	# The Dignity Digest Issue # 116 November 28, 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	*When the Treatment of Last Resort Sends a Life into Limbo* **New York Times (free access)** November 27, 2022 By Daniela J. Lamas Dr. Lamas, a contributing Opinion writer, is a pulmonary and critical-care physician at Brigham and Women's Hospital in Boston. https://tinyurl.com/LifeIntoLimbo [Editor's note: This is a timely, thought-provoking essay. You are encouraged to read it in full. It is accessible for free via the link. It echoes some of the debate that was occurring during the early days of the pandemic regarding the development of crisis standards of care. The issues involving the use (and ending of use) of advanced technologies in life-sustaining care are ever more prevalent and unresolved. Readers of *The Dignity Digest* are invited to share their perspectives which can help inform policy considerations for the Dignity Alliance and others. Submissions will be shared in future issues of *The Digest.* Your thoughts can be submitted via: https://forms.gle/EZLSqZcZtMMwvBt39.] Francia Bolivar Henry was going to be the miracle patient. A pastry chef in her 30s with a captivating smile, she was funny and kind, loved Missy Elliott and chocolate souffle. Even as she battled a life-threatening disease, trapped in the intensive care unit while hooked to a machine that had taken over the functioning of her lungs, she found moments of joy. Once you met her, it was hard not to believe that she would beat the odds and survive. That's what struck me when I cared for Ms. Henry in the intensive care unit one weekend late this past spring. She had been admitted to Brigham and Women's Hospital in Boston, where I work as a critical-care doctor, more than a month before, with a collapsed lung that would not reinflate and severely low oxygen levels. Though for years she had suffered from sarcoidosis — an inflammatory disease that can affect the lungs — it was still a shock when the doctors told her that the damage was so extensive that a transplant was her only option. . . Though it has been used for lung and heart failure for decades, ECMO came into the public eye more recently during the first wave of the pandemic as a last-ditch intervention for the sickest patients with Covid-19, whose lungs

were so destroyed that they needed time on lung bypass to recover. Since then, its use has increased in patients waiting for heart or lung transplants, and for those with respiratory failure because of pneumonia or asthma, a trend that is only anticipated to continue. At my hospital we now have a dozen machines, up from five before the pandemic.

But the decision to begin ECMO is a complicated one, because life on the machine is fraught with danger. Once on the machine, Ms. Henry knew that at any moment, she could have a life-threatening clot, a devastating hemorrhage, or a stroke. While those on dialysis for the kidneys or with a ventricular assist device for the heart can live at home for years, as of now there is no such technology for destroyed lungs. While on ECMO, patients cannot live outside the I.C.U. They need constant monitoring, often daily blood transfusions, and the longer they wait, the more complications they face.

Though we increasingly push the boundaries with ECMO, it's not designed for long-term use. That's why doctors talk about the machine as a bridge rather than a destination. It is either a bridge to lung recovery or to transplant if recovery is impossible. This very fact is remarkable.

Patients like Ms. Henry, who would have died without the hope of transplant, are given a second chance at life. But it is a strange second chance, lived under the shadow of an almost intolerable reality: If transplant or recovery is not possible, then the machine becomes what we refer to as a "bridge to nowhere" and has to stop. Doctors make this clear when patients or, more often, their family consent to start ECMO. But can anyone truly understand that unthinkable possibility in the heat of the moment, when they or their loved one cannot breathe and would grasp at any chance at life, as was the case for Ms. Henry? And even if they could, what could they possibly do with that information? . .

Though this case occurred years ago, the conversations today are much the same. If transplant is off the table, the machine should stop. But as the use of ECMO continues to increase, including for patients who are bridging to lung transplant, I want to understand *why* we as a medical community have determined that these machines should not continue indefinitely. This question might seem limited to this one machine, this one scenario. But here at the forefront of modern medicine, we will inevitably find ourselves facing other profoundly difficult questions and unimaginable realities like this one. And the way we respond gets to the very heart of what it means to be a doctor caring for a patient.

Now, when it comes to ECMO, it's essential to acknowledge that this machine is inherently different from a ventilator, which patients can and do stay on indefinitely. It is the riskiest and most labor-intensive mode of life support we have, and in many cases, when a patient will never wake up again or interact meaningfully with loved ones, continuing ECMO serves only to prolong a life without quality. For these patients and their families, more time on lung bypass means only more suffering. The greater ethical challenge comes in cases where ECMO could enable a patient to continue a life that could be

	perceived as acceptable when compared with the alternative of death, for days or weeks or maybe even longer. . . For doctors like me, the primary question should be not one of resources but instead our duty to the person in front of us. A bridge to nowhere means that we know, with no uncertainty, that this patient will not survive hospitalization. Acknowledging that fact, how do we minimize not just physical pain, but also emotional suffering? On one hand, I wonder whether we should we leave the question of whether the machine stops and the timing of that to the patient and family. But deferring the decision of when to say *enough* to a devastated patient and beleaguered loved ones could itself be a kind of cruelty. Then again, for some patients, maybe the greater cruelty is forcing them to come to terms with what is essentially a death sentence. In cases like these, we often involve services like palliative care to help with difficult conversations over time and work with our hospital ethicists to develop policies and procedures. But here in the netherworld that our interventions have created, there are no clear answers. https://tinyurl.com/LifeIntoLimbo
Quotes of the Week	*It's time for real transparency and full disclosure to justify any more taxpayer bailouts for an industry that older adults and others believe has failed them.* Former State Senator Richard T. Moore, Chair Dignity Alliance Massachusetts Legislative Workgroup, *Are nursing homes really in tough shape?,* **CommonWealth Magazine,** November 26, 2022, https://tinyurl.com/NursingHomeToughShape *(Arlene) Germain, (Dignity Alliance Massachusetts Facilities Workgroup Chair,) said if nursing homes paid and managed their workforce better, there would be less turnover and fewer staffing emergencies.* *"These people are taking care of lives, so they need to be paid for the type of work that they're doing. If the state does impose one of these teams on a nursing home, it should go hand in hand that there would also be an admission freeze because the residents are obviously in jeopardy."* *25 Investigates: Nursing home staffing emergencies cost MA taxpayers $82 million,* **Boston 25 News,** November 21, 2022, https://tinyurl.com/Channel25NursingHomes *"People think everyone would have Alzheimer's and other diseases at this age, and it's not true. ('SuperAgers') have a*

	history of aging very slowly and they greatly delay disability with the diseases they have." Dr. Thomas Perls, professor of medicine at Boston University Chobanian & Avedisian School of Medicine, and a co-investigator of the SuperAgers Family study, *The secret to longer, healthier life? Ambitious new trial focuses on 'super agers' and seeks thousands of families.* ***Boston Globe,** November 27, 2022, https://tinyurl.com/SecretToLongerHealthierLife *"It's picking your grandparents well."* Dr. Thomas Perls, professor of medicine at Boston University Chobanian & Avedisian School of Medicine, and a co-investigator of the SuperAgers Family study, indicating a primary factor in successful aging past 90 years old, *The secret to longer, healthier life? Ambitious new trial focuses on 'super agers' and seeks thousands of families.* ***Boston Globe,** November 27, 2022, https://tinyurl.com/SecretToLongerHealthierLife *"He was put in the bowels of hell."* Dave Scott, describing the experience of his brother, John, who was born in 1955 with spina bifida and was institutionalized at the Metropolitan State Hospital in Waltham, *'Bowels of hell': Commission to probe history of Mass. state institutions,* **MassLive.com,** November 25, 2022, https://tinyurl.com/MetStateBowelsOfHell *"Let's start telling a story about what it means to have ability, what it means to have disability in this country. That is the true and full and complete story of this country. [The MetFern cemetery] right here is symbolic of the erasure of that American story."* Yoni Kadden, chair of the Gann Academy history department in Waltham, *'Bowels of hell': Commission to probe history of Mass. state institutions,* **MassLive.com,** November 25, 2022, https://tinyurl.com/MetStateBowelsOfHell *"If something happens to them [her support network consisting of grandparents and friends], I'm not certain what would happen to me, especially because I have difficulty with navigating things that require more red tape. I like being able to know what to expect, and thinking about the future is a bit terrifying to me."* Courtney Johnson, a 25-year-old college student who has autism and multiple chronic illnesses, *'Impending Intergenerational Crisis': Americans with Disabilities Lack Long-Term Care Plans,* **Kaiser Health News,** November 11, 2022, https://tinyurl.com/PendingIntergenerationalCrisis

"This is an impending intergenerational crisis. It's a crisis for the aging parents, and it's a crisis for their adult offspring with and without disabilities."

Meghan Burke, an associate professor of special education at the University of Illinois in Urbana-Champaign, *'Impending Intergenerational Crisis': Americans with Disabilities Lack Long-Term Care Plans,* **Kaiser Health News,** November 11, 2022, https://tinyurl.com/PendingIntergenerationalCrisis

"No one will just sit down and tell me what is going to happen to my son. You know, what are his options, really? We're trying to put that scaffolding in place, primarily to protect Rob's ability to make his own decisions."

Jeneva Stone whose 25-year-old son, Rob needs complex care due to dystonia, *'Impending Intergenerational Crisis': Americans with Disabilities Lack Long-Term Care Plans,* **Kaiser Health News,** November 11, 2022, https://tinyurl.com/PendingIntergenerationalCrisis

"As a parent, you will take care of your child as well as you can for as long as you can, but then nobody after you pass away will love them or care for them the way that you did."

Philip Woody, whose 25-year-old son, Evan, has a traumatic brain injury, *'Impending Intergenerational Crisis': Americans with Disabilities Lack Long-Term Care Plans,* **Kaiser Health News,** November 11, 2022, https://tinyurl.com/PendingIntergenerationalCrisis

Nearly 2 in 5 (38%) state and federal prisoners had at least one disability in 2016. The most commonly reported type of disability among both state and federal prisoners was a cognitive disability (23%), followed by ambulatory (12%) and vision (11%) disabilities. Nearly a quarter of all prisoners reported participating in special education classes (24%).

Disabilities Reported by Prisoners: Survey of Prison Inmates, 2016, **U. S. Bureau of Justice Statistics,** March 2021, https://tinyurl.com/PrisonerDisability

"We are at a critical point. People — and not just advocates, but our residents — need to start asking themselves, 'If we don't develop here, where will we do it?

	And if some kind of change to the way we view development doesn't happen now, when? This isn't about one apartment complex, it's about the sustained economic vitality of our region." Paul Niedzwiecki, CEO of the Cape Cod Chamber of Commerce, *On a Cape Cod golf course, the region's housing crisis comes to a head,* ***Boston Globe,** November 27, 2022, https://tinyurl.com/RegionsHousingCrisis *"There's this mentality that 'this can't go on,' and I question the ethical soundness of that. Why can't it? Especially when we consider the considerable resources expended on numerous non-ECMO patients with no chance of survival who may spend weeks or months in the I.C.U. at the insistence of their families."* Dr. Kenneth Prager, the director of clinical ethics at Columbia University Irving Medical Center, *When the Treatment of Last Resort Sends a Life into Limbo,* **New York Times (free access),** November 27, 2022, https://tinyurl.com/LifeIntoLimbo
Olmstead Class Action Suit: Request for Input	**1. Center for Public Representation** 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.
Dignity Alliance Massachusetts in the News	**2. CommonWealth Magazine** November 26, 2022 *Are nursing homes really in tough shape?* *Full transparency needed before any more taxpayer bailouts* By Richard T. Moore The headline for a recent story ominously noted, "Massachusetts nursing home job vacancies hold at historic highs." That isn't news to anyone in government, the nursing home industry, or the job placement industry. Worker shortages in nearly every aspect of life are a fact of life in most job fields, but in professions like education or health care – jobs that deal with people, it is a serious concern. Imagine being bedridden in a Massachusetts nursing home and urgently needing to get help to the toilet, and no matter how much you press the call button at your bedside, staff don't arrive in time, or at all for long periods of time. In such all-to-often cases, that's a real crisis! However, in the larger picture, it means that safe, quality care for older adults and people with disabilities doesn't exist.

Residents of nursing homes, many whose care is largely paid by taxpayers, deserve dignity and respect, but inadequate numbers of nurses and aides, who are generally overworked and underpaid, cannot provide good care, despite their best intentions.

Massachusetts regulations governing nursing home staff require: “sufficient nursing personnel to meet resident nursing care needs, based on acuity, resident assessments, care plans, census, and other relevant factors.” Those same regulations define sufficient staffing as a “minimum number of hours of care per resident per day of 3.58 hours, of which 0.508 hours must be care provided to each resident by a registered nurse.”

The minimum staffing required by Massachusetts is, itself, below what most health care research suggests is needed, which is agreed by experts as 4.1 hours of care per resident per day. Studies haves defined nursing home quality, measured by structural variables “such as (1) inputs such as the level and mix of staffing; (2) characteristics of facilities such as ownership, size, accreditation, and teaching status, and (3) characteristics of the facility’s residents, such as demographics and payer mix.” Payer status is relevant because the rate for private pay residents is higher than Medicaid residents, and, therefore, the competition to enroll private pay residents often means efforts to provide better quality care, which benefits all residents.

An article published in Health Service Insights on June 29 notes that “state minimum standards are generally below the levels recommended by researchers and experts to consistently meet the needs of each resident.”

“While a number of organizations have endorsed the minimum of 4.1 hours of care per resident per day and have suggested that at least 20 percent of hours should be provided by RNs and LPNs, and facilities should have 24-hour RN care, some experts have recommended even higher staffing standards (a total of 4.55 hours per resident per day) to improve the quality of nursing home care, with higher adjustments for higher resident acuity.

When the Massachusetts Department of Public Health established the state minimum of 3.55 hours of nursing per resident per day, advocates such as Dignity Alliance Massachusetts submitted testimony urging adoption of the 4.1 hours of nursing per resident as the minimum standard of care. However, the lobbying of nursing industry representatives resulted in the setting of 3.55 hours of nursing per resident as the state’s standard.

To recount, the appropriate level of nursing care for Massachusetts nursing home residents by regulation must be not less than 3.55 hours of nursing care per resident per day, the recommended level is not less than 4.1 hours of nursing care per resident per day, and the level suggested by many experts on safe, quality care is actually 4.55 hours per resident per day.

The nurse staffing shortage identified by the Massachusetts Senior Care Association, the nursing home industry’s trade organization, as approximately 6,900 vacancies in registered nurse, licensed practical nurse, and certified nurse assistant positions. Nearly half of that number are in certified nurse assistants – the staff who are usually called upon to help a resident to the toilet or clean up the mess if the resident can’t wait. The question to ask is: Have state regulators determined if all nursing homes are meeting the minimum state standard for nursing care?

To be fair, we know that the overall census of residents in nursing homes has dropped dramatically since the beginning of COVID-19. However, so have the

number of staff. In addition to the shortage of nursing staff, the industry has reported vacancies in nutrition, housecleaning (which is important to infection control), and other support staff totaling another 1,700 vacancies. These positions also have an impact on quality of care and safety of the residents. Many facilities have also restricted admissions to their facilities, hopefully to maintain the required nursing care ratios.

The recently enacted economic development bill, which includes funding for nursing home staff, will offer some relief, according to the industry, assuming that nursing homes offer a living wage to their staff sufficient to attract workers to fill the vacancies. But where is the evidence that the hundreds of millions of taxpayer dollars already sent to nursing homes, and the hundreds of millions of additional dollars now headed their way in the economic development bill will make a difference? Even more to the point, how does the Commonwealth know that the money is really needed and being spent for the Legislature's intended purpose, without an audit of these funds?

If anyone audits these funds, and maybe this should be a priority for the next governor, auditor, or attorney general, they need to look beyond the books of each nursing home. "State regulators and legislators should be able to consider the congruence between return on investment (shareholder interests) and the quality of care provided to patients. State officials should consider consolidated financial statements of parent corporations in conjunction with financial data reported to state agencies. The importance of this cannot be underestimated."

Claims by industry representatives that the industry cannot survive and provide quality care without additional state bailouts or higher Medicaid reimbursement rates are based on cost reports submitted by each facility to state agencies – not on the financial metrics of parent corporations, e.g., income statement, balance sheet, and cash flow statement. The focus needs to be in the combined payouts to their own ancillary businesses such as real estate, insurance, management services, etc. that are expensed on cost reports which affect each facility's net income but funnels cash to investors.

"The nursing home industry has a political narrative based on a false impression that the industry is comprised of struggling businesses barely avoiding bankruptcy. Industry media such as Skilled Nursing News and McKnight's Senior Living reinforce this narrative, which is based on the pervasively faulty and misleading cost reports – not consolidated financial statements." Furthermore, there's little support for sustaining the nursing home model. Aging in Place: A State Survey of Livability Policies and Practices, written by the National Conference of State Legislatures with the AARP Public Policy Institute, reported that nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. It's time for real transparency and full disclosure to justify any more taxpayer bailouts for an industry that older adults, and others believe has failed them.

Richard Moore is a former Massachusetts state senator who chaired the Committee on Health Care Financing. He is currently serving as legislative chair for Dignity Alliance Massachusetts, a non-profit statewide coalition of advocates for older adults, people with disabilities and their caregivers. His views in this article do not, necessarily, reflect the views of the coalition.

https://tinyurl.com/NursingHomeToughShape

3. **Boston 25 News**

November 21, 2022

25 Investigates: Nursing home staffing emergencies cost MA taxpayers $82 million

Massachusetts spent more than $82.4 million providing emergency staffing to nursing homes, rehab centers, and assisted living facilities around the state. For-profit healthcare companies have received the most publicly funded staffing help, according to data 25 Investigates obtained through a public records request with the Massachusetts Department of Public Health (DPH).

The Rapid Response program was launched at the beginning of the COVID-19 pandemic when the virus was sweeping through residential facilities. In April 2020, the Baker Administration signed contracts with three healthcare staffing agencies to deploy administrators, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs) to facilities facing staffing emergencies. All the contracts have been extended multiple times.

Staffing agencies bill the state $65.00 an hour for a CNA, $155.00 an hour for a RN, and $187.00 an hour for a charge nurse. The rates are three to four times more than median wages and include agency operating costs. Deployments can range from one day to several months and include round-the-clock coverage.

According to Massachusetts Senior Care Association, the nursing home worker shortage remains at historic highs with 22% of positions unfilled statewide.

Adriana Kosiba, who grew up in Natick, told investigative reporter Ted Daniel, she witnessed it firsthand in August when her father, Nicholas A. Pierro was admitted to Life Care Center of the South Shore in Scituate to recover from a fall.

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As 25 Investigates reported in September, DPH ordered a Rapid Response team to Advinia Eastpointe in Chelsea after firefighters reported finding residents roaming a hall with no nurse in sight. When questioned, a staffer said a nurse assigned to the wing had left after working a double shift and there was no one to replace her, according to a Chelsea Fire Department report. It was the fourth Rapid Response Team deployment to Eastpointe since April 2020, according to DPH records.

The State has been billed for 95 days of emergency staffing at nursing homes owned by Eastpointe's parent company AdviniaCare. Chris Hannon, Chief Operating Officer, AdviniaCare released a statement to 25 Investigates. Part of it reads:

"Several AdviniaCare centers have, like many others in the nursing home industry, faced dramatic staffing challenges throughout the global COVID-19 pandemic. The state had the foresight to create clinical rapid response… we are maintaining safe staffing levels at all of our centers and continue to provide high-quality care to our residents."

DPH data shows the State has been billed for 101 days of staffing at locations operated by Royal Health, and 207 days at facilities owned by Connecticut-based Bear Mountain Health Care.

Roberta Henderson is the sole owner and administrator of Sudbury Pines, an independent nursing home that opened in 1965 in Sudbury. she said the 95-bed facility primarily serves low-income patients who rely on Medicaid.

	She said rapid response has been a "godsend" when her staff and patients have become ill. When asked about repeated deployments to large for-profit chains, Henderson said, "They can command huge amounts of finances and support and such to manage most of these events. Whereas independents, we're on our own. I was worried about calling them the couple of times and I called them myself." Dignity Alliance Massachusetts is a group that advocates for vulnerable populations in residential settings. Cofounder Arlene Germain expressed surprise when we shared DPH data with her that shows Rapid Response Teams have been dispatched 376 times and often to the same facilities. Germain said if nursing homes paid and managed their workforce better, there would be less turnover and fewer staffing emergencies "These people are taking care of lives, so they need to be paid for the type of work that they're doing. If the state does impose one of these teams on a nursing home, it should go hand in hand that there would also be an admission freeze because the residents are obviously in jeopardy," she said. A DPH spokesperson told 25 Investigates, "DPH does not take action against a nursing home or its parent company for accepting assistance from a Rapid Response Team." The most recent contract extends rapid response until at least March 2023. Adriana Kosiba said her father developed an infection within days of his arrival at Life Care of the South Shore and had to be admitted to a hospital. Already battling cancer, Nicholas Pierro died on October 6. "My father was there for six days and I think it truly changed his life irrevocably. He was never the same after that," she said. Rapid Response contracts are generated by the Massachusetts Executive Office of Health and Human Services (HHS). A request to speak with HHS Secretary Marylou Sudders went unanswered. https://tinyurl.com/Channel25NursingHomes
MetFern Remembrance	**4. MassLive.com** November 25, 2022 *'Bowels of hell': Commission to probe history of Mass. state institutions* [Metropolitan State Hospital in Waltham]is now a shuttered institution, along with the adjacent Fernald State School, where hundreds of people with intellectual or developmental disabilities, as well as mental illnesses, endured abuse for decades amid the height of the eugenics movement. . . [A]new special disability-led commission [has been established], forged through a policy item embedded into the commonwealth's fiscal 2023 budget, charged with researching the history of state institutions. Seventeen commissioners — appointed by the governor, other elected officials, and disability rights advocacy organizations — will pore over existing records, examine barriers to accessing other personal documents that may be shielded by long-standing privacy laws, and investigate the likely locations of unmarked graves at former state institutions. The commission, backed by a $145,000 budget appropriation, will also explore ways to educate the public about the history of deinstitutionalization and the civil rights movement to include people with disabilities into society, among other information. It must submit a report with findings and recommendations to lawmakers by June 1, 2025. https://tinyurl.com/MetStateBowelsOfHell

5. **Call for Advocacy**
   Alex Green, an organizer regarding advocacy about remembering the residents of Metropolitan State Hospital and the Fernald State School, has issued this *Call for Advocacy*:

   > At the ceremony, everyone asked what they can do, and it was widely agreed that an urgent and necessary step is needed from everyone in our crew: Without passage of the records bill, it's increasingly unclear if the commission will be able to do its work appropriately. The Records Bill (H.3150 in the House) needs to pass before the end of December. It will open records from state institutions for public inspection as long as those records are 90 years old. If it doesn't pass, we wait two years, which is unacceptable.
   >
   > If you can take 10 minutes to push your Mass House Representative to reach out to Ways and Means Chairperson Aaron Michlewitz, and stay on top of them, it could be the make or break. I've included quick and easy information below:
   >
   > Find your state rep here: https://malegislature.gov/Search/FindMyLegislator
   >
   > Template below. Please insert your Rep's last name, your name, and your address. Feel free to modify in any way you see fit.
   >
   > E-mail subject: Time Sensitive Constituent Request
   >
   > Dear Representative,
   >
   > Last Tuesday, disability advocates gathered at the MetFern Cemetery in Waltham to honor the creation of the first-of-its-kind disability-led Special Commission on State Institutions. As this harrowing MassLive article describes, the commission has powerful work to do, but that work will be held up from the start unless the legislature passes a simple administrative bill that is currently in Ways and Means.
   >
   > That bill, H.3150, will open records after 90 years for public inspection, bringing Massachusetts in line with dozens of other states and saving the state money and time in the process. It has widespread support from the leading historical and disability rights groups in Massachusetts, and no opposition. I'm writing to ask that you reach out to Ways and Means Chairman Aaron Michlewitz today to urge that this bill gets a vote and is passed before the end of the year. This commission, and the thousands of folks who support it, cannot be asked to wait two years for simple action on an administrative bill.
   >
   > I will check in with you regularly in the coming weeks and hope that you will champion this work by ensuring it can be done to its fullest. That means passing H.3150. Thank you for your time and support. I look forward to hearing from you.
   >
   > Sincerely,

6. **Photographs of Ceremony at the MetFern Cemetery in Waltham on November 22, 2022, taken by Sue Rorke, MetroWest Center for Independent Living and Dignity Alliance Massachusetts member**
   https://mwcil.org/metfern-cemetary-honors-commission/

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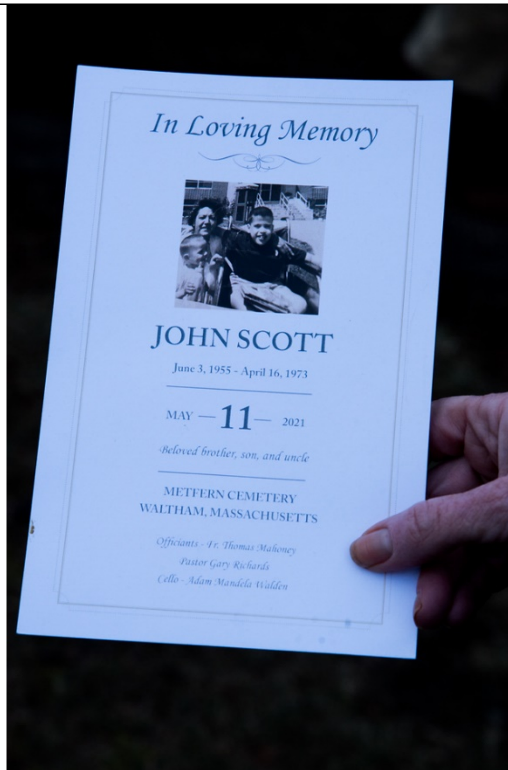

Information about memorial service held for John Scott, former resident at the Metropolitan State Hospital [Photo courtesy of Sue Rorke]

Advocates gathered at MetFern Cemetery in Waltham on November 22, 2022, including Charles Carr, Dignity Alliance Massachusetts member, MaryLou Sudders, Secretary, Massachusetts Executive Office of Health and Human Services, and event organizer Alex Green [Photo courtesy of Sue Rorke]
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<td>Dignity Votes 2022</td>
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7. Healey / Driscoll Transition Team
https://healeydriscolltransition.com
The membership to the transition committee for “Safe and Healthy Communinties for All Ages has been named.
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	The 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. Members: • Molly Baldwin, Roca Inc. • Karen Chen, Chinese Progressive Association • Richard J. Curcuru, Gosnold Inc. • Michael Dandorph, Tufts Medicine • Eric W. Dickson MD, UMass Memorial Health • Juan Fernando Lopera, Beth Israel Lahey Health • Valerie K. Frias, Ethos • Tim Garvin, United Way of Central Massachusetts • James Giessler, North Shore Alliance of LGBTQ Youth (NAGLY) • Rebecca Hart Holder, Reproductive Equity Now • Shawn Hayden, GAAMHA • Jody Kasper, City of Northampton • Mark A. Keroack, MD, MPH, Baystate Health • Rayford S Kruger MD, SouthCoast Health • Kimberley Lee, MiraVista Behavioral Health Center • Manny Lopes, Blue Cross Blue Shield of Massachusetts • Dr. Myechia Minter-Jordan, CareQuest Institute for Oral Health • Daniel P. Mulhern, Nutter McClennen & Fish, LLP • Leroy Peeples Jr, The PIM Project • Lora Pellegrini, Massachusetts Association of Health Plans • Joanne Peterson, Learn to Cope • Amy Rosenthal, Health Care For All • Jo Ann Simons, Northeast Arc • Monalisa Smith, Mothers for Justice & Equality • Elsie Taveras, Mass General Brigham, the Kraft Center for Community Health and Harvard Medical School • Karen Tseng, Harris Health System • Steve Walsh, Massachusetts Health & Hospital Association https://tinyurl.com/15TransitionTeamHires
Webinars and Online Sessions	**8. Justice in Aging** Wednesday, December 7, 2022, 1:45 to 3:00 p.m. *Strengthening Multidisciplinary Partnerships to Achieve Better Housing Outcomes for Older Adults* If older adults facing housing issues are best served when legal services advocates work in close partnership with social services providers, why is this model not more common? Is it too hard to pull off, or is it because of fear and misunderstanding amongst the different players? **This candid and lively presentation, Strengthening Multidisciplinary Partnerships to Achieve Better Housing Outcomes for Older Adults, will explore the benefits and challenges of using multidisciplinary partnerships, including social workers, case managers, and other community organizations, to help older adults have better housing outcomes.** We will discuss different models of multidisciplinary partnership, with examples where the collaboration led to successful results for older tenants.

	Topics include: the respective roles in this partnership, client confidentiality and duties to clients, and opportunities for social workers to educate attorneys on psychological diagnoses (including hoarding, PTSD, and personality disorders). Finally, this presentation will show why it is so important that we work together – both to achieve better outcomes for our clients and to sustain us in our work. **CLE credit will be available. Please contact Jennifer Pardini at Legal Assistance for Seniors if you have questions about CLE credit.** **Who Should Participate:** Legal advocates, social workers, community and mental health workers, and case managers. **Presenters**: Hannah Brady, Housing Programs Manager, Senior Advocacy Network Shawna Reeves, Special Projects Consultant, Legal Assistance for Seniors Kirsten Voyles, Legal Director, Legal Assistance for Seniors Patti Prunhuber, Director, Housing Advocacy, Justice in Aging Register now **9. Justice in Aging** Thursday, December 8, 2022, 2:00 p.m. *Racial Disparities in Nursing Facilities—and How to Address Them* Recent years have seen an increased—and overdue—focus on structural racism within the United States. Like any American institution, the U.S. system of long-term services and supports (LTSS), including nursing facilities, is not immune from structural racism. For example, during the COVID-19 pandemic, we saw an unacceptable number of deaths in nursing facilities, especially among older adults of color. To discuss these systemic inequities in long-term care facilities and solutions to improve them, Justice in Aging is offering a webinar to provide an overview of key findings from **a new issue brief, Racial Disparities in Nursing Facilities—and How to Address Them**. **In this webinar, Racial Disparities in Nursing Facilities—and How to Address Them, we will cover:** • A brief overview of the current state of structural racism in nursing facilities • A review of key findings from relevant research on racial disparities in nursing facilities on the topics of admissions, hospitalization of residents, staffing, quality measures, COVID-19 infections, and deaths. • An overview of five policy recommendations to improve Medicaid long-term care to meet the needs of older adults more equitably **Who Should Participate:** Aging and disability advocates working with individuals in long-term care and nursing facilities **Presenters**: Eric Carlson, Director, Long-Term Services and Supports Advocacy, Justice in Aging Gelila Selassie, Senior Attorney, Justice in Aging **Register now**
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at:** **https://dignityalliancema.org/webinars-and-online-sessions/**
Housing	**10. *Boston Globe** November 27, 2022 *On a Cape Cod golf course, the region's housing crisis comes to a head*

	"This isn't about one apartment complex, it's about the sustained economic vitality of our region. . . [Quarterra, a national housing developer,] plans to erect 13 buildings holding 312 apartments. It's the sort of higher-density development that housing advocates say the Cape desperately needs to confront its acute housing shortage, which is squeezing out the workforce that sustains the region's economy at an alarming pace. Already, 48 percent of the region's workforce commutes in over the bridges linking the Cape to the mainland. But pushback from the community against the development has been powerful, and it is still swelling as it inches closer to approval. Some local leaders' groups want the town or a combination of public and private interests to purchase the property and preserve it as a massive swath of open space, a "Central Park for Cape Cod." There's been talk of a lawsuit if the project moves forward. It is a familiar story in a place where residents often bristle at the mention of large residential complexes. . . If built, the complex would be one of the largest new residential developments on Cape Cod in recent years, partly because some multifamily developers steer clear of the region knowing the likelihood of bitter, almost reflexive, opposition, said Rob Brennan, managing partner of the development firm CapeBuilt and an attorney representing large, multifamily projects on the Cape. "Developers should be scrutinized and should have to listen to the community," he said. "But on the Cape, I think people get particularly riled up. A lot of the time, what that means is that the approval process can get dragged out for years." https://tinyurl.com/RegionsHousingCrisis
Incarceration and Disabilities	**11. U. S. Bureau of Justice Statistics** March 2021 *Disabilities Reported by Prisoners: Survey of Prison Inmates, 2016* Abstract This brief presents findings based on data collected in the 2016 Survey of Prison Inmates, a survey conducted through face-to-face interviews with a national sample of state and federal prisoners across a variety of topics, such as their demographic characteristics, socio-economic background, health, and involvement with the criminal justice system. This brief on disabilities details statistics about demographics and types of disabilities reported by prisoners. Highlights • Nearly 2 in 5 (38%) state and federal prisoners had at least one disability in 2016. • The most commonly reported type of disability among both state and federal prisoners was a cognitive disability (23%), followed by ambulatory (12%) and vision (11%) disabilities. • Among all prisoners, 24% reported that a doctor, psychologist, or teacher had told them at some point in their life that they had an attention deficit disorder. • Nearly a quarter of all prisoners reported participating in special education classes (24%). • State and federal prisoners (38%) were about two and a half times more likely to report a disability than adults in the U.S. general population (15%). https://tinyurl.com/PrisonerDisability
Disability Topics	**12. Kaiser Health News**

November 11, 2022

'Impending Intergenerational Crisis': Americans with Disabilities Lack Long-Term Care Plans

Thinking about the future makes Courtney Johnson nervous.

The 25-year-old blogger and college student has autism and several chronic illnesses, and with the support of her grandparents and friends, who help her access a complex network of social services, she lives relatively independently in Johnson City, Tennessee.

"If something happens to them, I'm not certain what would happen to me, especially because I have difficulty with navigating things that require more red tape," she said.

Johnson said she hasn't made plans that would ensure she receives the same level of support in the future. She especially worries about being taken advantage of or being physically harmed if her family and friends can't help her — experiences she's had in the past.

"I like being able to know what to expect and thinking about the future is a bit terrifying to me," she said.

Johnson's situation isn't unique.

Experts say many people with intellectual and developmental disabilities do not have long-term plans for when family members lose the ability to help them access government services or care for them directly.

Families, researchers, government officials, and advocates worry that the lack of planning — combined with a social safety net that's full of holes — has set the stage for a crisis in which people with disabilities can no longer live independently in their communities. If that happens, they could end up stuck in nursing homes or state-run institutions.

"There's just potential for a tremendous human toll on individuals if we don't solve this problem," said Peter Berns, CEO of the Arc of the United States, a national disability-rights organization.

About one-quarter of adults in the U.S. live with a disability, according to the Centers for Disease Control and Prevention. Nearly three-quarters of Americans with disabilities live with a family caregiver, and about one-quarter of those caregivers are 60 or older, according to the Center on Developmental Disabilities at the University of Kansas.

But only about half of families that care for a loved one with disabilities have made plans for the future, and an even smaller portion have revisited those plans to ensure they're up to date, said Meghan Burke, an associate professor of special education at the University of Illinois in Urbana-Champaign.

"Engaging in it once is good, right? But you can't only engage in it once," she said. "It's a living document, because things change, people change, circumstances change."

Burke's research has found several barriers to planning for the future: financial constraints, reluctance to have hard conversations, trouble understanding government services. Creating plans for people with disabilities also is a complex process, with many questions for families to answer: What are their relatives' health needs? What activities do they enjoy? What are their wishes? Where will they live?

Burke has firsthand experience answering those questions. Her younger brother has Down syndrome, and she expects to become his primary caregiver in the future — a situation she said is common and spreads the work of caregiving.

“This is an impending intergenerational crisis,” she said. “It’s a crisis for the aging parents, and it’s a crisis for their adult offspring with and without disabilities.”
Nicole Jorwic, chief of advocacy and campaigns for Caring Across Generations, a national caregiver advocacy organization, said the network of state and federal programs for people with disabilities can be “extremely complicated” and is full of holes. She has witnessed those gaps as she has helped her brother, who has autism, access services.
“It’s really difficult for families to plan when there isn’t a system that they can rely on,” she said.
Medicaid pays for people to receive services in home and community settings through programs that vary state to state. But Jorwic said there are long waitlists. Data collected and analyzed by KFF shows that queue is made up of hundreds of thousands of people across the country. Even when people qualify, Jorwic added, hiring someone to help can be difficult because of persistent staff shortages.
Jorwic said more federal money could shorten those waitlists and boost Medicaid reimbursements to health care providers, which could help with workforce recruitment. She blamed chronic underinvestment in Medicaid disability services for the lack of available slots and a dearth of workers to help people with disabilities.
“It’s going to be expensive, but this is four decades of funding that should have been done,” she said.
Congress recently put about $12.7 billion toward enhancing state Medicaid programs for home- and community-based services for people with disabilities, but that money will be available only through March 2025. The Build Back Better Act, which died in Congress, would have added $150 billion, and funding was left out of the Inflation Reduction Act, which became law this summer, to the disappointment of advocates.
Jeneva Stone’s family in Bethesda, Maryland, has been “flummoxed” by the long-term planning process for her 25-year-old son, Rob. He needs complex care because he has dystonia 16, a rare muscle condition that makes moving nearly impossible for him.
“No one will just sit down and tell me what is going to happen to my son,” she said. “You know, what are his options, really?”
Stone said her family has done some planning, including setting up a special needs trust to help manage Rob’s assets and an ABLE account, a type of savings account for people with disabilities. They’re also working to give Rob’s brother medical and financial power of attorney and to create a supported decision-making arrangement for Rob to make sure he has the final say in his care.
“We’re trying to put that scaffolding in place, primarily to protect Rob’s ability to make his own decisions,” she said.
Alison Barkoff is acting administrator for the Administration for Community Living, part of the U.S. Department of Health and Human Services. Her agency recently released what she called a “first ever” national plan, with hundreds of actions the public and private sectors can take to support family caregivers.
“If we don’t really think and plan, I’m concerned that we could have people ending up in institutions and other types of segregated settings that could and should be able to be supported in the community,” said Barkoff, who noted that those outcomes could violate the civil rights of people with disabilities.

	She said her agency is working to address the shortages in the direct care workforce and in the supply of affordable, accessible housing for people with disabilities, as well as the lack of disability-focused training among medical professionals. But ending up in a nursing home or other institution might not be the worst outcome for some people, said Berns, who pointed out that people with disabilities are overrepresented in jails and prisons. Berns' organization, the Arc of the United States, offers a planning guide and has compiled a directory of local advocates, lawyers, and support organizations to help families. Berns said that making sure people with disabilities have access to services — and the means to pay for them — is only one part of a good plan. "It's about social connections," Berns said. "It's about employment. It's about where you live. It's about your health care and making decisions in your life." Philip Woody feels as though he has prepared pretty well for his son's future. Evan, 23, lives with his parents in Dunwoody, Georgia, and needs round-the-clock support after a fall as an infant resulted in a significant brain injury. His parents provide much of his care. Woody said his family has been saving for years to provide for his son's future, and Evan recently got off a Medicaid waitlist and is getting support to attend a day program for adults with disabilities. He also has an older sister in Tennessee who wants to be involved in his care. But two big questions are plaguing Woody: Where will Evan live when he can no longer live at home? And will that setting be one where he can thrive? "As a parent, you will take care of your child as well as you can for as long as you can," Woody said. "But then nobody after you pass away will love them or care for them the way that you did." https://tinyurl.com/PendingIntergenerationalCrisis **13. Intellectual Developmental Disabilities** April 2018 *Identifying the Correlates and Barriers of Future Planning Among Parents of Individuals with Intellectual and Developmental Disabilities* **Abstract** Although individuals with intellectual and developmental disabilities (IDD) are living longer lives, fewer than half of parents of individuals with IDD conduct future planning. The correlates and barriers to future planning must be identified to develop targeted interventions to facilitate future planning. In this study, 388 parents of individuals with IDD responded to a national, web-based survey. Participants who were older, more educated, attended more parent training and support activities, and had children with fewer functional abilities, were more likely to engage in future planning. Reported barriers to future planning included: (a) lack of available services, (b) financial challenges, (c) reluctance of family members, (d) lack of time, (e) the emotional nature of future planning, (f) inertia, and (g) a lack of family members to be caregivers. Implications for policy, practice, and future research are discussed. https://pubmed.ncbi.nlm.nih.gov/29584562/
Aging Topics	**14. *Boston Globe** November 27, 2022 *The secret to longer, healthier life? Ambitious new trial focuses on 'super agers' and seeks thousands of families.*

	Dr. Thomas Perls has for decades studied so-called super agers, people who live deep into their 90s and beyond, essentially unburdened by the typical diseases of old age. He is convinced that the secret to this remarkable longevity is buried in people's genes and passed down through generations. But which genes harbor this power? And if researchers pinpoint the right genes amid thousands in a person's body, could that knowledge be harnessed to develop drugs that mimic those genes and allow more people to enjoy longer, healthier lives? That's the premise behind an ambitious new trial, the SuperAgers Family Study, (superagersstudy.org) that aims to enroll 10,000 people who are 95 years old or older and their children. . . "The goal is to amass the largest data bank of super agers so we can begin to untangle the contribution of genetics to exceptional longevity," said Dr. Sofiya Milman, director of the Human Longevity Studies Institute for Aging Research at Albert Einstein College of Medicine, and principal investigator of the study. A large data bank is needed, Milman said, because researchers believe longevity is linked to rare genetic variants, found in less than five percent of the population. . Hitting 100 is unusual, but the odds of living much longer is downright rare, Perls said. "People who live to 100 are now one per five thousand in the population," he said. Those who live to 105 and older are one per 250,000, while those who reach 110 are like unicorns: one per five million, Perls said. Many people who exercise regularly, eat healthy diets, and refrain from smoking will make it to 90, Perls said. Beyond that is when researchers believe genetics play a larger role. "It's picking your grandparents well," he said. *For more information about the SuperAgers Family Study:* *superagers@einsteinmed.edu* https://tinyurl.com/SecretToLongerHealthierLife
	*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	**Caring Across Generations** **https://caringacross.org/** Fighting against: Unequal Access to Care Excessive Institutionalization Widespread Cultural Ageism
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 Dignity 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/
Assisted Living Residences Closures	• **Motif by Monarch** (previously Landmark at Ocean View), Beverly, July 2022 • **Connemara Senior Living,** Brockton, Summer 2022 • **Landmark at Longwood**, Mission Hill, Boston, October 5, 2022
Nursing homes with admission freezes	**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 23, 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	Closure notice
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
Life Care Center of the North Shore	Lynn	11/15/2022	New cases
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy	8/10/2022	Closure notice

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 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

- Attleboro Healthcare, Attleboro
  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/homes/h-225425 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***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 ______________ **B** 82 ______________ **C** 7,056 ___________ **D** 1,850 ___________ **E** 546 ____________ **F** 487 ____________ **G** 31 _____________ **H** 1 ______________ I 40 _____________ **J** 7 ______________ **K** 2 ______________ L

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

<table>
<tr><td></td><td colspan="3">Twitter: https://twitter.com/dignity_ma?s=21
Website: www.DignityAllianceMA.org</td></tr>
<tr><td rowspan="10">Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Please contact workgroup lead for more information</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
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Samantha VanSchoick
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<tr><td>Facilities (Nursing homes, rest homes, assisted living)</td><td>Arlene Germain</td><td>agermain@manhr.org</td></tr>
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<tr><td>Legislative</td><td>Richard Moore</td><td>rmoore8743@charter.net</td></tr>
<tr><td>Legal Issues</td><td>Jeni Kaplan</td><td>jkaplan@cpr-ma.org</td></tr>
<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
• Arlene Germain
• 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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