevski*. The case raises the issue of whether Medicaid beneficiaries can seek relief in federal court when they believe their rights are being violated by state officials, or whether enforcement of state compliance with federal Medicaid rules should be left solely to the federal Centers for Medicare and Medicaid Services (CMS). While the case is about Medicaid, there could be implications for other federal programs beyond Medicaid where states play a role in administering or implementing them. This policy watch explains the case and what is at stake with the Supreme Court decision.

What is the *Talevski* Case?

Gorgi Talevski's family filed a lawsuit against the Health and Hospital Corp of Marion County, Indiana (HHC) (a municipal corporation and political subdivision of the state that operates nursing facilities) alleging that his nursing facility's use of psychotropic drugs as chemical restraints, involuntary transfers and attempted involuntary discharge to a dementia facility violated the Federal Nursing Home Reform Act (FNHRA). FNHRA establishes the minimum standards of care to which nursing-home facilities must follow to participate in the Medicaid program. The Talevski family sued using a federal law known as Section 1983, which parties have used for decades to enforce certain federal rights.

The family argues that "FNHRA's rights against chemical restraint and involuntary discharge and transfer are enforceable under Section 1983 and that an adverse ruling would be disastrous for federal safety-net programs". A federal district court dismissed the case, ruling that Medicaid enrollees cannot enforce the FNHRA. The Talevski

family appealed, and the Seventh Circuit Court of Appeals reversed the district court, allowing the Talevski case to continue. HHC petitioned to have the case heard by the Supreme Court. On May 2, 2022 the Supreme Court granted the petition for *certiorari* and the Supreme Court will hear oral arguments on November 8, 2022.

The Court will consider two questions. The first is broadly whether the Court should reexamine its longstanding position that individuals have a right to sue in federal court to protect rights for legislation created under the Spending Clause of the constitution (e.g., federal laws including Medicaid, the Children's Health Program, and the Supplemental Nutrition Assistance Program (SNAP)). The second, more narrow question, is assuming that individuals do have enforceable rights, are the rights guaranteed under FNHRA enforceable.

How Does Enforcement of Medicaid Requirements Work Now?

Under current law, states administer Medicaid within broad federal guidelines. There are generally two ways in which state compliance with federal requirements is enforced – through oversight from the Centers for Medicare and Medicaid Services (CMS) and through litigation in federal courts.

If CMS finds that a state is out of compliance with federal rules, the agency can work with the state to come into compliance. If states fail to come into compliance, CMS can provide notice of opportunity for a hearing and then move to withhold some or all federal matching funds until the state comes into compliance. However, the authority to withhold federal funds is rarely used because it is a very broad and blunt tool that could impede a states' ability to come into compliance. One recent example of CMS working with a state: In July 2022, CMS used a mitigation plan to help address application processing times and backlogs of pending applications in Missouri. By September, officials responded that the state was in compliance with federal requirements for processing times. However, federal enforcement is generally not quick and the federal agency has discretion about when it steps in, unlike courts where a decision can result in immediate action.

While there is no private right of action in the Medicaid statute, a civil rights statute, Section 1983, has long provided a mechanism for individuals to enforce the rights provided to them under federal programs. There is a long history of litigation related to private enforcement of the Medicaid Act. While courts have affirmed the authority for individuals to use Section 1983 to protect Medicaid rights, the Supreme Court has issued decisions that have narrowed this authority. Currently there is a three pronged (pursuant to the cases *Blessing v Freestone* (1997)) and (*Gonzaga University v. Doe* (2002)) that courts use to evaluate whether a federal law establishes an enforceable right. The three factors that determine whether a

statutory provision creates a privately enforceable right are: (1) whether the plaintiff is an intended beneficiary of the statute; (2) whether the plaintiff's asserted interests are specific enough to be enforced; and (3) whether the statute imposes a binding obligation on the State.

Federal circuit courts have generally upheld private enforcement of rights for Medicaid enrollees (particularly in cases where the state has denied Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, enrollment, or care in the least restrictive setting). On the other hand, courts have also ruled that providers and enrollees do not have enforceable rights to sue for inadequate payment rates. The Courts of Appeal have issued conflicting rulings in cases brought by patients challenging a state's decision to exclude Planned Parenthood from their Medicaid Program. The Court has previously refused to review multiple cases in which Planned Parenthood patients were found to have an enforceable right, but there is a petition currently pending.

In 2019 there were four circuit court opinions that all ruled in favor of beneficiaries right to enforce Medicaid provisions. However, during 2020, three of four circuit court decisions did not rule in favor of Medicaid enrollees, including in *Planned Parenthood of Greater Texas v. Smith* (2020), where the full 5th Circuit overruled a previous panel decision in *Gee v. Planned Parenthood of Gulf Coast Inc.* (2017) and concluded that that Medicaid patients do not have the right to challenge Texas's decision to exclude Planned Parenthood from the state Medicaid program.

What is at Stake?

Numerous amicus briefs have been submitted in support of both parties. Indiana filed a brief joined by a number of other states, supporting Marion County and noting that that private rights of action can upset the dynamics of the state and federal administration of grant programs. The American Health Care Association and Indiana Health Care Association also filed an amicus brief supporting the county, arguing that Congress did not intend to create a private right action against public actors under Section 1983. The brief suggests it would create disparate treatment since private entities are not subject to damages under laws governing nursing facility participation in Medicare and Medicaid programs.

At the end of September, 25 amicus briefs were filed supporting Talevski. Briefs were filed by the National Health Law Program (NHeLP), other advocacy organizations, professors, and scholars; population groups (including the AARP, American Cancer Society and Bazelon Center), provider groups (including public hospitals and community health centers), and federal officials (former HHS officials and former / current members of Congress). Both NHeLP and George

Washington University compiled summaries of these briefs. Key points raised in these briefs include the following:

- **The case could overturn over five decades of judicial precedent and undermine Congressional intent that individuals are able to use federal courts to enforce rights under federal programs.**
- **If enforcement is left to HHS, millions of Americans could be at risk because federal enforcement is not adequate due to limited capacity and funding.**
- **A decision to limit the ability of individuals to sue in federal court could deprive millions of Medicaid enrollees' access to care, including children who are entitled to comprehensive coverage under EPSDT benefit and those with chronic conditions, serious life-threatening diseases and people with disabilities.**
- **The Court's decision could affect the rights of millions of low-income Americans who rely on other Spending Clause programs, not just Medicaid.**

What is Next?

The federal Solicitor General and the state of Indiana were granted approval to participate in oral arguments. The Supreme Court is currently scheduled to hear oral arguments for this case on November 8th and is expected to issue a ruling by the end of the term in June 2023. Separately, the Indiana Public Access Counselor issued an advisory opinion that HHC's decision to petition the Supreme Court violated the state's the Open Door law because HHC did not seek public input. Morgan Daly, the public policy director for the Indiana Statewide Independent Living Council, filed the open-door complaint with the hope that the HHC board will hold a vote and potentially withdraw the petition. It is unclear how this will affect the case, which could have implications far beyond Marion County and Indiana.

A SCOTUS nursing home case could limit the rights of millions of patients

NPR Shots

November 6, 2022

https://tinyurl.com/NPRSCOTUSNursingHomeCase

In court filings, the Talevski family claims that her father was overmedicated to keep him asleep, his dementia wasn't properly managed, and he was involuntarily transferred to different facilities hours away from the family's home, which accelerated his decline. Gorgi Talevski died a year ago, in October.

Talevski sued the Health and Hospital Corp. of Marion County, the public health agency in Indiana that owns the nursing facility. . . Since the Supreme Court agreed to look at the case, 25 entities filed amicus briefs, which provide courts information from people not directly involved in a case. Most of them sided with the Talevskis — including current members of Congress like House Speaker Nancy

	Pelosi and Majority Whip James Clyburn, AARP, American Cancer Network, American Public Health Association, and Children's Health Care Providers and Advocates. *Why a Nursing Home Case Heard by SCOTUS Could Have Sweeping Implications* **Skilled Nursing News** November 4, 2022 https://tinyurl.com/SCOTUSSweepingImplications Larger implications surrounding a nursing home case to be heard by the U.S. Supreme Court on Nov. 8 has both operators and civil rights activists anxiously awaiting a decision. . . Far-reaching questions regarding Medicaid beneficiaries and their rights in federal court are on the table too. In other words, a ruling in favor of state-owned nursing homes could make it harder for Medicaid beneficiaries to seek relief in federal court when they believe their rights are being violated by state officials.
Quotes of the Week	*The [Talevski] case could overturn over five decades of judicial precedent and undermine Congressional intent that individuals are able to use federal courts to enforce rights under federal programs.* *What is at Stake for Medicaid in Supreme Court Case Health & Hospital Corp v. Talevski?,* **Kaiser Family Foundation,** October 28, 2022, https://tinyurl.com/KFFTalevskiCase *"All nursing facility residents should be able to enforce their right to be free from chemical restraints and illegal discharges. When nursing facilities violate these rights, the residents need to be able to seek the protection of the courts."* Maame Gyamfi, senior attorney for the AARP Foundation, *Why a Nursing Home Case Heard by SCOTUS Could Have Sweeping Implications,* **Skilled Nursing News,** November 4, 2022, https://tinyurl.com/SCOTUSSweepingImplications *"The reach of an adverse decision [on the Talevski case] would be catastrophic. It would leave [Medicaid and programs that provide services for nutrition, housing and disabilities] really standing out there without a true enforcement mechanism."* Jane Perkins, National Health Law Program attorney, *A SCOTUS nursing home case could limit the rights of millions of patients,* **NPR Shots,** November 6, 2022, https://tinyurl.com/NPRSCOTUSNursingHomeCase

. . . celebrities claim that seniors are missing out on benefits, including higher Social Security payments, in order to prompt seniors to call MA plan agent or broker hotlines.

Deceptive Marketing Practices Flourish in Medicare Advantage, **Majority Staff of the U.S. Senate Committee on Finance,** https://tinyurl.com/DeceptiveMedicareAdvantage

"The halls were lined with patients on stretchers and the nurses would say to you, 'We are sorry, we have no beds.' The lady across from me had a broken vertebrae in her neck, and there were people calling out for help. It was like a war zone."

Janet Cook, who was waiting in the Emergency Room at Mass General with a bowel obstruction, *Eight-hour waiting times. Patients leaving before being seen. Mass. hospital emergency departments are beyond the brink.* ***Boston Globe,** November 5, 2022, https://tinyurl.com/EightHourWaitingTime

More patients are opting for home health services over skilled nursing facilities.

In Post-Acute Care, Many Prefer to Go Home, **Managed Healthcare Executive,** April 14, 2022, https://tinyurl.com/PreferToGoHome

Some groups of women are more vulnerable to intimate partner violence (IPV) due to particular risks and/or experiences: women with disabilities, elderly women, and immigrant women (DEI).

Cumulative Contexts of Vulnerability to Intimate Partner Violence Among Women With Disabilities, Elderly Women, and Immigrant Women: Prevalence, Risk Factors, Explanatory Theories, and Prevention, **Sage Publications,** May 26, 2020, https://tinyurl.com/VulnerabilityInitimatePartner

"The system didn't help her. I feel I helped her."

Bill Hogan, an investigative journalist formerly of the Center for Public Integrity referencing his daughter who was adopted at age 3 from Russia who experienced multiple learning disabilities including dyslexia, *Disabled kids fighting school placements 'almost always lose,' Va. suit says,* ***Washington Post,** October 30, 2022, https://tinyurl.com/FightingSchoolPlacements

	(T)he lack of standardized collection of patients' disability status within EHRs (electronic health records) has limited progress toward addressing inequities for people with disabilities. *Health Care Equity Requires Standardized Disability Data in the HER,* **Health Affairs Forefront**, October 27, 2022, https://tinyurl.com/StandardizedDisabilityData *COVID-19 hospitalizations increased slightly this week after nearly two months of decline, while omicron subvariants BQ.1 and BQ.1.1 — dubbed 'escape variants' for their immune evasiveness — continued to gain prevalence nationwide.* *US COVID-19 admissions tick up: 10 CDC finding,* **Becker's Hospital Review,** October 28, 2022, https://tinyurl.com/USCovidOctober28
Dignity Votes 2022	**REMINDER: GENERAL ELECTION DAY IS TUESDAY, NOVEMBER 8th** **The Consumer Voice** *Voting Rights for Residents of Long-Term Care Facilities* Individuals receiving long-term services and supports retain their voting rights, no matter where they live or what type of care they receive. Fortunately, there are many resources available for residents of long-term care facilities to help them register to vote, obtain mail-in ballots, and learn what to expect on the ballot. • Questions for nursing home residents to ask to make sure you're ready to vote. • Everything you need to know about voting rules in your state including upcoming elections, registration, and mail-in ballots. • Find out what's on your ballot and learn about candidates. https://tinyurl.com/ConsumerVoiceVoterRights **Candidates for Governor, Lieutenant Governor, Attorney General, Secretary State, and State Auditor** Responses to questionnaires from candidates for these offices have been posted at https://dignityalliancema.org/state-candidates/. • *Forum with gubernatorial candidate Geoff Diehl* 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/. **Congressional office candidates** Questionnaires for congressional candidates have been distributed. Responses are being posted on https://dignityalliancema.org/congressional-candidates/ as they are received. **State legislative candidates**

	Questionnaires for legislative office candidates have been distributed. Responses are being posted on https://dignityalliancema.org/state-candidates/ as they are received. **Fact Sheets and Issue Briefs** Prepared by Dignity Alliance Massachusetts Workgroups **Nursing Homes** • Nursing Home Fact Sheet • Nursing Home Staffing Issues • Pandemic Issues in Nursing Homes • Nursing Homes – Financial Responsibility • Nursing Homes – Oversight, Licensures, Closures • Nursing Homes – Small Home Model **Home and Community Based Services** • HCBS Fact Sheet • HCBS Staffing Issues • HCBS Care Coordination Issues **Behavioral Health** • Behavioral Health Fact Sheet • BH Elder Mental Health Outreach Teams (EMHOT) Issues • BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues • Social Work Staffing Issues **Housing** • Housing Issues **Veterans** • Veterans Issues https://dignityalliancema.org/2022-facts-and-issues/ **State Election Information** The following websites contain useful, timely information about this year's elections. (Source: *AARP Bulletin* July / August 2022) • *AARP Voter Guides* Information about the voting process from registration to Election Day voting locations and hours. www.aarp.org/electionguides • *Ballotpedia* Information about statewide races and ballot measures. www.ballotpedia.org • *OpenSecrets* Tracks flow of money within the electoral process. www.opensecrets.org • *Vote411* Election year information provided by the League of Women Voters. www.vote411.org • *Vote Smart* On demand detailed information about individual candidates www.votesmart.org
Reports	**1. Agency for Healthcare Research and Quality (AHRQ)** *2022 National Healthcare Quality and Disparities Report* October 2022

AHRQ's *National Healthcare Quality and Disparities Report* (NHQDR) has provided an annual summary of the status of health and healthcare delivery in the United States since 2003.

Portrait of American Healthcare: Key Findings

Demographics

• The median age of Americans increased from 36.9 years to 38.2 years between 2010 and 2020. Fewer babies being born and the oldest adults living longer account for much of this increase.

• Racial and ethnic diversity has increased. An increase in the percentage of people who identify as two or more races accounts for most of the increase in diversity, rising from 2.9% to 10.2% between 2010 and 2020.

• According to the 2020 U.S. Census, 86.1% of Americans lived in metropolitan counties compared with 85.0% recorded in the 2010 Census

Health Measures

• Life expectancy in the United States decreased for the first time in 2020 due to COVID-19.

• The decline in life expectancy was also greater for Hispanic and non-Hispanic Black groups than for non-Hispanic White groups, thus widening a health disparity among these groups.

• The decline in life expectancy was greater in the United States than in comparable industrialized countries, thus widening a gap in life expectancy that had been growing since the 1980s.

• The leading causes of death in the United States in 2020 were heart disease and cancer, followed by COVID-19 and unintentional injuries. The most common cause of unintentional injuries was drug overdose (which accounted for over 40% of unintentional injury deaths), followed by accidental falls and motor vehicle accidents (each of which accounted for approximately 20% of unintentional injuries).

• Suicide, which had been a top 10 cause of death from 2016 through 2019, fell to the 12th in 2020, displaced by COVID-19.

• The leading cause of years of potential life lost (YPLL), an important cause of death that disproportionately affects younger populations, was unintentional injury.

• Among the top 10 causes of YPLL, rates of unintentional injury, heart disease, liver disease, and diabetes were rising rapidly.

Social Determinants of Health

Social determinants of health—social, economic, environmental, and community conditions—may have a stronger influence on the population's health and well-being than services delivered by practitioners and healthcare delivery organizations.

• The percentage of people with health insurance coverage has increased greatly in the past decade. However, those gains vary by race and ethnicity. Non-Hispanic American Indian or Alaska Native groups and Hispanic groups are significantly less likely to be insured.

Healthcare Delivery Systems

• After a sharp decline in the number of workers in ambulatory healthcare settings at the beginning of the COVID-19 public health emergency, employment in this setting has recovered.

• By contrast, the number of "employed and at work" healthcare workers in hospitals and in nursing and residential care settings has decreased since January

2020, by 2% and 12.1%, respectively. A loss of healthcare workers in professions that require less educational attainment accounts for much of shrinking workforce size. Almost 63% of counties in the United States have been designated as "whole county" primary care health professional shortage areas, indicating areas where lack of primary care professionals threatens access to services when needed. Disproportionately more rural counties have received this designation than metropolitan ones.

• Before COVID-19, 135 rural hospitals had closed between 2010 and 2020, threatening rural residents' access to services provided by those hospitals.

Personal Healthcare Expenditures

• Approximately 38% of clinical care spending is allocated to hospital care, followed by 24% for physician and clinical services.

• Approximately 39% of healthcare spending comes from public insurance (Medicare and Medicaid), followed by 30% from private insurance, and 14% from other third parties. Importantly, out-of-pocket spending accounts for 12% of personal healthcare expenditures.

Geographic Variations in Care

• Five states in the Northeast region (Maine, Massachusetts, New Hampshire, Pennsylvania, and Rhode Island), four in the Midwest region (Iowa, Minnesota, North Dakota, and Wisconsin), and two in the West region (Colorado and Utah) had the highest overall quality scores based on NHQDR data for all states and the District of Columbia.

Quality and Disparities Tables

Readers will find the full collection of the more than 440 NHQDR measures online at https://datatools.ahrq.gov/nhqdr and in the Healthcare Quality and Disparity tables in Appendix B.
(https://www.ahrq.gov/research/findings/nhqrdr/nhqdr22/index.html)
Each measure is summarized in a table, and each table shows
(1) key details about the measure
(2) the nation's performance (quality) on the measure; and
(3) differences in outcomes for priority populations or subgroups (disparities)
Eight overarching findings in the tables are:

1. The percentage of people under age 65 with health insurance coverage is at the highest level recorded in the NHQDR, but people in low-income households, minority communities, and "inner city" and "rural" communities are significantly less likely to have health insurance coverage.
2. Personal spending for healthcare services has increased for the most well-off Americans. For example, one in five people under age 65 with private, employer-sponsored health insurance reported that their family's health insurance premium and out-of-pocket spending accounted for more than 10% of their family's income in 2019, a 66.7% increase since 2002.
3. The burden of out-of-pocket healthcare costs is far higher for lower income households. Nearly one in four people under age 65 with household incomes between 100% and 199% of the poverty line reported their family's health insurance premium and out-of-pocket spending accounted for more than 10% of their family's income in 2019.
4. The nation's investments in science and healthcare delivery have yielded improved care for people with certain conditions, including breast cancer, colon cancer, heart failure, and HIV/AIDS. Breast cancer deaths decreased by 28.7% between 2000 and 2020; colorectal cancer deaths decreased by 37.5% between

	2000 and 2020; in-hospital deaths from heart failure decreased by 14.5% between 2016 and 2019 (despite an overall increase in hospital admissions for this condition); and deaths from HIV/AIDS decreased by 57.7% between 2000 and 2020. 5. Other health conditions warrant the nation's attention because measures of healthcare delivery and health outcomes for these conditions have worsened. These include worsening maternal healthcare delivery outcomes, which receive focused attention as a Special Emphasis Topic, and rising hospital admissions for often preventable acute complications of diabetes, which increased by 66.2% between 2016 and 2019. 6. Although healthcare delivery for some conditions, such as breast cancer and HIV/AIDS, has improved for all populations, disparities by race, ethnicity, household income, and location of residence persist because the gains experienced by disadvantaged populations have been insufficient to close the gap between advantaged and disadvantaged populations. In some cases, a disparity has widened. 7. Overall, racial and ethnic minority communities have similar outcomes as White communities for just under half of quality-of-care measures. However, when disparities exist, racial and ethnic minority communities exhibit worse outcomes than White communities on a larger number of measures than better outcomes. For example, American Indian and Alaska Native communities have worse quality of care than White communities on 43% of measures and better outcomes on only 12% of measures. An exception is the experience of Asian communities, which have worse outcomes than White communities on 28% of measures and better outcomes on 28% of measures. 8. While some healthcare disparities, such as for HIV care, are present across many disadvantaged groups, other disparities appear to disproportionately affect certain groups, which may reflect circumstances and issues specific to that group. For example, Hispanic people and non-Hispanic Black people consistently experience worse care on most measures of breast cancer care. An implication of this observation is that certain groups may benefit from targeted policies and approaches specific to their community's need. https://tinyurl.com/NHQDReport2022
Collaboration Opportunity	**2. USAging's Aging and Disability Business Institute** *Learning Collaboratives to Address Diversity, Equity, and Inclusion* USAging's Aging and Disability Business Institute, in partnership with HealthBegins and Williams Jaxon Consulting, LLC, and with funding from the John A. Hartford Foundation , is excited to launch new learning collaboratives for Area Agencies on Aging (AAAs) and community-based organizations (CBOs). The learning collaboratives are designed to assist with the challenges of addressing health disparities and achieving health equity in communities and states. The two new collaboratives are: • The **Network Diversity, Equity, and Inclusion Learning Collaborative (NDEILC)**, led by Sharon Williams with Williams Jaxon Consulting, LLC, which will support up to 12 networks of AAAs and CBOs in building and strengthening their diversity, equity, and inclusion (DEI) strategies and practices. The collaborative will equip network leadership with the knowledge and skills necessary to create and sustain realistic and actionable DEI strategies to enhance their business culture, create more consumer-

	friendly programs and services, and demonstrate value to the health care ecosystem. o NDEILC Application o NDEILC Charter • The **Building Accountability for Health Equity Learning Collaborative (BAHELC)**, led by HealthBegins, which will provide up to 12 AAAs with the knowledge and skills necessary to strengthen and sustain institutional accountability for health equity. The primary purpose of this collaborative is to equip AAA leaders with the understanding and capabilities required to build and maintain accountability mechanisms and institutional capacity essential to implementing, tracking, and reporting on efforts to address health disparities. o BAHELC Application o BAHELC Charter Applications are due by **November 21, 2022**. Sessions begin in January 2023. For more information, contact Maya Op de Beke.
Webinars and Online Sessions	**3. Centers for Disease Control and Prevention** November 15, 2022, 1:00 to 2:00 p.m. *Implementation and Use of Enhanced Barrier Precautions in Nursing Homes* A detailed review and discussion about this CDC infection prevention and control recommendation. In addition, hear directly from a long-term care Infection Preventionist about her successes and challenges implementing Enhanced Barrier Precautions in several nursing homes. Presentations will be followed by a conversation with the experts about frequently asked questions from the field. **Featured Presenters:** • Abimbola (Bola) Ogundimu, DrPH, RN, CIC, CPHQ; Division of Healthcare Quality Promotion, CDC. • Heather Jones, DNP, NP-C; Division of Healthcare Quality Promotion, CDC. • Linda Behan BSN, RN, CIC; Consultant; Long Term Care Infection Prevention, LLC. **Moderator:** • Kara Jacobs Slifka, MD, MPH; Division of Healthcare Quality Promotion, CDC. https://tinyurl.com/EnhancedBarriers **4. Massachusetts Executive Office of Elder Affairs** Friday, November 18, 2022, 12:00 p.m. Thursday, December 15, 2022, 12:00 p.m. *Caregiver Webinar Series* A two-part series focused on communication in families. The first webinar on Friday, November 18th will focus on family caregivers' communication with family members, while the second webinar on Thursday, December 15th will focus on family caregivers' communication with their loved one. Register here for the caregiver series webinar on Friday, November 18th. Register here for the caregiver series webinar on Thursday, December 15th.
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at:** **https://dignityalliancema.org/webinars-and-online-sessions/**
Nursing Homes	**5. WBUR** November 3, 2022 *Massachusetts nursing home job vacancies hold at historic highs*

	The nursing home sector in Massachusetts says its worker shortage remains at "historic highs," as senior care facilities struggle to find and retain people qualified to care for the state's most vulnerable residents. Massachusetts Senior Care Association reported Wednesday that its recent quarterly survey, taken over the summer, showed that 6,900 registered nurse, licensed practical nurse and certified nurse assistant (CNA) positions were open at nursing facilities, representing 22% of those jobs that are currently unfilled. More than 3,900 of the unfilled jobs were CNA positions. The nursing position vacancy rate has now held at 22% statewide for three consecutive quarters, and it's affecting the industry, resident patients, and also families exploring care options for their loved ones. In the latest survey, 62% of respondent facilities reported that they have recently limited admissions due to staffing shortages. While elevated, that's down from 83% in January. https://tinyurl.com/Nur7singHomeVacanciesHigh
Home and Community Based Services	**6. Managed Healthcare Executive** April 14, 2022 *In Post-Acute Care, Many Prefer to Go Home* More patients are opting for home health services over skilled nursing facilities, and a new analysis expects that trend to continue. In an analysis of post-acute care trends, Trella Health noted an uptick in home health instructions between 2020 and 2021, while skilled nursing instructions dipped over the same time frame. In fact, the skilled nursing industry's struggles look to continue for the foreseeable future with no end in sight, the report states. In its 2021 Post-Acute Trend Industry Report, Trella Health also pointed to the growth of Medicare Advantage enrollment, opportunities for telehealth and projections for expansion of the hospice industry Here is a rundown of some key findings in the Trella Health report. **Going home** After being discharged from the hospital, more patients want to recover at home, the report suggests. **Skilled nursing woes** Nursing homes suffered a drop in admissions before the arrival of COVID-19, and the pandemic has only added more hurdles. Medicare Advantage plans, which are plans run by Medicare-approved private companies, have grown substantially in recent years, and Trella Health projects that will continue. In fact, Medicare Advantage plans are likely to cover over 50% of Medicare-eligible beneficiaries nationwide by 2025 **Telehealth** Telehealth usage soared after the emergence of the coronavirus. The government reported a 63-fold increase in telehealth usage among Medicare beneficiaries in 2020. It makes sense, considering many had no other options to see doctors other than virtual visits for months. **Hospices: Poised for growth** The hospice industry could see significant growth in the coming years, the report projects. Hospices were less affected by the pandemic than other providers, such as skilled nursing facilities. https://tinyurl.com/PreferToGoHome
Covid	**7. Becker's Hospital Review**

	October 28, 2022 *US COVID-19 admissions tick up: 10 CDC findings* COVID-19 hospitalizations increased slightly this week after nearly two months of decline, while omicron subvariants BQ.1 and BQ.1.1 — dubbed 'escape variants' for their immune evasiveness — continued to gain prevalence nationwide, according to the CDC's COVID-19 data tracker weekly review published Oct. 28. Ten findings: **Hospitalizations** 1. The seven-day hospitalization average for Oct. 19-25 was 3,249, a 1 percent increase from the previous week's average. New hospital admissions had been falling since early August, CDC data shows. **Cases** 2. As of Oct. 26, the nation's seven-day case average was 37,683, a 25.1 percent decrease from the previous week's average. This marks the 14th week of decline and the lowest daily case rate seen since late April, CDC data shows. **Variants** 3. Based on projections for the week ending Oct. 29, the CDC estimates that BQ.1 accounts for 14 percent of cases, while BQ.1.1 accounts for 13.1 percent. 4. BA. 5 remains the nation's dominant strain, accounting for 49.6 percent of infections. BF.7, another omicron subvariant experts are closely monitoring, makes up 7.5 percent of cases. Other omicron subvariants make up the rest. **Community levels** 5. As of Oct. 27, 2.3 percent of counties, districts or territories had high COVID-19 community levels, 21.9 percent had medium community levels and 75.8 percent had low community levels. **Deaths** 6. The current seven-day death average is 373, down 13.7 percent from the previous week's average. Some historical deaths have been excluded from these counts, the CDC said. **Vaccinations** 7. As of Oct. 26, about 266 million people — 80.1 percent of the U.S. population — have received at least one dose of the COVID-19 vaccine, and more than 226.9 million people, or 68.4 percent of the population, have received both doses. 8. About 111.8 million people have received a booster dose, and more than 22.9 million people have received an updated omicron booster. However, 49.3 percent of people eligible for a booster dose have not yet gotten one, the CDC said. **Wastewater surveillance** 9. About 34 percent of the U.S. is reporting moderate to high virus levels in wastewater. Of these surveillance sites, 10 percent are seeing some of the highest levels since Dec. 1, 2021. 10. About 50 percent of sites are reporting an increase in virus levels, and 44 percent of sites are seeing a decrease. https://tinyurl.com/USCovidOctober28
Medicare	**8. Majority Staff of the U.S. Senate Committee on Finance** *Deceptive Marketing Practices Flourish in Medicare Advantage* Executive Summary

	The Centers for Medicare and Medicaid Services (CMS) revealed earlier this year that the number of Medicare beneficiary complaints about private sector marketing for Medicare Advantage (MA) plans more than doubled from 2020 to 2021. 1 The Senate Finance Committee Majority Staff launched an inquiry in August 2022, collected information on marketing complaints from 14 states and found evidence that beneficiaries are being inundated with aggressive marketing tactics as well as false and misleading information. The Committee received evidence of fraudulent and misleading marketing practices from states and other stakeholders – painting a consistent national picture. These issues were reported more frequently with respect to MA plans compared to stand-alone Part D plans. In addition, nine of the ten states reporting quantitative complaint information found an increase in complaints from 2020 to 2021 that mirrored the trend found by CMS. Information submitted by states demonstrates that beneficiaries are inundated with fraudulent and misleading communications across all modes of communication (in-person, television, telemarketer, and robo-calls). An egregious example submitted by the states includes marketing materials designed to look like official communications from Federal agencies. A number of states also raised concerns with the use of "Medicare" in the naming and branding of marketing companies to suggest that a marketing company is representing the Medicare program. These practices are intentionally deceptive as they blur the lines between official government communication and private health plan marketing. The investigation also uncovered a range of predatory actions. Agents were found to sign up beneficiaries for plans under false pretenses, such as telling a beneficiary that coverage networks include preferred providers even when they do not. Of particular concern to the Committee were reports across states of agents changing vulnerable seniors' and people with disabilities' health plans without their consent. Specifically, the Committee urges CMS and Congress to take the following actions: • Reinstate MA plan requirements loosened during the Trump Administration. • Monitor MA disenrollment patterns and use enforcement authority to hold bad actors accountable. • Require agents and brokers to adhere to best practices. • Implement robust rules around MA marketing materials and close regulatory loopholes that allow cold-calling. • Support unbiased sources of information for beneficiaries, including State Health Insurance Assistance Programs and the Senior Medicare Patrol. https://tinyurl.com/DeceptiveMedicareAdvantage
Accessibility	**9. STAT News** October 31, 2022 *Hospitals need to make their websites as accessible as their physical spaces* It would be anathema for a health care facility in the U.S. to have a main entrance that's not physically accessible to all people. Yet many of their digital front doors block people with disabilities. They need to change that. More than 30 years after the Americans with Disabilities Act was signed into law with the aim of removing obstacles to people who are blind, deaf, or have other physical or mental disabilities, the digital landscape continues to erect barriers to access. An investigation by Kaiser Health News in 2021 showed that nearly all of the Covid-19 vaccine registration websites reviewed weren't accessible to

	people who are blind, a major violation of disability rights laws in the middle of a public health emergency. Digital accessibility involves designing webpages to be inclusive of people who have visual, motor, auditory, speech, or cognitive disabilities. More than 61 million people in the United States — nearly 1 in 4 Americans — and more than 1 billion people worldwide have one of these disabilities, including 46% of people age 60 and older. With the number of Americans 65 and older projected to nearly double from 52 million in 2018 to 95 million by 2060, federal officials have already identified the accessibility of online health information as an urgent need. . . Using accessScan, a free audit tool for online web accessibility, we assessed whether the websites of these hospitals, all recognized as top hospitals by U.S. News and World Report in 2021-2022, complied with guidelines created by the World Wide Web Consortium, the internet's primary international standards organization. Only 4.9% of homepages fully complied with the consortium's most recent guidelines for web content accessibility. Nearly 80% were semi-compliant, meaning that their pages met some, but not all, of the accessibility requirements. . . The Websites and Software Applications Accessibility Act (S. 4998 and H.R.9021) was introduced into Congress by Sen. Tammy Duckworth (D-Ill.) to build on the Americans with Disabilities Act and address the current gaps in enforcing digital accessibility. Although this legislation represents a step toward improving the experience for all users of hospital websites, including those with disabilities, it will take time and effort to tackle the lack of awareness and ambiguity surrounding digital accessibility today. Five key steps hospitals can take to improve the accessibility of their websites: • Use a combination of automated and manual audits to inspect webpages for accessibility problems. • Hire and train full-time digital accessibility employees to ensure long-term improvement. • Foster multi-sector collaboration with community advocacy groups, local centers for independent living, and ADA regional center. • Collaborate within the hospital system across administration, management, and operations to address the root causes of website issues. • Provide education opportunities for hospitals and health care systems. https://tinyurl.com/HospitalWebsiteAccessibility
Health Topics	**10. *Boston Globe** November 5, 2022 *Eight-hour waiting times. Patients leaving before being seen. Mass. hospital emergency departments are beyond the brink.* While hospital emergency departments across Massachusetts have weathered surges of sick patients throughout the pandemic and in years past, doctors say what they're seeing now is unprecedented. Staffing shortages are at a peak — an estimated 19,000 positions are unfilled, according to a report released earlier this week from the Massachusetts Health & Hospital Association — and ERs are continuing to see a flood of desperately sick patients who delayed care during the pandemic. An early start to flu and respiratory virus season, and a steady stream of COVID-19 hospitalizations, has further strained the system. Not only have wait times for patients increased, but doctors are citing an even more alarming statistic: a rising tide of ER patients who give up and leave before

	ever seeing a doctor. A recent national study found that the rate at which people are leaving hospital waiting rooms before getting care nearly doubled from 1 to about 2 percent between 2017 and the end of 2021, putting themselves at risk for even more severe illness. . . The Baker administration on Tuesday raised the level of alarm it uses to track the number of staffed hospital beds available, marking an important signal for hospitals that crowding was worsening. The action requires weekly, regional meetings of hospital leaders to strategize ways to address the overcrowding and also consider voluntarily reducing elective, non-urgent procedures and surgeries. But with no immediate relief in sight, VanRooyen said more patients may spend their entire time in the emergency department treated in a hospital hallway, or have blood drawn and intravenous fluids started in a waiting area chair. https://tinyurl.com/EightHourWaitingTime
Disability Topics	**11. *Washington Post** October 30, 2022 *Disabled kids fighting school placements 'almost always lose,' Va. suit says* Northern Virginia school systems grant fewer than 1 percent of requests from parents of children with disabilities seeking enrollment in schools that better accommodate their needs, according to data submitted in a civil rights lawsuit. Plaintiffs allege the state's education department has "curated" officials who almost always decide cases in its favor, according to the class-action lawsuit filed in federal court last month by parents of an autistic student. The state has prevented disabled children from getting the educational support they need, the parents say, disadvantaging a generation of people with special needs. The suit, filed in U.S. District Court for the Eastern District of Virginia, told the story of a student referred to only as "D.C.," a 19-year-old who suffers from autism, attention-deficit/hyperactivity disorder, and Tourette's syndrome, among other disorders. . . The Individuals with Disabilities Education Act, which protects disabled students, allows parents to appeal school placements. But between 2010 and July 2021, just three petitions out of 395 in Northern Virginia prevailed. . . The suit comes after the U.S. Department of Education faulted Virginia for failing to provide sufficient services for disabled students in 2020. A report from the nonprofit group the American Institutes for Research commissioned by the Fairfax school board released earlier this month also found disabled students in the state are more likely than their peers to be suspended and to fail state tests. https://tinyurl.com/FightingSchoolPlacements **12. Health Affairs Forefront** October 27, 2022 *Health Care Equity Requires Standardized Disability Data in the HER* The electronic health record (EHR) is an essential tool for linking demographic and clinical data within and across health care systems, as well as to public health databases. Data collected within the EHR are crucial for understanding and addressing inequities that negatively impact health and health care outcomes of marginalized communities, including persons with disabilities. Unfortunately, the lack of standardized collection of patients' disability status within EHRs has limited progress toward addressing inequities for people with disabilities. In recent estimates, 27 percent of US adults have a disability. Persons with disabilities experience significant inequities in access to high-quality health care

	services due to factors such as clinician biases and inaccessible medical environments. Currently, the vast majority of health care systems do not systematically collect patients' disability status, impeding efforts to identify and address these factors. The lack of data collection also impedes organizations' efforts in providing mandated disability accommodations and modifications that ensure equitable care, as required by the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and Section 1557 of the 2010 Patient Protection and Affordable Care Act (ACA). Recommendations For Additional Guidance in Implementing the Disability Status Data Element: 1. The Disability Status Data Element Should Be Included with Other Demographic Data Elements 2. Disability Status Needs to Be Patient-Reported and Independent of a Clinical Diagnosis or Benefit Determination 3. A Standardized Set of Disability Status Questions Are Needed to Facilitate Interoperability https://tinyurl.com/StandardizedDisabilityData
Domestic Violence	**13. Sage Publications** May 26, 2020 *Cumulative Contexts of Vulnerability to Intimate Partner Violence Among Women with Disabilities, Elderly Women, and Immigrant Women: Prevalence, Risk Factors, Explanatory Theories, and Prevention* **Abstract** Some groups of women are more vulnerable to intimate partner violence (IPV) due to particular risks and/or experiences: women with disabilities, elderly women, and immigrant women (DEI). Too often, their reality goes unnoticed, especially for those belonging to more than one of these groups. In this literature review, researchers used an intersectional approach to document the similarities and differences in how DEI women experience IPV, in terms of forms and consequences, as well as related risk factors, explanatory theories, and prevention strategies. Researchers selected 56 articles for review based on the following inclusion criteria: studies on adults living in a situation of IPV, studies on one of the three demographics under study (DEI), studies about one or multiple research questions, and studies based on empirical data relying on research methodology in either French or English. Researchers evaluated each selected article for its quality according to a chart that was specially developed for this review. The results highlight existing "intersections" between these groups to help understand the influence of belonging to more than one vulnerability group on these women's experiences with IPV. The importance to better training social workers and developing policies and programs that target the social determinants of health to prevent IPV experienced by DEI is also discussed. https://tinyurl.com/VulnerabilityInitimatePartner
	*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 rmoore8473@charter.net.
Websites	

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 *The Tuesday Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Nursing Home Closures	• **Quincy Health and Rehabilitation Center LLC, Quincy** 126 beds; current census: 77 Owner: Waschusett 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 **NOTE: Admission freezes have been initiated in all facilities with closure plans.** Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures
Pending nursing home change of ownership in Massachusetts	• Royal Health Cape Cod • Royal Health Cotuit • Royal Health Falmouth • Royal Health Megansett • Royal Health Meadow View – North Reading • Royal Health Wayland • Royal Wood Mill – Lawrence • Royal Health Fairhaven • Royal Health Braintree • Royal Health Norwell https://www.royalhealthgroup.com
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/

<table>
<tr><td>Assisted Living Residences Closures</td><td>

- **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

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<tr><td>Nursing homes with admission freezes</td><td>

Massachusetts Department of Public Health

Temporary admissions freeze

On November 6, the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

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

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

Updated on November 3, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attlleboro	8/31/2022	Closure notice
Cape Heritage Rehab and Health Cen.	Sandwich	10/26/2022	Infection Control
Charwell House Health and Rehabilitation	Norwood	9/14/2022	Infection Control
Chetwynde	West Newton	9/1/2022	Closure notice
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Elaine Center at Hadley	Hadley	11/1/2022	New cases
Ellis Nursing Home	Norwood	10/26/2022	New cases
Gloucester Healthcare	Gloucester	9/1/2022	Closure notice
Lanessa Extended Care	Webster	10/4/2022	Infection control
Parsons Hill Healthcare & Rehab Center	Worcester	11/1/2022	New cases
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy	8/10/2022	Closure notice
St. Patrick's Manor	Framingham	10/11/2022	New cases
Southeast Health Care Center	Easton	10/26/2022	Infection control
Webster Manor Healthcare & Rehab	Webster	11/1/2022	Infection control

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List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* https://tinyurl.com/SpeciialFocusFacilityProgram 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?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. **Massachusetts facilities listed (updated July 27, 2022)** **Newly added to the listing** • None **Massachusetts facilities not improved** • None **Massachusetts facilities which showed improvement** • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills **Massachusetts facilities which have graduated from the program** • None **Massachusetts facilities that are candidates for listing** • 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/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** Data updated August 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) # reported Deficiency Tag 249 **B** 79 **C** 7,092 **D** 1,857 **E** 552 **F** 489 **G** 1 **H** 33 **J** 7 **K**
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* 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:

	• **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. 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
Data on Ownership of Nursing Homes	**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.
Long-Term Care Facilities Specific COVID-19 Data	**Massachusetts Department of Public Health** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call to Action	• 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	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

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<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest
• Dick Moore
Special thanks to 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.</td></tr>
<tr><td colspan="4">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.</td></tr>
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