

The Dignity Digest

Issue # 115 November 21, 2022

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

Axios

November 19, 2022

Boomers' caregiving crisis

Aging baby boomers are living longer and have better financial safety nets than previous generations.

• They're also more likely to be divorced, live far from their children and be living with debt and a chronic condition, *Axios' Tina Reed reports*.

Why it matters: The U.S. isn't well-equipped to handle the largest generation of elderly adults in human history.

 That's because of an already <u>strained long-term care industry</u>, fewer <u>caregivers</u> to assist with their needs and a world that just isn't designed for them.

The big picture: By 2030, all baby boomers — which the Census Bureau defines as those born between 1946 and 1964 — will be considered seniors.

 The population of people 65 and older is expected to nearly double from 51 million people in 2017 to 95 million by 2060, per the Population Reference Bureau.

Between the lines: Changing family dynamics are leading to a growing gap in the number of family caregivers, Mark Mather, associate vice president of U.S. Programs at the Population Reference Bureau, tells Axios.

- Baby boomers generally had fewer children than their parents did —
 and their kids are more likely to have moved too far away to help out,
 Mather says.
- Baby boomers are also more likely to be divorced, which means they may not have a partner to care for them.
- Or they may have remarried with stepchildren, who studies show are less likely to care for an aging parent than biological children, says Sarah Patterson, a sociologist at the University of Michigan who specializes in demographic shifts in life expectancy.

Read the full story.

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Axios

November 19, 2022

Private equity's elder care race

A financial arms race is forming in senior care as private capital pours into the reshaping of elder care.

Why it matters: The perceived dangers of private equity entering senior care have largely focused on <u>nursing homes</u>, but the truth is, the dollars are flowing elsewhere.

Reality check: In fact, PE firms are estimated to own just 5% of U.S. nursing homes, per an industry trade group.

- "Most of the innovation and new business models that have been developed have been about trying to keep people out of long-termcare facilities," said Devin O'Reilly, managing director at Bain Capital.
- The capital is following that innovation.

The big picture: Older Americans are the biggest cost bucket in health care, but care delivery and outcomes are inconsistent.

- "This is a crisis for seniors to get better access to care because it's costing all of us a fortune," Advent International managing director Carmine Petrone said.
- The trend of people living longer, and the extended post-work lifestyle, means that "increasingly, society is understanding that their living situation is also really important to their health care situation," added Welsh, Carson, Anderson & Stowe general partner Sean Traynor.

Between the lines: COVID shed light on the disparities in health care across rural communities and low-income and marginalized populations.

- Addressing health inequities is low-hanging fruit for some investors and entrepreneurs, said General Atlantic managing director and global head of health care Robbert Vorhoff.
- His firm, alongside Town Hall Ventures, recently invested in Suvida Healthcare, dedicated to Hispanic seniors.
- "Where is the most potential to create value? It's finding people that have been least well served by the existing infrastructure."
- "We've got to figure out an efficient way to deliver care to rural America," Jeremy Gelber, senior managing director at Centerbridge Partners, said. "On average, America is older and sicker."

Context: Investors are focused on funding care delivery and technology companies that address every facet that can help people live independently and longer.

- In-home and community-based care dominate much of the thinking.
- Other large investment pockets are Medicare Advantage primary care, along with various home-based services and technologies ranging from infusion therapy to medication management.

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The investment angle is huge, said Meera Mani of Town Hall Ventures.
 "When you're talking about 50 million people and growing that are over the age of 65, that's multiple segments with multiple needs."

Zoom in: The high utilization of health care among the over-65 population makes for a gold rush that can't be matched elsewhere.

- On the Medicare side, there's scale and durability of spending, whereas investing behind sicker members of younger populations is trickier, Vorhoff said.
- And ultimately, "those are small dollars compared to the senior dollars," said Gelber. "[Investors] go where the dollars are because if you can manage those dollars better, in a value-based way, you have the opportunity to get paid well for it."

The bottom line: Elder care isn't a one-size-fits-all approach, and neither is the ever-evolving investment opportunity.

https://tinyurl.com/PrivateEquityElderCare

Axios

November 19, 2022

Sacrificing for long-term care

Share of middle-income seniors who will experience select limitations by 2033

	75 to 84 years old	85 years old or more
Three or more chronic conditions	53%	55%
Mobility limitations	50%	68%
Cognitive impairment	27%	40%
High needs	13%	22%
Limits in daily activities	4% 13%	

Long-term care will become an increasingly elusive need for aging baby boomers in the next decade, forcing some to spend down their assets in order to qualify for Medicaid.

Why it matters: The population of middle-class seniors in America will increase 89% to 16 million by 2033, according to data from NORC at the University of Chicago.

- Most will have chronic conditions and mobility difficulties, and nearly 75% won't be able to afford assisted living without selling their homes, the NORC data shows.
- Medicare doesn't pay for long-term care services, and just <u>7.5 million</u>
 Americans had separate long-term care insurance as of Jan. 1, 2020.

The big picture: Seniors with incomes too high to qualify for Medicaid are caught in a bind, having to either pay out of pocket for extended care or impoverish themselves in order to qualify for the safety net program.

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- "That's not anyone's best-case scenario," Caroline Pearson, senior vice president at NORC, told Axios. "That doesn't take advantage of their long-term financial assets. It doesn't keep them healthy and in place for as long as possible."
- Senior living providers say they can't provide enough affordable options for this demographic without more federal assistance.
- "Frankly, the long-term care system in this country is broken," Beth Martino, senior vice president of public affairs for the American Health Care Association/National Center for Assisted Living, said in an email.
- "It requires an entirely different business model and vigorously looking for loans and government programs to keep it going."

The big question: Pearson and others say it will take a combination of policy fixes to ease the burden on this population.

- Policymakers could pare other health care costs by capping Medicare premiums or otherwise lowering copays and other out-of-pocket expenses for older adults, said Tricia Neuman, who directs the Kaiser Family Foundation's program on Medicare policy.
- Adding dental, vision and hearing benefits to traditional Medicare —
 as Democrats unsuccessfully <u>tried</u> this Congress could also help,
 Neuman said.
- States can also raise or eliminate asset minimums for Medicaid eligibility, and expand the availability of Medicaid home- and community-based services. The Bipartisan Policy Center <u>recommends</u> that lawmakers create a pathway for Medicare beneficiaries to buy into Medicaid home care benefits.

What we're watching: Rep. Thomas Suozzi (D-N.Y.) proposed a long-term care insurance system funded by employer and worker contributions to a federal catastrophic long-term care fund.

- Taking catastrophic insurance out of the private market would allow insurance companies to create better, more affordable long-term care insurance products.
- But Suozzi is stepping down at the end of the year, and no one else has taken up the cause.
- "It takes some bravery," said Ruth Katz, senior vice president of public policy and advocacy policy at LeadingAge, which represents nonprofit aging service providers and is trying to keep the idea alive. "A payroll tax is 'them's fighting words.' And people get really exercised about it, even though it's less than 1%."

https://tinyurl.com/SacriifcingForLongTermCare

Axios

October 4, 2022

Home health, nursing homes look for year-end breaks in spending deal

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Long-term care and home health providers are ramping up pleas for financial relief in a year-end congressional spending deal, testing their influence against other health interests trying to tuck favorable provisions in the must-pass bill.

Why it matters: The wrangling over <u>health care "extenders"</u> is an annual rite, but there are higher stakes this year due to labor and supply chain issues and the after effects of the pandemic.

- Nursing homes accounted for nearly one-quarter of COVID-19 related deaths in the U.S and were targeted for reforms in President Biden's State of the Union address. But the industry is a vital cog in the health care system, caring for more than 1.4 million residents, as well as discharged hospital patients.
- Demand for home and community-based care surged during the pandemic, but a severe shortage of workers is threatening the option, even for people who have the financial means, per the <u>Washington</u> <u>Post</u>. Almost 5 million patients received home health services in 2017, per the <u>Centers for Disease Control</u>.
- Big home health companies like Amedisys, LHC and Aveanna that were poised to benefit from a shift to more in-home care could be hit by a steep proposed Medicare payment cut for 2023.

Where things stand: Congress has punted key funding decisions to the "lame duck" session, and Democrats have resisted <u>repurposing unspent</u> COVID-19 funds from earlier relief packages.

- Nursing homes say there will be closures without reliable government funding as the industry grapples with negative margins and a median occupancy rate around 77%.
- The home health industry is weighing <u>possible legal action</u> to halt the cuts it's facing while also putting its hopes behind <u>legislation</u> from Sens. Susan Collins (R-Maine) and Debbie Stabenow (D-Mich.) which would delay the reductions until 2026.

What they're saying: "We've seen from past rate reductions, reductions in access to care overall and the care people receive," Bill Dombi, president of the National Association of Home Care & Hospice, told Axios.

 "Our situation is much more exaggerated than other sectors in the space," Clif Porter, senior vice president of government relations at the American Health Care Association/National Center for Assisted Living, told Axios. "We've lost 14% of our workforce during COVID and we've had very marginal and slow recovery in that workforce. It's some of the lowest levels we've seen since the 1990s."

Yes, but: Nursing homes and home health agencies were overpaid by the Centers for Medicare and Medicaid Services due to an unintended increase in payments to the industries stemming from the current reimbursement system.

 The agency then delayed adjustments due to the pandemic. Now, some of the adjustments are coming due.

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 The Medicare Payment Advisory Commission <u>backs payment reforms</u>, saying the program has long overpaid for home health care. On nursing homes, it <u>notes the combination</u> of federal relief packages and recent changes that account for "case mix," or resources predicted to care for residents, have improved facilities' financial performance.

Go deeper: Medicare home health could potentially take a \$810 million payment cut next year, which the industry says will force agencies to reduce their coverage areas or the volume of patient visits.

- Raymond James analyst Chris Meekins expects CMS to soften the blow when it issues a final rule, possibly next month. But the cuts could be taken off the table entirely if Collins and Stabenow insert their three-year payment delay in a year-end spending package.
- Nursing homes that would have lost \$320 million under updated payment policies won concessions that will see reductions spread out over two years, along with a 2.7% pay bump for 2023.
- CMS said the decision amounted to "taking a more cautious approach in order to mitigate the potential negative impacts on the nursing home industry, such as facility closures or disproportionate impacts on rural and small facilities." Operators say it still doesn't match the increased costs they're facing.

What we're watching: Biden in his <u>State of the Union</u> called for "higher standards" for nursing homes, including minimum staffing requirements and financial incentives based on the quality of care delivered. Proposed rules could come next year.

 The industry is pushing back, saying a shortage of qualified workers and lack of funds to enforce a staffing mandate makes it unworkable. Industry-backed bills in the <u>House</u> and <u>Senate</u> would, among other things, extend pandemic-era staffing flexibilities and address workforce training and retention.

Keep in mind: Medicare <u>only covers</u> care services in nursing home facilities or at home for short-term recovery and discharge care. Long-term care must be paid for out-of-pocket or eventually by Medicaid.

- Experts say change is needed to the long-term payment system, and that at-home health can be more cost-effective than care offered in facilities.
- "We need to grow home and community-based care options while reimagining what a nursing home might look like," David Grabowski, a Harvard University health care policy professor, told Axios.
- While both home health and long-term care facilities are asking for more funding, Grabowski said the home health sector looks stronger, though he noted widespread nursing home closures haven't yet materialized.

The bottom line: With a pileup of health spending requests packed into a post-election session, the industries will be vying with doctors, hospitals, and other provider groups for year-end gifts. "December is going to be a mess," said Meekins.

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https://tinyurl.com/YearEndBreaks

Quotes of the Week

With a pileup of health spending requests packed into a post-election session, the [nursing home and home health care] industries will be vying with doctors, hospitals, and other provider groups for year-end gifts. "December is going to be a mess."

Chris Meekins, Raymond James analyst, *Home health, nursing homes look for year-end breaks in spending deal,* **Axios,** October 4, 2022, https://tinyurl.com/YearEndBreaks

As private equity continues to consolidate the home healthcare and hospice industries through acquisitions and add-on investments, it is increasingly important to ensure that private equity's outsized profits do not come at the expense of patient care. Policymakers should implement laws that promote greater transparency and oversight over private equity transactions in the home healthcare and hospice industries to guard against excesses that could harm patients and employees alike.

Private Equity at Home: Wall Street's Incursion into the Home Healthcare and Hospice Industries, Private Equity Stakeholder Project, March 2022, https://tinyurl.com/PrivateEquityAtHome

"This is not just an issue. This is a crisis. We are caring for patients in the hallways of our emergency departments. There is a huge capacity crisis, and it's becoming more and more impossible to take care of patients correctly and provide the best care that we all need to be providing."

Anne Klibanski, president and CEO of Mass General Brigham, RSV, covid and flu push hospitals to the brink — and it may get worse, *Washington Post, November 20, 2022, https://tinyurl.com/CovidFluPushHospitals

"It's never too late (to follow your dream)".

Angela Alvarez, 95-year-old Grammy winner, *Grandmother wins her first Latin Grammy at the age of 95*, **Today – NBC**, November 17, 2022, https://tinyurl.com/GrandmotherWinsGrammy

This idea that old age is associated with only declines is not true. There are studies that have been done all over the

world which show that in people who keep active physically, socially, mentally, and cognitively there is increased connectivity among specific networks, and even new neurons and synapses can form in selected brain regions with older age."

<u>Dr. Dilip Jeste</u>, a psychiatrist who has studied aging at the University of California, San Diego, *President Biden Is Turning 80. Experts Say Age Is More Than a Number*. **New York Times (free access)**, November 19, 2022, https://tinyurl.com/BidenTurning80

"When people need long-term care, where are those beds going to be? If people need in-home care, which is in many ways preferable to being institutionalized, how are we going to pay for that? Right now, our health care systems are not well set up to support that kind of care."

Michael Steinman, professor at the University of California, San Francisco's Division of Geriatrics, *Boomers' caregiving crisis*, **Axios**, November 19, 2022, *Read the full story*.

"We need to grow home and community-based care options while reimagining what a nursing home might look like."

David Grabowski, Harvard University health care policy professor, *Home health, nursing homes look for year-end breaks in spending deal*, **Axios**, October 4, 2022, https://tinyurl.com/YearEndBreaks

"This is a crisis for seniors to get better access to care because it's costing all of us a fortune."

Carmine Petrone, managing director, Advent International, *Private equity's elder care race*, **Axios**, November 19, 2022, https://tinyurl.com/PrivateEquityElderCare

The investment angle is huge. "When you're talking about 50 million people and growing that are over the age of 65, that's multiple segments with multiple needs."

Meera Mani, Town Hall Ventures, *Private equity's elder care race*, **Axios**, November 19, 2022, https://tinyurl.com/PrivateEquityElderCare

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"The goal of this transition is to support and build a talented team that's prepared to begin to deliver for people on day one."

Kim Driscoll, Massachusetts Lt. Governor-Elect, *Here are the Healey administration's transition policy committees,* **Mass.live.com,** November 18, 2022, https://tinyurl.com/HealeyTransitionCommittee

The task may be herculean, but clean hands are needed to power wash the Augean stables.

Margaret Morganroth Gullette, Resident Scholar at the Women's Studies Research Center at Brandeis University and a member of Dignity Alliance Massachusetts, *Next administration has tall order: dig into state's nursing homes,* *Boston Globe, November 18, 2022,

https://tinyurl.com/NextAdministrationTallOrder

The exponential growth in these private equity investments in recent years "has been associated with a host of trends that are negatively impacting the American people" — including an increase in nursing home mortality rates. [There is a] need to "better understand" the consequences of private equity's involvement in health care and "the farreaching impact" of "bankruptcies or closures following PE buyouts."

Rep. Bill Pascrell (D-N.J.), who chairs the Ways and Means Oversight Subcommittee, *Private Equity Ownership of Nursing Homes Triggers Capitol Hill Questions* — And a GAO Probe, **Kaiser Health News**, April 18, 2022, https://tinyurl.com/TriggersCapitalHillQuestions

Dignity Series

A set of three poems published in *Generations Today* November-December 2022

By Sandy Alissa Novack

Sandy Alissa Novack, MBA, MSW, is a geriatric social worker and disability advocate. She worked for nearly two decades in housing for independent elders and younger people with disabilities, and during the

Escape

Τ

walk into your hospital room and all is somber But your aide with the quick smile and hearty laugh is there

And I can't stop myself from noticing a rope hanging outside your window.

You and the aide had not noticed it before.

The elf in me starts a running story about how you and I will escape down the rope to many doors below,

Where we will then start humming as if we are just out for a walk,

While the aide still up in the room cuts the rope, and brings it into your (now) former room,

To hide the evidence of our escape.

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pandemic. Sandy is an active member of Dignity Alliance Massachusetts and regular contributor to *The Dignity Digest*.

The aide is now doubled over with laughter,

And looks up and down out the window with me as we try to

figure out who left us the rope to escape with,

And will we run into them once you and I start descending the rope?

We do have one obstacle: Hospital windows no longer open...

But for a few minutes there,

You, your caregiver, and I shared some levity,

And we can now address the seriousness of the

hospitalization with renewed energy and fresh eyes.

This is dignity: To have people around you who see all of you, not just your health or disability symptoms, and offer you some relief and escape when needed.

The Piano Man

Hospital

Rehab

Assisted Living.

Back to the hospital

Rehab

Assisted Living.

And repeat the care continuum again.

Repeat.

Repeat.

We are limited as to where you can be discharged;

We don't want you in just any rehab bed.

You need a bed with a piano nearby.

It is playing the piano that will heal you.

Not all rehab facilities have pianos.

What? He can't leave his room to play the piano

in your function room?

My piano man is heart-broken and frustrated

But undaunted. In lieu of the piano, he can use a small, moveable keyboard.

On goes the face mask and the disposable gloves.

He and the keyboard are united.

Patients, their caregivers, look in and listen:

In a rehab facility in Timbuktu,

Sits an elder wearing a johnny, a face mask, and nitrile gloves,

Playing the best music they will ever hear.

This is dignity: To use the gift God gave you,

No matter what your health is, no matter where you are.

Outside

We step outside together,

Not that easy for you to do these days with your health.

The sun hurts your eyes at first, like a prisoner emerging

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	from solitary confinement.	
	You grip your walker more tightly.	
	We have gotten outside together this day	
	As we have loved to do for the decades past	
	And there is no turning back for us now either.	
	We walk the length of the facility's veranda to get your body	
	moving.	
	Your walk is much slower and pained than before	
	But determined.	
	We sit on the veranda bundled up in winter coats and hats.	
	The brisk air is clean and fresh on our faces	
	Unlike the stifling small room you have inside.	
	I so understand why you need outdoor air.	
	We watch some cars pull up to pick up and drop off	
	passengers.	
	A whole world is outside your single room.	
	Please breathe that in, too.	
	This is dignity: To get out in the world and inhale the life	
	beyond our walled-in structures.	
Olmstead Class Action Suit:	1. Center for Public Representation	
Request for Input	Although the Commonwealth claims to provide community options for people	
	with disabilities in nursing facilities, or those at serious risk of being admitted to	
	nursing facilities, there is not reliable data on how many nursing facility residents	
	could be transitioned to appropriate community living arrangements. If you	
	know of any legislative or executive agency studies, analysis, reports, findings,	
	recommendations, or Olmstead planning documents, including any data or data	
	sources, that address the unnecessary institutionalization of people with	
	disabilities in nursing facilities, please contact Jeni Kaplan (jkaplan@cpr-ma.org)	
	or Steven Schwartz (sschwartz@cpr-ma.org). Information and data since 2010	
	are most useful.	
Inspiration - Updated	2. Today – NBC	
·	November 17, 2022	
	Grandmother wins her first Latin Grammy at the age of 95	
	The best new artist of 2022 is a Cuban American grandmother living out her	
	dream of being a professional musician at the age of 95.	
	Angela Alvarez tied with Silvana Estrada for best new artist at the Latin Grammys	
	on Nov. 17, winning her first Grammy.	
	https://tinyurl.com/GrandmotherWinsGrammy	
Dignity Votes 2022	3. Healey / Driscoll Transition Team	
	https://healeydriscolltransition.com	
	Get to know Maura & Kim	
	Transition Committees	
	Share Your Ideas	
	Join the Team	
	4. Mass.live.com	
	November 18, 2022	
	Here are the Healey administration's transition policy committees	
	Six "urgent" needs affecting Bay Staters, including transportation and affordable	
	housing, forge the basis of transition policy committees unveiled by Govelect	
	mousing, rouge the basis of transition policy committees unveiled by Govelect	

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<u>Maura Healey</u> and Lt. Gov-elect <u>Kim Driscoll</u> Friday as they ramp up preparation efforts before taking the corner office this January.

The all-female executive pair said their newly tapped committee leaders — representing a vast array of community members, as well as nonprofit and business heads — are charged with applying "an equity and affordability lens to their work, always considering the ways in which historically marginalized communities may be impacted and how to alleviate economic burdens for Massachusetts residents."

Attorney General Healey already named Driscoll, the mayor of Salem, as the transition chair. But the incoming administration on Friday also announced the appointment of Danielle Cerny, former deputy chief of staff to former Rhode Island. Gov. Gina Raimondo, as transition director.

The six transition committees are called: "How We Get Around," "Affordable, Abundant Housing," "Climate Readiness, Resiliency and Adaptation," "Jobs and a Flourishing Economy for All," "Thriving Youth and Young Adults," and "Safe and Healthy Communities for All Ages."

"The goal of this transition is to support and build a talented team that's prepared to begin to deliver for people on day one," Driscoll said in a statement Friday morning. "Our team is working hard and continuing to engage the public by reviewing the ideas submitted to us and gathering applications from those interested in joining our administration."

https://tinyurl.com/HealeyTransitionCommittee

5. *Boston Globe

November 18, 2022

Maura Healey announces 15 transition team hires

Ten days after her historic win, Governor-elect Maura Healey announced 15 committee co-chairs will join her transition team as she prepares to take office in January.

The Cambridge Democrat, who won the Nov. 8 election by a landslide, announced Friday a transition team that includes former state transportation leaders, community advocates, business and nonprofit leaders, and a former White House official.

She had previously announced that Salem Mayor Kim Driscoll, the lieutenant governor-elect, will chair the transition. The team had also launched <u>a website</u> to solicit applications from those who wish to serve in the administration as well as offer the public a chance to weigh in on what an incoming Healey administration should prioritize. . .

The transition will be led by Danielle Cerny, a former legislative aide and aide to former Rhode Island governor Gina Raimondo. Cerny is a visiting fellow at the Harvard Kennedy School, where she has focused on transitioning newly elected mayors and governors. . .

The committee focusing on youth and adults will be led by Worcester Public Schools Superintendent Rachel H. Monárrez and Amanda Fernandez, CEO, and founder of Latinos for Education.

The health committee will be chaired by Michael A. Curry, CEO of Massachusetts League of Community Health Centers, and Aisha E. Miller, vice president of real estate firm Related Beal. Miller is a former legislative aide and cabinet member under former mayor Martin J. Walsh.

https://tinyurl.com/15TransitionTeamHires

Survey Opportunity

6. Encore Boston Network

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	1	
		What Do Older Workers Want?
		What do older adults want in the workplace? Was there a "great retirement" or
		a "quiet firing"? If older adults are thinking about re-entering the workplace,
		what would entice us? To get answers to these questions and more, Encore
		Boston Network is joining with others in a national survey. We invite you to
		participate by taking 5 minutes to complete the survey. Results will be shared
		widely. Help us educate employers. Complete the survey and enter to win a gift
		card.
		TAKE THE SURVEY NOW
Opportunity for Input	7.	Administration on Community Living
		Comment on the National Strategy to Support Family Caregivers
		Comment period closes November 30.
		The public comment period for the 2022 National Strategy to Support Family
		<u>Caregivers</u> will close at 11:59 PM on November 30, 2022. The Strategy, which
		was released on September 21, 2022, 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.
		The Strategy is intended to serve as a national roadmap to better recognize and
		support 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 year 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.
		ACL leads implementation of the RAISE and SGRG Acts and facilitates the work of
		both advisory councils. ACL is requesting comments on:
		1. The most important topics/issues for the advisory councils to focus on
		moving forward; and
		2. Issues that were not covered by the initial strategy that should be addressed
		in future updates.
		Comments can be submitted via an online form. Respondents have the option to
		comment on each individual component of the Strategy or provide comments
		about the Strategy as a whole.
		For additional information on the Strategy, contact Greg Link.
Reports	8.	Private Equity Stakeholder Project
		March 2022
		Private Equity at Home: Wall Street's Incursion into the Home Healthcare and
		Hospice Industries
		As the pandemic continues to change the way Americans view healthcare, the
		home healthcare and hospice industries continue to proliferate as viable
		alternatives to traditional nursing homes and hospitals. The growth of these
		industries has made them attractive targets for private equity investment.
		The Private Equity Stakeholder Project's latest report, Private Equity at Home:
		Wall Street's Incursion into the Home Healthcare and Hospice Industries,
		highlights several large private equity- owned home healthcare and hospice
		companies that have been scrutinized.
		While non-profits have previously constituted the majority of home healthcare
		and hospice companies, both sectors are now dominated by for-profit
		companies. Although the industries remain fragmented, private equity firms

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have acquired large home healthcare and hospice companies and consolidated smaller ones to establish large footholds in both industries. For-profit home healthcare and hospice companies have experienced their share of controversy, including:

- Underpaid and overworked employees (who are mostly women of color);
- Medicare fraud; and
- Lower quality of care compared to their non-profit counterparts. Such problems have the potential to be exacerbated by the common private equity strategy of pursuing outsized returns over relatively short periods of time (e.g., 25% return over a period of 3-7 years).

Companies like Brightspring Health Services, Interim Healthcare and Aveanna Healthcare are examples of controversial home healthcare and hospice companies that are, or were previously, owned by private equity firms:

- Brightspring Healthcare (KKR, Onex Corporation) has been subject to a number of wage theft lawsuits and investigations related to lapses in patient care.
- Interim Healthcare (Levine Leichtman Capital Partners, Wellspring Capital)
 has been investigated for violations of the False Claims Act, similar to other
 companies under its private equity owner's control.
- Aveanna Healthcare (J.H. Whitney and Bain Capital) was subject to a Bloomberg investigation that shed light on its cost-cutting practices and their relationship to staffing issues and patient neglect.

As private equity continues to consolidate the home healthcare and hospice industries through acquisitions and add-on investments, it is increasingly important to ensure that private equity's outsized profits do not come at the expense of patient care. Policymakers should implement laws that promote greater transparency and oversight over private equity transactions in the home healthcare and hospice industries to guard against excesses that could harm patients and employees alike.

https://tinyurl.com/PrivateEquityAtHome

Events

9. Special Ceremony Celebrating the Passage of Disability History Commission Bill Tuesday, November 22, 2022, 2:00 to 3:00 p.m.

MetFern Cemetery, Waltham, MA

Massachusetts has passed groundbreaking human rights legislation to create a disability-led commission to investigate the history of state institutions, including locating and identifying individuals buried in nameless and unmarked graves. Please join advocates on November 22 at 2 pm for remarks honoring former institutional residents and the passage of the Special Commission on State Institutions by Secretary of Health and Human Services Marylou Sudders, Assistant Senate Majority Leader Mike Barrett, and Representative Sean Garballey at MetFern Cemetery in Waltham, the final resting place for 296 people who once lived at the Metropolitan State Hospital and Fernald State School.

Rain Location is Gann Academy, 333 Forest St., Waltham, MA 02452

Information: https://tinyurl.com/MetFernInfo

Registration: https://tinyurl.com/MEtFermCemetaryEvent

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Webinars and Online	10. Encore Boston Network
Sessions	Wednesday, November 30, 2022, 12:00 to 1:00 p.m.
	Rethinking Volunteerism
	For generations, volunteers have been helping communities solve problems. The
	pandemic disrupted that. But disruption can push us to reinvent our accepted
	approaches. Beth Steinhorn, president of VQ Volunteer Strategies and co-editor
	of the new book, Transforming Disruption to Impact, will help us rethink
	volunteer engagement for a rapidly changing world. Offered by the Encore
	Network.
	REGISTER HERE
	11. Encore Boston Network
	Wednesday, December 14, 2022, 10:00 to 11:00 a.m.
	Mastering the Multigen Workforce
	There are now 5 generations in the workplace and people over 50 make up 25%
	of the labor market. But as the workforce becomes more age-diverse, can
	people of all ages work together? Learn about the myth of generational conflict,
	why mixed-age teams excel, and tips for navigating the new world of work. Kara
	Cohen of AARP Massachusetts will interview author and Marketplace economist
	Chris Farrell.
	REGISTER HERE
Previously posted webinars	Previously posted webinars and online sessions can be viewed at:
and online sessions	https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	12. *Boston Globe
	November 18, 2022
	Next administration has tall order: dig into state's nursing homes
	Re "One-party rule could be mixed blessing for Healey: When Democrats hold all
	the cards, unity often elusive" (Page A1, Nov. 13): The new "triangle of power"
	on Beacon Hill has an immense job ahead: improving nursing homes. Of the
	more than 20,600 Massachusetts residents lost to COVID-19, more than 6,200 of
	them resided in a nursing home. Tens of thousands of family members grieve
	these losses every day. They wonder what went wrong and who will fix it.
	Current survivors in these facilities, meanwhile, should be fiercely protected
	from infection, abuse, neglect, understaffing, and fear of closure.
	In the past few years, there has been no audit of the funds provided to nursing
	facilities. An audit should assure the public that a significant amount of that
	money actually goes to staffing. Audits ought to be consolidated to cover third-
	party arrangements, such as rent, catering, and other areas. Are operators of
	these facilities meeting regulations requiring a minimum of care hours per
	resident and ensuring safety and comfort? Are they required to limit new
	admissions, given staff shortages?
	While much of this will fall to the newly elected state auditor, Diana DiZoglio, the
	cleansing of the industry under the next administration will require cooperation
	among Attorney General Andrea Campbell, Governor Maura Healey, Healey's
	head of health and human services — everyone ameliorating the hardships of
	growing older with disability. The task may be herculean, but clean hands are
	needed to power wash the Augean stables.
	Margaret Morganroth Gullette, Newton
	[Editor's note: Margaret Morganroth Gullette is a Resident Scholar at the
	Women's Studies Research Center at Brandeis University and a member of
	Dignity Alliance Massachusetts.]

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https://tinyurl.com/NextAdministrationTallOrder

13. Kaiser Health News

April 18, 2022

Private Equity Ownership of Nursing Homes Triggers Capitol Hill Questions — And a GAO Probe

The Government Accountability Office, for instance, is investigating the ownership of nursing homes, including by private equity firms, and expects to issue a report in the fall, said Chuck Young, the GAO's managing director of public affairs. "The full scope of what we will cover has not been set yet, however the work will likely be focused on the information [the Centers for Medicare & Medicaid Services] has about nursing home ownership and how the agency uses that information," Young wrote in an email.

The investigation comes in response to a pre-pandemic request from House Ways and Means Committee Chairman Richard Neal (D-Mass.). Yet the pandemic has also underscored the importance of oversight of nursing homes, in light of the lives lost to covid-19.

Rep. Bill Pascrell (D-N.J.) submitted <u>a second request</u> to the GAO in 2021 regarding private equity investments in health care. It's in GAO's queue, but work on it hasn't started, Young said.

The exponential growth in these private equity investments in recent years "has been associated with a host of trends that are negatively impacting the American people" — including an increase in nursing home mortality rates, wrote Pascrell, who chairs the Ways and Means Oversight Subcommittee. He noted the need to "better understand" the consequences of private equity's involvement in health care and "the far-reaching impact" of "bankruptcies or closures following PE buyouts."..

From 2010 to 2019, there was a large increase in private equity companies buying up nursing homes, along with other investments in health care. An exact figure is elusive because private purchases are difficult to track, but it's estimated that such groups own anywhere from 5% to 11% of nursing homes nationwide.

A growing body of research shows that health outcomes in private equity-owned facilities are worse than in those under other ownership. A <u>February 2021 study</u> from the National Bureau of Economic Research found that going to a facility owned by a private equity firm increased the chance that a resident would die by 10%, compared with living in another type of facility. That study was conducted from 2005 to 2017.

A <u>November 2021 Cornell University study</u> found that residents of private equity-owned nursing homes were more likely to have emergency room visits or be hospitalized than residents of other for-profit homes. Both studies found that Medicare's costs per resident were higher, meaning more taxpayer dollars were being spent in private equity facilities.

https://tinyurl.com/TriggersCapitalHillQuestions

Healthcare

14. *Washington Post

November 20, 2022

RSV, covid and flu push hospitals to the brink — and it may get worse
Hospitals across the United States are overwhelmed. The combination of a
swarm of respiratory illnesses (RSV, coronavirus, flu), staffing shortages and
nursing home closures has sparked the state of distress visited upon the already

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	overburdened health-care system. And experts believe the problem will
	deteriorate further in coming months
	The staffing shortages extend beyond physicians and nurses, and include
	technicians, respiratory therapists, and other hard-to-fill jobs
	More than half a million people in the health-care and social services sectors quit
	their positions in September — evidence, in part, of burnout associated with the
	coronavirus pandemic — and the American Medical Association says <u>1 in 5</u>
	doctors plan on leaving the field within two years.
	The shortages have hit the health-care system like a tsunami, according to
	Thomas Balcezak, chief medical officer at Yale New Haven Health Hospital. He
	said physicians, nurses and support staff have experienced a shift in how the
	public treats them compared with 2020
	The hospital bottleneck is only going to get worse. During the pandemic, 327
	nursing homes were shut down nationwide, causing 12,775 residents to be
	displaced, and more were projected to close this year.
	Parrinello said nursing home bed availability in her region has gone from 4,500
	to 3,000 because of facility closures. But most of the capacity issues can be
	attributed to existing nursing homes not being able to manage their capacity.
	"They don't have the staff to keep the beds open and take in those patients,"
	Parrinello said.
	https://tinyurl.com/CovidFluPushHospitals
Aging Topics	15. New York Times (free access)
	November 19, 2022
	President Biden Is Turning 80. Experts Say Age Is More Than a Number. The New York Times spoke to 10 experts in aging to paint a picture of what the
	next six years might look like for a person of the president's age
	President Biden has said it is a "legitimate question to ask anybody over 70 years
	old whether or not they're fit" to serve in the White House. To those who
	question his fitness, he has a stock answer: "Watch me."
	But while the risk of life-threatening diseases, dementia and death rises faster
	with each passing decade of a person's life, experts in geriatrics say that people
	in their 80s who are active, engaged and have a sense of purpose can remain
	productive and healthy — and that wisdom and experience are important
	factors to consider
	The New York Times spoke to 10 experts in aging to paint a picture of what the
	next six years might look like for a person of the president's age
	Scientists who study aging stress that chronological age is not the same as
	biological age — and that the two often diverge as people grow older. It is true
	that older people tend to decline physically, and the brain also undergoes
	changes. But in people who are active, experts say, the brain continues to evolve
	and some brain functions <u>can even improve</u> — a phenomenon experts call the
	"neuroplasticity of aging."
	https://tinyurl.com/BidenTurning80 *May require registration before accessing article
Dignity Alliance	*May require registration before accessing article. Information about the legislative bills which have been endorsed by Dignity Alliance
Dignity Alliance	Massachusetts, including the text of the bills, can be viewed at:
Massachusetts Legislative	https://tinyurl.com/DignityLegislativeEndorsements
Endorsements	Questions or comments can be directed to Legislative Work Group Chair Richard
	(Dick) Moore at rmoore8473@charter.net.
Websites	Massachusetts Senior Medicare Patrol (SMP) Program
	10

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	https://www.masmp.org/		
	The Massachusetts Senior Medicare Patrol (SMP) Program is a statewide		
	partnership between community-based organizations and mainstream		
	agencies. Our objective is to reach and educate Medicare and Medicaid		
	beneficiaries, family members, caregivers, and professionals on the		
	importance of being engaged healthcare consumers to prevent healthcare		
	errors, fraud and abuse.		
	The MA SMP Program is designed to provide education and resources on how to address healthcare errors, fraud and abuse for Medicare and Medicaid beneficiaries, family members, caregivers, and professionals, with a focused effort on reaching limited English proficient, Native Americans and		
	other hard-to-reach populations.		
Previously recommended	The comprehensive list of recommended websites has migrated to the Dignity		
websites	Alliance MA website: https://dignityalliancema.org/resources/. Only new		
websites	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	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	Royal Health Cape Cod		
change of ownership in	Royal Health Cotuit		
Massachusetts	Royal Health Falmouth		
iviassaciiusetts	Royal Health Megansett		
	no ja neam meganacu		

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	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	See: https://dignityalliancema.org/about/organizations/
Massachusetts Members	
Assisted Living Residences	Motif by Monarch (previously Landmark at Ocean View), Beverly, July 2022
Closures	Connemara Senior Living, Brockton, Summer 2022
	Landmark at Longwood, Mission Hill, Boston, October 5, 2022
Nursing homes with	Massachusetts Department of Public Health
admission freezes	Temporary admissions freeze
	On November 6, the state <u>announced</u> 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 a concession of the second control

- 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 17, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attleboro	8/31/2022	Closure notice
Belvidere Healthcare Center	Lowell	11/15/2022	New cases
Cape Heritage Rehab and Health Cen.	Sandwich	10/26/2022	Infection Control
Care One at New Bedford	New Bedford	11/8/2022	New cases
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

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Elaine Center at Hadley	Hadley	11/1/2022	New cases
Glenridge Nursing Care Center	Medford	11/8/2022	New cases
Gloucester Healthcare	Gloucester	9/1/2022	Closure notice
Lanessa Extended Care	Webster	10/4/2022	Infection control
Life Care Center of the North Shore	Lynn	11/15/2022	New cases
Parsons Hill Healthcare & Rehab Center	Worcester	11/1/2022	New cases
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy	8/10/2022	Closure notice
Shrewsbury Nursing & Rehab Center	Shrewsbury	11/8/2022	New Cases
Webster Manor Healthcare & Rehab	Webster	11/1/2022	Infection control
Worcester Nursing & Rehab Center	Worcester	11/8/2022	New cases

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

https://tinyurl.com/SpeciialFocusFacilityProgram

Updated October 26, 2022

CMS has published a new list of <u>Special Focus Facilities</u> (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

• Attleboro Healthcare, Attleboro

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https://tinyurl.com/AttleboroHealthcare

Massachusetts facilities which showed improvement

 Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills

Massachusetts facilities which have graduated from the program

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

Massachusetts facilities that are candidates for listing

 Charwell House Health and Rehabilitation, Norwood https://tinyurl.com/Charwell

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225208

 Medway Country Manor Skilled Nursing and Rehabilitation, Medway https://www.medwaymanor.com/

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225412

• Mill Town Health and Rehabilitation, Amesbury

No website

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225318

• Plymouth Rehabilitation and Health Care Center

https://plymouthrehab.com/

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225207

• Savoy Nursing and Rehabilitation Center, New Bedford

No website

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225423

• South Dennis Healthcare, South Dennis

https://www.nextstephc.com/southdennis

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225320

• Tremont Health Care Center, Wareham

https://thetremontrehabcare.com/

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225488

Vantage at Wilbraham

No website

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225295

Vantage at South Hadley

No website

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/homes/h-225757

Watertown Rehabilitation and Nursing Center, Watertown (added in June)
 No website

Nursing home inspect information:

https://projects.propublica.org/nursing-homes/h-225425 https://tinyurl.com/SpeciialFocusFacilityProgram

Nursing Home Inspect

ProPublica

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Nursing Home Inspect Data updated November 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** 250 В C 82 7,056 D 1,850 Е 546 F 487 31 н Ι 1 40 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 **Centers for Medicare and Medicaid Services** Data on Ownership of Data on Ownership of Nursing Homes **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

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	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 <u>data.cms.gov</u> and updated monthly.			
Long-Term Care Facilities	Massachusetts Departme	•		
Specific COVID-19 Data	Long-Term Care Facilities Specific COVID-19 Data			
Specific COVID 13 Data	_		related to long-term care facilities in	
	Massachusetts.			
	Table of Contents			
	 COVID-19 Daily D 	ashboard .		
	COVID-19 Weekly	<u> Public Health Repo</u>	<u>ort</u>	
	 Additional COVID 	-19 Data		
	CMS COVID-19 N	ursing Home Data		
DignityMA Call to Action	The MA Senate release			
	DignityMA Response to Reimagining the Future of MA.			
	Advocate for state bi	lls that advance the	Dignity Alliance Massachusetts' Mission	
	and Goals - State Leg			
	Support relevant bills	s in Washington – <u>Fe</u>	ederal Legislative Endorsements	
	 Join our Work Group 			
		-	t our workshops: Engaging Everyone:	
	Creating Accessible,	Powerful Social Med	dia Content	
Access to Dignity Alliance	Email: info@DignityAllian			
social media	Facebook: https://www.f			
	Instagram: https://www.i			
	LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts			
	Twitter: https://twitter.com/dignity_ma?s=21			
	Website: www.DignityAllianceMA.org			
Participation opportunities	Workgroup	Workgroup lead	Email	
with Dignity Alliance	General Membership	Bill Henning	bhenning@bostoncil.org	
Massachusetts	5 1 1 111 111	Paul Lanzikos	paul.lanzikos@gmail.com	
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	
Most workgroups meet bi-	Communications	Pricilla O'Reilly	prisoreilly@gmail.com	
Most workgroups meet bi- weekly via Zoom.		Pricilla O'Reilly Samantha		
		Pricilla O'Reilly Samantha VanSchoick	prisoreilly@gmail.com svanschoick@cil.org	
weekly via Zoom.	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu	
weekly via Zoom. Please contact workgroup	Communications Facilities (Nursing	Pricilla O'Reilly Samantha VanSchoick	prisoreilly@gmail.com svanschoick@cil.org	
weekly via Zoom.	Facilities (Nursing homes, rest homes,	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living)	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services Housing	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain Meg Coffin Bill Henning	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org bhenning@bostoncil.org	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services Housing Legislative	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain Meg Coffin Bill Henning Richard Moore	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org bhenning@bostoncil.org rmoore8743@charter.net	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services Housing Legislative Legal Issues	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain Meg Coffin Bill Henning Richard Moore Jeni Kaplan	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org bhenning@bostoncil.org rmoore8743@charter.net jkaplan@cpr-ma.org	
weekly via Zoom. Please contact workgroup lead for more information	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services Housing Legislative Legal Issues Veteran Services	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain Meg Coffin Bill Henning Richard Moore Jeni Kaplan James Lomastro	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org bhenning@bostoncil.org rmoore8743@charter.net jkaplan@cpr-ma.org jimlomastro@comcast.net	
weekly via Zoom. Please contact workgroup	Facilities (Nursing homes, rest homes, assisted living) Home and Community Based Services Housing Legislative Legal Issues Veteran Services For a free weekly subscrip	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow Arlene Germain Meg Coffin Bill Henning Richard Moore Jeni Kaplan James Lomastro	prisoreilly@gmail.com svanschoick@cil.org Iforrow@bidmc.harvard.edu agermain@manhr.org mcoffin@centerlw.org bhenning@bostoncil.org rmoore8743@charter.net ikaplan@cpr-ma.org jimlomastro@comcast.net Digest:	
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Note of thanks

Thanks to the contributors to this issue of *The Dignity Digest*

- Marianne DiBlasi
- Margaret Morganroth Gullette
- Dick Moore
- Steve Schwartz

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 <u>The Dignity Digest</u> or have questions or comments, please submit them to <u>paul.lanzikos@gmail.com</u>.

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.

The Dignity Digest