



# The Dignity Digest

Issue # 118

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

\*May require registration before accessing article.

## Quotes of the Week

*The United States is one of the few developed countries that does not have a national long-term care planning and financing strategy to respond to the needs of a growing aging population that wants to receive affordable care in their homes and communities.*

*A Focus on Health Care: Five Key Priorities for the Next Administration, Massachusetts Blue Cross Blue Shield Foundation, December 2022, <https://tinyurl.com/FocusOnHealthCare>*

*For many stakeholders, the pandemic created or renewed a call to action to ensure that all Massachusetts residents who need LTSS can find and access that care quickly, safely, holistically, and affordably as part of a social right to overall health and well-being. **Dignity Alliance Massachusetts**, an advocacy group that organized during the pandemic as a direct result of the COVID-19 deaths in Massachusetts' nursing and veteran's homes, is "dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers" in both institutional and community LTSS settings.*

*A Focus on Health Care: Five Key Priorities for the Next Administration, Massachusetts Blue Cross Blue Shield Foundation, December 2022, <https://tinyurl.com/FocusOnHealthCare>*

*"I'm concerned about the uptick in hospitalizations and deaths among seniors and concerned about the lack of urgency at my mother's nursing home in getting the residents and staff vaccinated" with the latest booster.*

	<p>Cissy Sanders of Austin, Texas, whose 73-year-old mother is a nursing home resident, <i>Hospitalizations signal rising COVID-19 risk for US seniors</i>, <b>AP News</b>, December 11, 2022, <a href="https://tinyurl.com/SignalRisingCovid">https://tinyurl.com/SignalRisingCovid</a></p> <p><i>“It’s not going away. It’s here to stay. We’re going to get a new variant, and who knows how aggressive that variant is going to be? That keeps me up at night.”</i></p> <p>Dr. Walid Michelen, chief medical officer for seven nonprofit nursing homes operated by the Archdiocese of New York, <i>Hospitalizations signal rising COVID-19 risk for US seniors</i>, <b>AP News</b>, December 11, 2022, <a href="https://tinyurl.com/SignalRisingCovid">https://tinyurl.com/SignalRisingCovid</a></p> <p><i>“(O)n any given day, they have five to 10 patients waiting in the hospital for long-term care. Not all have dementia; some have serious psychiatric disorders or are impaired because of substance abuse or traumatic brain injury. Some may have been homeless, incarcerated, or violent.”</i></p> <p>Kathleen Boyd, care management director, Rutland (VT) Regional Medical Center, <i>Limited nursing home beds force hospitals to keep patients longer</i>, <b>NPR Morning Edition</b>, December 7, 2022, <a href="https://tinyurl.com/LimitedNursingHomeBeds">https://tinyurl.com/LimitedNursingHomeBeds</a></p>
<p>Reports</p>	<p><b>1. Massachusetts Blue Cross Blue Shield Foundation</b> December 2022</p> <p><i>A Focus on Health Care: Five Key Priorities for the Next Administration</i></p> <p>Five priorities emerged as common themes in stakeholder interviews, requiring immediate and focused action by the new administration and legislative leaders:</p> <ul style="list-style-type: none"> <li>• Addressing Systemic Racism and Inequities in Health</li> <li>• Ensuring Consumer Health Care Affordability</li> <li>• Confronting the Mental Health Crisis for Children and Youth</li> <li>• Improving Access to Long-Term Services and Supports, Including Long-Term Care</li> <li>• Mitigating Critical Health Care Workforce Shortages</li> </ul> <p>These challenges in the Commonwealth’s health system are complex and multicausal and impact other sectors in the state’s economy. The role of the health care sector in Massachusetts as a significant employer and state revenue source renders some reforms particularly challenging. Several stakeholders labeled these challenges as “last mile” issues because they remain persistent barriers to achieving equitable access to health coverage and care in the Commonwealth. Solving these problems will require intentionality, political will, and long-term focus and investment.</p> <p>According to stakeholders, Massachusetts is a leader in LTSS system reforms in myriad ways. The state has made significant investments in expanding utilization of LTSS in community settings (compared to long-term care in nursing homes) and improving care coordination for people who use LTSS (see Figure 5). The state has leveraged federal dollars to advance these efforts and now ranks 10th</p>

among states across comprehensive LTSS measure sets, according to AARP’s LTSS State Scorecard.

Despite Massachusetts’ many successes and investments in strengthening its LTSS system for older residents and residents with disabilities, stakeholders note that significant challenges remain, all of which were exposed and made worse by the pandemic. Stakeholders identified broad challenges that impact overall access to affordable LTSS in Massachusetts, as well as specific challenges related to accessing and coordinating LTSS within MassHealth, the largest payer of LTSS. These include:

- Dire LTSS workforce shortages at a time when demand for LTSS is growing (workforce gaps are discussed in Section 5).
- Lack of affordable payment options for LTSS, particularly for people with moderate incomes who do not qualify for MassHealth (the primary payer of LTSS in the state). Despite ranking near the top on the LTSS State Scorecard, Massachusetts ranked near the bottom of the pack (43rd) for affordability of nursing home care.

Fragmentation of LTSS coverage and care delivery from other parts of the health care system for all residents, but particularly for people who qualify for MassHealth. The Commonwealth also ranked poorly (46th) on the percentage of home health patients who have a hospital admission—indicating that the health and complex conditions of people in Massachusetts who use LTSS are not being well managed. Part of why LTSS is so unaffordable is because it is difficult to obtain insurance coverage to help pay for these services.

Medicare, which covers seniors and people living with long-term disabilities, does not cover most LTSS. MassHealth does cover LTSS, but people must have very low incomes in order to qualify, and seniors also must have very limited assets.

Approximately 8 percent of Massachusetts residents ages 55 and older have private long-term care (LTC) insurance coverage to defray some of their LTSS costs (compared to nearly 98 percent of Massachusetts residents with medical insurance coverage. Barriers to enrolling in and maintaining LTC insurance include that coverage must be purchased well in advance of one’s potential need for services in order to be affordable. Policyholders also often experience significant premium increases as insurers and state regulators seek to stabilize an often volatile market.

Without insurance for their LTSS needs, most Massachusetts residents pay for LTSS through their personal resources. But LTSS costs in Massachusetts are well above the national average and difficult for most people to afford. The cost of a semi-private skilled nursing facility (SNF) room across Massachusetts ranges from \$136,000 to \$157,000 per year, compared to roughly \$95,000 nationally. Similarly, home health costs in Massachusetts range from \$70,000 to \$80,000 per year, compared to \$60,000 per year nationally.<sup>81</sup> LTSS costs are also growing due to inflation and rising labor costs, yet policymakers have largely avoided addressing LTSS consumer affordability issues in recent health care payment reform or cost containment initiatives.

Without financial protection, most people cannot afford the cost of this care over an extended period of time. Many moderate-income people “spend down” their resources and ultimately become eligible for MassHealth. Indeed, MassHealth pays for roughly half of all paid LTSS in the state.<sup>84</sup> But this cycle of

impoverishment and the continued disproportionate impact on MassHealth of paying for LTSS is not sustainable and should not continue.

In addition to the overall lack of coverage and affordability for people who need LTSS, people who do have LTSS coverage through MassHealth (roughly 350,000 of MassHealth’s 2.2 million members) mainly access services through a separate delivery system from their primary and preventive care, hospital care, and behavioral health services. This means the LTSS they need remains administratively, financially, and clinically disconnected from their medical and other services, causing confusion for consumers trying to access services and often leading to suboptimal care.

People who are dually eligible for MassHealth and Medicare, for example, are high users of LTSS. For dually eligible individuals who use LTSS, their LTSS needs are covered by MassHealth, while the majority of their other service needs (primary care, hospital, behavioral health, pharmaceutical care) are covered by Medicare. Dually eligible members do have the option to enroll in two state-of-the-art integrated care programs—Senior Care Options (SCO) for individuals ages 65 and older and One Care for individuals under age 65—that provide their enrollees with access to all Medicare- and Medicaid-covered services (including LTSS) and to comprehensive care management services through an integrated managed care model.<sup>85</sup> Members enrolled in SCO or One Care report extremely high overall satisfaction with their health plan. Enrollment in SCO and One Care has grown steadily since their inception in 2004 (SCO) and 2013 (One Care), and Massachusetts is working with the federal government to enhance and expand enrollment in these programs, but only one-third of dually eligible individuals (104,000 people) are currently enrolled in either program.

Most non-dually eligible MassHealth members are enrolled in ACOs (newly established in 2017 for most MassHealth members) or Medicaid managed care organizations (MCOs). While the state initially envisioned that MassHealth ACOs and MCOs would cover and manage comprehensive LTSS for their MassHealth members, it is unlikely these services will be incorporated into the ACOs’ or MCOs’ care delivery or financial responsibilities in the near future. Instead, MassHealth members enrolled in ACOs or MCOs still access LTSS through the MassHealth fee-for-service system. Stakeholders suggest that consumer advocate opposition and lack of will, capacity, or competency on the part of the ACOs/MCOs have stymied this integration effort to date. The state has established specialized care management entities to help coordinate and manage LTSS for ACO/MCO members with significant needs, but only 10,000–20,000 individuals (1–2 percent of the 1.3 million ACO/MCO enrollees) can access this service.

Thus, most Massachusetts residents who need LTSS, including those with MassHealth coverage for their LTSS needs, must access multiple delivery systems, provider networks, and informational materials to understand their options and seek and receive care. This fragmentation of LTSS coverage, financing, and care delivery results in suboptimal care for individuals, confusion for families who have to navigate myriad processes and multiple systems of care, disincentives for providers and plans to share data and collaborate on care management and treatment planning, and inefficient use of public and private health care resources. These issues are most acute for people with cultural and linguistic barriers and social support needs, who need to “connect the dots” across an even more complicated, multi-layered health care

system. While the state has leveraged significant federal COVID-19 relief dollars to bolster parts of its MassHealth LTSS system, including to help address system fragmentation, access, and navigation issues, stakeholders noted that these investment dollars are time-limited (available through March 2025) and do not fully and sustainably close these long-standing LTSS system gaps. Stakeholders suggest that significant opportunity remains to improve LTSS financing options and affordability so that all Massachusetts residents can access affordable LTSS and to better integrate the LTSS delivery system with other parts of the health care continuum, particularly for MassHealth members.

**PRIORITY ACTION:**

**ENSURE ALL MASSACHUSETTS RESIDENTS CAN AFFORD AND ACCESS LTSS AS PART OF AN INTEGRATED HEALTH CARE SYSTEM**

For many stakeholders, the pandemic created or renewed a call to action to ensure that all Massachusetts residents who need LTSS can find and access that care quickly, safely, holistically, and affordably as part of a social right to overall health and well-being. **Dignity Alliance Massachusetts**, an advocacy group that organized during the pandemic as a direct result of the COVID-19 deaths in Massachusetts’ nursing and veteran’s homes, is “dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers” in both institutional and community LTSS settings.

Massachusetts has implemented many reforms over the past two decades to strengthen its LTSS system (see Appendix V for additional LTSS resources). While these efforts have contributed to Massachusetts being a national leader on LTSS system performance, stakeholders identified two priority areas for new state leaders to focus their immediate attention:

- Making LTSS more affordable for more people, and
- Ensuring that people who need LTSS receive person-centered, coordinated, and integrated care.

In both of these priority areas, Massachusetts has ample research and studies of the problems. Stakeholders are emphatic that it is time to muster the political will, resources, and leadership to solve the LTSS challenges in the state. The approaches outlined below synthesize recommendations for the new administration to improve LTSS system transparency, simplification, and navigation. Stakeholders emphasize that in advancing these recommendations, state leaders need to take deliberate steps to engage the input and voices of historically marginalized communities and populations to ensure that their needs are understood and addressed; these groups include people of different races and ethnicities, people with linguistic barriers, people living in rural areas of the state, people with specialized health care needs, people with intellectual or developmental disabilities, and people with housing or transportation instability.

Task a senior executive branch leader (e.g., at the cabinet level or in the governor’s office) to solve long-standing challenges around LTSS planning, affordability, and financing. In 2009–2010, Governor Patrick established a Long-Term Care Financing Advisory Committee as a major initiative of the state’s Olmstead Plan.<sup>93</sup> The Advisory Committee, which met 15 times over 18 months, developed proposed strategies for improving public and private LTSS financing options.

These financing strategies are embodied in the Committee’s final 2010 report, *Securing the Future*,<sup>94</sup> including discrete sets of detailed recommendations for:

- Promoting planning for one’s LTSS needs;
- Increasing uptake of existing or enhanced private LTSS financing mechanisms;
- Expanding MassHealth coverage to achieve equity in access to LTSS by age and type of disability; and
- As a fail-safe, designing and implementing a state-sponsored individual contribution program to enable people to prepare and pay for their LTSS needs.

While components of the MassHealth strategies outlined in this report were implemented over time, most of the private financing strategies were not. Just as Massachusetts was a pioneer in achieving near universal health insurance coverage for its residents and establishing an approach for tackling health care cost growth, the Commonwealth now can and should lead the nation in ensuring that all Massachusetts residents can afford LTSS services. To do this, the next governor should designate a senior-level executive branch leader, such as the lieutenant governor, the secretary of Elder Affairs, or the commissioner of insurance, to develop and implement a statewide LTSS planning and affordability strategy, working in partnership with other state agencies (such as MassHealth, Division of Insurance, Department of Public Health) and the private sector. The executive branch leader would be charged with reviewing work done to date in this area, assessing the promising strategies identified in *Securing the Future* and other prior reports or studies, and developing a comprehensive set of proposals for implementation, including any budgetary requests or legislative changes necessary to implement the proposals. Strategies that should be prioritized for immediate consideration include:

- Implementing a comprehensive, multi-phase, statewide LTSS financing awareness and education campaign to educate the public and employers about private LTSS financing options, and about increasing the use of these options (with appropriate beneficiary protections), including LTC insurance, reverse mortgages, and life insurance with LTSS riders.
- Promoting the purchase of private LTC insurance through a federal Long-Term Care Partnership Program. The LTC Partnership Program provides financial protection for people who purchase “qualified” LTC insurance, exhaust their LTC insurance benefits, and still have LTC needs. For example, the program reduces how many assets individuals in this situation will need to “spend down” in order to qualify for MassHealth coverage. Approximately 40 states have implemented the program for their residents. Massachusetts has a similar program to the LTC Partnership Program, but its asset protection rules vary from the federal program and, in some cases, are narrower in scope.
- Standardizing state oversight of beneficiary protections and rate stabilization around LTC insurance in Massachusetts, as informed by the National Association of Insurance Commissioners (NAIC) model legislation. Massachusetts remains one of the few states that has not fully adopted the NAIC model legislation.<sup>96</sup>
- Developing a state-sponsored or employer-based individual contribution program that helps Massachusetts residents finance their LTSS needs.<sup>97</sup> Under this option, people whose LTSS needs exceed the program’s LTC benefit could still access private LTC insurance and MassHealth, as appropriate (see Figure 6 on page 18).

Advance a state discussion about MassHealth LTSS coordination and integration with other covered services. The next governor should task the secretary of Health and Human Services, in partnership with the MassHealth director and secretary of Elder Affairs, with reinvigorating a public discussion on and pursuing

MassHealth LTSS purchasing and care delivery strategies that result in a less fragmented and more connected continuum of care for MassHealth members who use LTSS, including dually eligible individuals. As the Commonwealth was embarking on significant MassHealth delivery system transformation through the creation of the MassHealth ACOs in 2015–2016, policymakers did consider integrating LTSS with physical and behavioral health services over time for ACO and MCO enrollees. Other approaches were outlined in the report, Massachusetts Long-Term Services and Supports: Achieving a New Vision for MassHealth,<sup>98</sup> and elevated for discussion at a convening supported by the Blue Cross Blue Shield of Massachusetts Foundation.

While MassHealth has expanded enrollment in One Care and SCO, its integrated care programs for dually eligible individuals, and established specialized LTSS care management entities for high-need ACO members, the majority of MassHealth members who use LTSS receive these services in an uncoordinated, fee-for-service delivery system. As the state begins the sixth year of its ACO delivery system transformation effort for the majority of its 2.2 million MassHealth members and continues to consider ways to improve its One Care and SCO programs, the next governor should resurrect a discussion about LTSS purchasing strategies and system improvements as part of broader discussions about MassHealth payment and care delivery reform. MassHealth consumers who use LTSS, their families, and consumer advocates must be included in and central to these discussions from their inception. The pandemic underscored the interdependencies among medical care, LTSS, behavioral health services, and social support services, such as housing and transportation, in promoting the health, well-being, independence, and quality of life for older adults and people with disabilities in Massachusetts, and LTSS should not continue to be fragmented from the rest of the health care system.

<https://tinyurl.com/FocusOnHealthCare>

**2. U. S. Government Accountability Office (GAO)**

September 14, 2022

*COVID-19 in Nursing Homes: CMS Needs to Continue to Strengthen Oversight of Infection Prevention and Control*

The [COVID-19](#) pandemic caused severe illness and death in many nursing homes across the U.S. We also found that some indicators of resident mental and physical health worsened during the pandemic.

The pandemic also highlighted long-standing problems with infection prevention and control in nursing homes. Before the pandemic, the Centers for Medicare & Medicaid Services began requiring nursing homes to designate an infection preventionist on staff. The preventionist is responsible for the home's infection prevention and control program—playing a critical role during the pandemic. We found that the agency could strengthen the preventionists' role, including by collecting preventionist staffing data.

The [recommendations](#) address this issue and more.

**What GAO Found**

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring that nursing homes meet federal standards. CMS enters into agreements with state survey agencies to conduct surveys and investigations of the state's nursing homes. The Centers for Disease Control and Prevention (CDC) issues guidance, operates surveillance systems, and provides technical assistance to support infection prevention and control in nursing homes.

	<p>GAO analysis of CMS data reported by nursing homes shows that seven of the eight key indicators of nursing home resident mental and physical health worsened at least slightly the first year of the pandemic (2020), compared to the years prior to the pandemic.</p> <p>CMS and CDC took actions on infection prevention and control prior to and during the COVID-19 pandemic. For example, prior to the pandemic, CMS required nursing homes to designate an infection preventionist on staff. This person is a trained employee responsible for the home's infection prevention and control program and was crucial to nursing homes during the pandemic. CMS also made changes in how nursing homes were surveyed during the pandemic. However, GAO found areas where CMS could take additional actions, including:</p> <ul style="list-style-type: none"> <li>• <b>Strengthening oversight of the infection preventionist role.</b> GAO identified ways CMS could strengthen oversight of the infection preventionist role, such as by establishing minimum training standards. CMS could also collect infection preventionist staffing data and use it to determine whether the current infection preventionist staffing requirement is sufficient.</li> <li>• <b>Strengthening infection prevention and control guidance.</b> GAO identified how CMS could strengthen this guidance by providing information to help surveyors assess the scope and severity of infection prevention and control deficiencies they identify. For example, CMS could add COVID-19-relevant examples for scope and severity classifications to its State Operations Manual—the key guidance state survey agencies use for conducting nursing home surveys.</li> </ul> <p><b>Why GAO Did This Study</b></p> <p>Implementing proper infection prevention and control practices can be critical for preventing the spread of infectious diseases. Infection prevention and control has been a long-standing concern in the nation's more than 15,000 nursing homes—one that the COVID-19 pandemic has brought into sharper focus. Some infection prevention and control practices in nursing homes, such as social isolation, may negatively affect resident mental and physical health.</p> <p><a href="https://www.gao.gov/products/gao-22-105133">https://www.gao.gov/products/gao-22-105133</a></p>
Inspiration	<p><b>3. Sunday Today</b> December 11, 2022 <i>Meet the choir group helping dementia patients unlock memories</i> The talented singers at Music for Dementia sharpen the hazy past through performances that help trigger memories and regain their light. Through music, the singers are able to find a sense of peace for themselves and their families. NBC's Molly Hunter reports in this week's Sunday Spotlight. <a href="https://tinyurl.com/ChoirGroupUnlockingDementia">https://tinyurl.com/ChoirGroupUnlockingDementia</a></p> <p><b>4. Tribute to the Paralympic values</b> December 3 is International Day of Persons with Disabilities. French choreographer Sadeck Waff created this powerful tribute to the Paralympic values, illustrated by his troupe of 128 dancers. Able-bodied and disabled people alike move in harmony and without barriers: <a href="https://fb.watch/hdbGUYXwH7/?mibextid=NnVzG8">https://fb.watch/hdbGUYXwH7/?mibextid=NnVzG8</a></p>
Lives Well Lived	<p><b>5. Sunday Today</b> December 11, 2022 <i>Remembering Bob McGrath: 'Sesame Street' icon, music pioneer</i></p>



	<p>Bob McGrath, an original “Sesame Street” cast member and teacher to generations of kids, has passed away at the age of 90. McGrath appeared on “Sesame Street” for over 47 years and recorded eight children’s albums, introducing symphonic music to young people. Sunday TODAY’s Willie Geist remembers a life well lived.</p> <p><a href="https://tinyurl.com/BobMcGrathSesameStreet">https://tinyurl.com/BobMcGrathSesameStreet</a></p>
Dignity Votes 2022	<p><b>6. Healey / Driscoll Transition Team</b>  <a href="https://healeydriscolltransition.com">https://healeydriscolltransition.com</a></p> <p><b>7. Andrea Campbell Transition Committee</b>  <a href="https://www.andreacampbell.org/transition/">https://www.andreacampbell.org/transition/</a></p>
Call to Action	<p><b>8. Supported Decision Making (S.3132/H.4725)</b>  <a href="#">Take Action Here</a></p> <p>Dignity Alliance Massachusetts, along with many other advocacy groups, has endorsed <i>S.3132 / H.4725 An Act relative to supported decision making</i> as a legislative priority for the current session  <a href="https://malegislature.gov/Bills/192/H4725/">(https://malegislature.gov/Bills/192/H4725 /</a>  <a href="https://tinyurl.com/DignityMAEndorsementH4725">https://tinyurl.com/DignityMAEndorsementH4725</a></p> <p>The Arc of Massachusetts has distributed this message with a link to communicate directly with your legislators:  <b>The Senate passed Supported Decision-Making earlier in the session: we must ask the House to do the same!</b></p> <p>Supported Decision-Making (SDM) is an alternative to guardianship for some adults with disabilities or elders. It allows an individual to choose one or more trusted supporters to provide assistance in making decisions about their lives, while maintaining independence and dignity. This bill would establish the legal framework for SDM in MA as described below:</p> <ul style="list-style-type: none"> <li>• define SDM and establish roles for those involved</li> <li>• allow people with disabilities and elders to enter into an SDM agreement with people they trust, or “supporters”</li> <li>• establish required elements of an SDM agreement form</li> <li>• create protections against abuse of the model</li> <li>• require that courts first consider SDM before establishing a guardianship</li> <li>• establish training for people using the model (supporters and decision-makers)</li> <li>• ensure all youth turning 18 are made aware of the SDM option at Individualized Educational Plan (IEP) meetings</li> </ul> <p>Please use this form letter to write to your Representative and ask them to reach out to the Chair of House Ways and Means and the Speaker. If you have questions, please contact Dick Moore, DignityMA Legislative Workgroup Chair, <a href="mailto:rmooore8743@charter.net">rmooore8743@charter.net</a>.  <a href="#">Take Action Here</a></p>
Webinars and Online Sessions	<p><b>9. Justice in Aging</b>  Tuesday, December 13, 2022, 2:00 to 3:15 p.m.  <i>Advancing Equity in Legal Services: Lessons Learned from the 2022 Cohort</i>  Justice in Aging and the National Center on Law and Elder Rights (NCLER), which Justice in Aging administers under contract with the Administration for Community Living (ACL), developed a cohort of legal services programs and provided capacity-building support and tools to advance equity for older adults, with a focus on community partnerships. The programs accessed an Equity Tool that provides a framework for analyzing projects for equitable impact.</p>

	<p>Participants will hear from programs that committed to develop an equity project to improve their systems to better serve older adults who have faced structural discrimination. Participating programs were:</p> <ul style="list-style-type: none"> <li>• Legal Services of Alabama, a statewide program, is improving outreach to historically discriminated communities with heir-property issues.</li> <li>• Community Legal Services in Philadelphia, PA is working to assist Black and Hispanic families impacted by Medicaid estate recovery.</li> <li>• Southern Minnesota Regional Legal Services, serving thirty-three counties in serving Minnesota, participated in a group to implement a legal risk detector to better reach Spanish speaking and Indigenous older adults through community partners.</li> <li>• Bet Tzedek Legal Services in Los Angeles, CA is developing volunteer and pro bono outreach strategies to build client pipelines for communities of color in Los Angeles County.</li> </ul> <p><a href="#">In this training</a>, presenters will:</p> <ul style="list-style-type: none"> <li>• Share their experiences and reflections about implementing an equity project;</li> <li>• Discuss an Equity Tool for legal and aging services to analyze projects for impact on equitable service delivery; and</li> <li>• Invite attendees to connect with NCLER and Justice in Aging about the Equity Tool or future iterations of the Advancing Equity in Legal Services program.</li> </ul> <p>Who Should Participate: Advocates who work directly with older adults/people who coordinate direct services (legal and non-legal). Presenters: Michael Forton, Legal Services of Alabama Pam Walz, Community Legal Services Laura Orr, Minnesota Elder Justice Center Bet Tzedek Legal Services</p> <p><a href="#">Register Now</a></p>
Previously posted webinars and online sessions	<p><b>Previously posted webinars and online sessions can be viewed at:</b> <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Nursing Homes	<p><b>10. Skilled Nursing News</b> December 4, 2022 <i>2023 Skilled Nursing Investment Outlook Hinges on Interest Rates, Medicaid Rebasin</i> These dynamics — funding measures at the state level and rising interest rates — will shape skilled nursing investment activity as 2022 concludes and the new year begins. . . <b>How investors look at Medicaid rates</b> Medicaid reimbursement rates will continue to have a direct impact on transactions, valuations, and pricing in the market. . . There’s attractiveness for buyers in states with permanent rate increases already in place and those primed to pass similar increases as state legislative sessions convene. . . Other states haven’t provided any type of increased reimbursement for operators, Segal said, in turn putting a lot of pressure on facilities operating in these states. “It’s going to be one of the challenges going forward as costs continue to increase for operating these types of businesses, and reimbursement that is not</p>

being increased at the same clip to allow for those costs to be absorbed,” said [Michael] Segal, [executive managing director at Blueprint]. “It’s putting pressure on operators to the point where some simply have to exit.” . .

Skilled nursing operators can’t pass the burden of rising costs on to residents like those in assisted living and seniors housing, due to SNFs’ heavy mix of Medicare and Medicaid beneficiaries – it’s up to operators to figure out how to continue innovating and acquiring properties.

<https://tinyurl.com/2023NHInvestmentOutlook>

**11. Office of the Massachusetts Attorney General**

November 1, 2022

*Two Individuals Charged in Connection with Thefts from Nursing Home Residents in Brookline and Attleboro*

Two individuals have been indicted in connection with allegations they abused their positions as long-term care facility or nursing home employees to fraudulently access and steal from the bank accounts of nursing home residents in Brookline and Attleboro.

<https://tinyurl.com/TwoCharged>

**12. Select Subcommittee on the Coronavirus Crisis**

September 21, 2022

*Ahead of Hearing, Select Subcommittee Releases New Evidence of Dire Conditions at For-Profit Nursing Home Chains in 2020*

New evidence released by the Select Subcommittee . . . includes the following key findings:

**Many nursing home facilities were severely understaffed during the early months of the pandemic, leading to deficient care, neglect, and negative health outcomes for residents.**

- Individuals at numerous facilities reported an insufficient number of nurses and certified nursing assistants (CNAs), resulting in staff members being responsible for dozens of nursing home residents at a time.
- As a result of understaffing, numerous reports alleged that nursing home residents received deficient care and experienced neglect—leading to negative health outcomes.
- While coronavirus outbreaks among staff may have contributed to staffing shortages in some facilities, one nursing home worker tied understaffing to corporate greed.

**For-profit nursing home chains did not supply their workers with adequate personal protective equipment (PPE)**

- Staff and other stakeholders made numerous reports that employees and residents were provided with insufficient PPE during the early months of the pandemic—forcing them to utilize makeshift supplies to protect themselves.

**Many nursing homes pressured staff to continue working despite having symptoms of or testing positive for the coronavirus—endangering nursing home residents and other staff.**

- At many facilities, employees were reportedly pushed to continue to work while exhibiting coronavirus symptoms or testing positive.
- Many reports highlighted a pattern of nursing home management threatening to fire or retaliate against employees if they called in sick.
- Many facilities refused to give paid sick days to employees and contractors who needed to quarantine and did not require that employees quarantine despite testing positive, as then-existing CDC guidance recommended.

	<p><b>For-profit nursing home chains’ use of convoluted corporate structures may have helped to obscure profits and avoid legal and regulatory accountability.</b></p> <ul style="list-style-type: none"> <li>• Internal company records from June 2020 reveal that for-profit nursing home companies included in the Select Subcommittee’s investigation utilized convoluted corporate structures to own and operate their businesses. For example, <b>Genesis Healthcare, Inc. (“Genesis”) was comprised of over 700 discrete corporate entities as of June 2020, many of which acted as service providers to others within their family structure.</b></li> <li>• <b>These chains typically held each nursing home facility through one or more operating companies that were separated from the ultimate parent by many levels of corporate intermediaries.</b></li> <li>• The structure used by Genesis is consistent with those used by four other companies from which the Select Subcommittee obtained corporate documents. For example, <b>Consulate described that it was structured as of June 2020, so that “Each facility is a stand-alone company that has its own employees, accounting systems, cost reports, etc.” Consulate owns separate “Master Tenant” companies that hold facility leases and sublease facility premises to Consulate operating companies.</b> Sava’s corporate organization records similarly indicate that many or all of its facilities are held by discrete operating companies.</li> <li>• Experts have <a href="#">indicated that</a> because regulatory penalties and information regarding nursing home quality tend to be presented at the facility level—without an easily accessible way for the public to see ratings or infraction histories at the management or ownership level—convoluted corporate structures may serve to shield nursing home chains from close scrutiny by the public, including residents and their family members. Experts have <a href="#">also noted</a> that the practice of nursing home parent companies using separate subsidiaries to service their operating companies may allow companies to obscure the true financial condition of a given nursing home facility.</li> </ul> <p>Click to read the documents released [by the Committee]: Selection of <a href="#">complaints</a> from Ensign Group, SavaSeniorCare, and Consulate Health Care; corporate structure documents from <a href="#">Genesis HealthCare, Inc.</a>; corporate structure documents from <a href="#">Ensign Group</a>; corporate structure documents from <a href="#">Consulate Health Care</a>; corporate structure documents from <a href="#">SavaSeniorCare</a>; and corporate structure documents from <a href="#">Life Care Centers of America</a>.  <a href="https://tinyurl.com/EvidenceOfDireConditions">https://tinyurl.com/EvidenceOfDireConditions</a></p>
Covid	<p><b>13. AP News</b>  December 11, 2022  <i>Hospitalizations signal rising COVID-19 risk for US seniors</i>  Coronavirus-related hospital admissions are climbing again in the United States, with older adults a growing share of U.S. deaths and <a href="#">less than half of nursing home residents up to date</a> on COVID-19 vaccinations. . .  One troubling indicator for seniors: <a href="#">Hospitalizations for people with COVID-19 rose</a> by more than 30% in two weeks. Much of the increase is driven by older people and those with existing health problems, said Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention. The numbers include everyone testing positive, no matter why they are admitted. . .  Staff and visitors are potential entry points to nursing homes for the virus. The best facilities use a multi-layered approach, protecting residents with masks, screening questions, temperature checks and enhanced infection control.</p>

	<a href="https://tinyurl.com/SignalRisingCovid">https://tinyurl.com/SignalRisingCovid</a>
Health Care	<p><b>14. NPR Morning Edition</b> December 7, 2022 <i>Limited nursing home beds force hospitals to keep patients longer</i> The lack of nursing home beds means that U.S. hospitals are caring for patients who don't need to be hospitalized but have nowhere else to go. The nationwide shortage of nursing home staff also means a shortage of care. Nursing homes cannot take on as many residents, and that means many people who should be moving into nursing homes instead spend more time stuck in hospitals. . . And it's happening at hospitals all over the country. More than 30 medical organizations, including the American Medical Association, wrote an impassioned letter to President Biden last month, calling the situation a public health emergency. Low wages and workforce shortages exacerbated by the pandemic are at the heart of this problem. Many skilled long-term care facilities have had to hire more costly traveling nurses, straining already tight budgets. That's forced many nursing homes to take beds offline. Medicaid pays for the majority of nursing home patients in the U.S., and a number of states have increased reimbursement rates and provided additional funding. But so far, it's not enough. <a href="https://tinyurl.com/LimitedNursingHomeBeds">https://tinyurl.com/LimitedNursingHomeBeds</a></p>
Incarceration	<p><b>15. Justice in Aging</b> December 2022 As the overall population ages, the prison population is aging too. Older adults reentering our communities are disproportionately older adults of color who, due to structural discrimination, are at risk of being unable to access the health and economic security programs that could help them live securely in the community. In 2022, Justice in Aging launched a new program to leverage our deep knowledge of Medicare, Medicaid, Social Security, SSI, and other programs to improve the way we support older adults reentering communities after incarceration. <b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Issue Brief: Reducing Barriers to Reentry for Older Adults Leaving Incarceration</a></li> <li>• <a href="#">Analysis - Medicare and People Leaving Incarceration: A Primer for California Advocates During the Pandemic</a></li> <li>• <a href="#">Comment: Justice in Aging's comments on Revisions to Medicare Enrollment and Eligibility Rules</a></li> </ul>
Aging Topics	<p><b>16. *Washington Post</b> December 9, 2022 <i>To live longer, pick up the pace just three minutes a day, study shows</i> Hurrying through chores and moving with gusto just a few times a day is linked to a 40 percent lower risk of premature death in adults. . . The study's results join mounting scientific evidence that adding a little intensity to our lives pays big dividends for our health, without requiring extra equipment, instruction, gym memberships or time. The idea that how we move influences how long we live is hardly new. Plenty of research links regular exercise with longer life spans, including the formal public health <a href="#">exercise guidelines</a>, which recommend at least 150 minutes a week of moderate exercise for health and longevity.</p>

	<a href="https://tinyurl.com/ToLiveLongerPickUpPace">https://tinyurl.com/ToLiveLongerPickUpPace</a>
	*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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a> .
Websites	<b>Elder Justice Coalition</b> <a href="https://elderjusticecoalition.com/">https://elderjusticecoalition.com/</a> The nonpartisan coalition is 3,000 members strong, spanning all generations. Comprised of individuals and organizations, we are a resource to Congress, the Administration, media, and the general public to raise awareness of elder abuse, neglect, and exploitation and help develop and advocate for national policies to end this crisis. In February 2003, the Coalition was founded to coincide with the introduction of the original Elder Justice Act in Congress. The EJC had five founding member organizations: <ul style="list-style-type: none"> <li>• The National Committee for the Prevention of Elder Abuse (NCEPA)</li> <li>• The National Academy of Elder Law Attorneys (NAELA)</li> <li>• The National Association of State Units on Aging (NASUA)</li> <li>• The National Association of State Long-Term Care Ombudsman Programs (NASOP)</li> <li>• The National Adult Protective Services Association (NAPSA)</li> </ul> <b>The Elder Index</b> <a href="https://elderindex.org/about">https://elderindex.org/about</a> The Elder Economic Security Standard™ Index (Elder Index), was developed by the <a href="#">Gerontology Institute at the University of Massachusetts Boston</a> . The Elder Index is a measure of the income that older adults need to meet their basic needs and age in place with dignity. The Elder Index is specific to household size, location, housing tenure, and health status. It includes the cost of: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Health Care</li> <li>• Transportation</li> <li>• Food</li> <li>• Miscellaneous Essentials</li> </ul>
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Nursing Home Closures	<ul style="list-style-type: none"> <li>• <b>Quincy Health and Rehabilitation Center LLC, Quincy</b> 126 beds; current census: 77 Owner: Waschusett Healthcare Star rating: 2 stars Target closure: December 7</li> <li>• <b>Attleboro Healthcare, Attleboro</b> 120 beds Owner: Next Step Healthcare</li> </ul>

	<p>Star rating: Special Focus Facility Target closure: December 29</p> <ul style="list-style-type: none"> <li>• <b>Dedham Healthcare, Dedham</b> 145 beds Owner: Next Step Healthcare Star rating: 1 star Target closure: December 29</li> <li>• <b>Gloucester Healthcare, Gloucester</b> 101 beds Owner: Next Step Healthcare Star rating: 3 stars Target closure: December 30</li> <li>• <b>Chetwynde Healthcare, West Newton</b> 75 beds Owner: Next Step Healthcare Star rating: 2 stars Target closure: December 30</li> </ul> <p><b>NOTE: Admission freezes have been initiated in all facilities with closure plans.</b> Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a></p>
<p>Pending nursing home change of ownership in Massachusetts</p>	<ul style="list-style-type: none"> <li>• Royal Health Cape Cod</li> <li>• Royal Health Cotuit</li> <li>• Royal Health Falmouth</li> <li>• Royal Health Megansett</li> <li>• Royal Health Meadow View – North Reading</li> <li>• Royal Health Wayland</li> <li>• Royal Wood Mill – Lawrence</li> <li>• Royal Health Fairhaven</li> <li>• Royal Health Braintree</li> <li>• Royal Health Norwell</li> </ul> <p><a href="https://www.royalhealthgroup.com">https://www.royalhealthgroup.com</a></p>
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>
<p>Nursing homes with admission freezes</p>	<p><b>Massachusetts Department of Public Health</b> <i>Temporary admissions freeze</i> On November 6, 2021 the state <a href="#">announced</a> 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:</p> <ul style="list-style-type: none"> <li>• Number of new COVID-19 cases within the facility</li> </ul>

- 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 December 8, 2022. Red font – newly added**

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attleboro	8/31/2022	Closure notice
Cape Heritage Rehab and Health Cen.	Sandwich	10/26/2022	Infection Control
Charwell House Health and Rehabilitation	Norwood	9/14/2022	Infection Control
Chetwynde	West Newton	9/1/2022	Closure notice
Dedham Healthcare	Dedham	7/6/2022	Closure notice
Gloucester Healthcare	Gloucester	9/1/2022	Closure notice
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/SpecialFocusFacilityProgram>

**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:

	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225295">https://projects.propublica.org/nursing-homes/homes/h-225295</a></p> <ul style="list-style-type: none"> <li>• Vantage at South Hadley No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a></li> <li>• Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225425">https://projects.propublica.org/nursing-homes/homes/h-225425</a> <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																								
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> 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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td>82</td> <td><a href="#">C</a></td> </tr> <tr> <td>7,056</td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,850</a></td> <td><a href="#">E</a></td> </tr> <tr> <td>546</td> <td><a href="#">F</a></td> </tr> <tr> <td>487</td> <td><a href="#">G</a></td> </tr> <tr> <td>31</td> <td><a href="#">H</a></td> </tr> <tr> <td>1</td> <td><a href="#">I</a></td> </tr> <tr> <td>40</td> <td><a href="#">J</a></td> </tr> <tr> <td>7</td> <td><a href="#">K</a></td> </tr> <tr> <td>2</td> <td><a href="#">L</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	82	<a href="#">C</a>	7,056	<a href="#">D</a>	<a href="#">1,850</a>	<a href="#">E</a>	546	<a href="#">F</a>	487	<a href="#">G</a>	31	<a href="#">H</a>	1	<a href="#">I</a>	40	<a href="#">J</a>	7	<a href="#">K</a>	2	<a href="#">L</a>
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<p><i>Nursing Home Compare</i></p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they</p>																								

	<p>need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>															
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>          CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>															
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>          Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>															
DignityMA Call to Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>															
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>          Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>          Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>          LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>          Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>          Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>															
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td>Communications</td> <td>Pricilla O’Reilly Samantha VanSchoick Lachlan Forrow</td> <td><a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></td> </tr> <tr> <td>Facilities (Nursing homes, rest homes, assisted living)</td> <td>Arlene Germain</td> <td><a href="mailto:agermain@manhr.org">agermain@manhr.org</a></td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>	Communications	Pricilla O’Reilly Samantha VanSchoick Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
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	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
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<b><i>The Dignity Digest</i></b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</p>		
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<p><i>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: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a> For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			