



The Dignity Digest

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

*May require registration before accessing article.

Spotlight

Judy Woodruff on how her son with disabilities changed her view of health care

Washington Post (free access)

December 29, 2022

<https://wapo.st/3jFaurb>

The 'PBS NewsHour' anchor is stepping down but still plans to report from around the country, with some stories about people with disabilities. . . One subject close to her heart that she wants to highlight? People with disabilities.

Her oldest son, Jeffrey Hunt, was born with what she calls a "very mild" case of spina bifida. When he was a teenager, what was a supposed to be a routine operation left him in a wheelchair and in need of full-time care. It was life-altering for Jeffrey and the entire family. . .

"I thought I was sensitive and compassionate before Jeff was injured," Woodruff says. "But I found that there's just a whole other level of what he was experiencing that affected me profoundly." As a parent and caregiver, "you suddenly belong to this community that you never knew you were going to be part of, and none of us probably wanted to be there." . .

"It makes you appreciative of how difficult and expensive a serious health issue is," Al [Hunt, Judy Woodruff's husband] says. "It used to infuriate me when politicians would talk about how good the current health-care-delivery system was. They never went through the hell of not being about to afford the best care."

He and Woodruff credit politicians such as Bob Dole, John McCain, Tom Harkin, and Ted Kennedy, who fought for the Americans with Disabilities Act and other legislation that protects people with disabilities from discrimination and mandates public accommodations. Obamacare, he says, has also helped millions of families. . .

Their experience has also provided a better understanding of how health care and disabilities are reported in the media. "I've gotten to know journalists over the years who cover people with disabilities — and recognize, frankly, how little it's covered," Woodruff says. "There certainly are plenty of groups out there beating the drum for cancer and heart disease and covid. They're all worthy. They're all important."

	<p>Covering disabilities is complicated by the fact that they occur for so many reasons: genetic conditions, illness, accidents, war injuries. “Because there are so many different organizations and people advocating, it’s been hard to come together and make one case,” she says. “It pits one good cause against another good cause.”</p> <p>Over the next two years, Woodruff says, she plans to do more segments on disability in America, with a special interest in the lack of resources for adults living with disabilities. It is an issue that cuts across politics, demographics, and party lines; she hopes she can bring her personal experience to the stories and help restore some of the country’s broken trust in the media. “We have to walk that fine line between having a heart and caring and being human, but also understanding that we have a job to do,” she says. “So, I guess I’m asking the public to understand that. Most of us are trying to do the right thing. We’re trying to get the story right.”</p>
<p>Quotes of the Week</p>	<p><i>“There’s a workforce crisis across so many sectors right now in our state, but no sector is experiencing it more than human services and health care and the consequence of that, where people are relying on that care, is just absolutely devastating. As governor, I’m going to continue to stand up for the tens of thousands of homecare workers who are providing vital care, compassionate care, to ensure that people are able to live independently, safely and with dignity. We deprive ourselves as a commonwealth when we fail to recognize the dignity, the worth and the capacity of each person in this state.</i></p> <p>Governor-elect Maura Healey, <i>Healey vows to address shortage of personal care attendants</i>, Hampshire Gazette, December 27, 2022, https://tinyurl.com/HealeyVowsToAddressShortage</p> <p><i>“I thought I was sensitive and compassionate before Jeff was injured, but I found that there’s just a whole other level of what he was experiencing that affected me profoundly.” As a parent and caregiver, “you suddenly belong to this community that you never knew you were going to be part of, and none of us probably wanted to be there.”</i></p> <p>Judy Woodruff, <i>Judy Woodruff on how her son with disabilities changed her view of health care</i>, Washington Post (free access), December 29, 2022, https://wapo.st/3jFaurb</p>

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Judy Woodruff, *Judy Woodruff on how her son with disabilities changed her view of health care*, **Washington Post (free access)**, December 29, 2022, <https://wapo.st/3jFaurb>

Our health care system cannot function without family caregivers.

National Strategy Will Meet Caregivers’ Needs, **Next Avenue**, November 21, 2022, <https://tinyurl.com/MeetCaregiverNeeds>

Too often, “old people” [in the United States] are regarded as useless, helpless or a nuisance, left to wind down the clock as they stare out the window, a lifetime of experiences, work, achievement, and sacrifice forgotten.

Gary Abernathy, *Ageism is one form of bigotry that never seems to get old*, **Washington Post (free access)**, December 28, 2022, <https://wapo.st/3Qafekw>

The government is leaving billions of dollars on the table.

The Great Big Medicare Rip-Off, **The Atlantic**, December 26, 2022, <https://tinyurl.com/GreatMedicareRipOff>

There are over one billion disabled people around the globe (and counting, due to Long Covid). And it’s been over thirty-two years since the signing of the Americans with Disabilities Act (ADA). So, why don’t small businesses have holiday (and year-round) marketing plans that include disabled people as a viable consumer group and valuable part of the community? The message here is that there is no welcome mat for disabled people.

Shopping Locally for the Holidays Should Be Accessible to All, **The Century Foundation, Voices of Disability Economic Justice Project**, December 19, 2022, <https://tinyurl.com/ShoppingLocally>

	<p><i>“[Ending homelessness is] a complicated issue. My only observation is until the bigger resolution happens . . . it seems like well-run attempts to address this issue neighborhood by neighborhood is a reasonable step forward.”</i></p> <p>Will Cohen, chair of the Jamaica Plain Neighborhood Council, <i>‘Permanent supportive housing’ may be controversial to would-be neighbors, but it’s been beneficial to those who live in it</i>, *Boston Globe, December 20, 2022 (updated), https://tinyurl.com/PermanentSupportiveHousing</p> <p><i>“We are concerned that when applied to hospice care, the private equity model of generating profit on a rapid turnaround can occur at the expense of dying patients and their families.”</i></p> <p>Senate Finance Committee Report, <i>Congress and Industry Leaders Call for Crackdown on Hospice Fraud</i>, ProPublica, December 19, 2022, https://tinyurl.com/CrackdownOnHospiceFraud</p> <p><i>“I feel like standing still isn’t an option.</i></p> <p>Mary McGeown, executive director of the Massachusetts Society for the Prevention of Cruelty to Children commenting on Massachusetts new “front door” initiative regarding behavioral health services, <i>The state’s ‘front door’ to behavioral health care set to open as demand for services soars</i>, *Boston Globe, January 1, 2023, https://tinyurl.com/BehavioralFrontDoor</p>
<p>Dignity Alliance Massachusetts in the News</p>	<p>1. Boston Globe December 23, 2022 <i>Crisis of Care for Older Adults should be a Call to Action, not a Plea for More Tax Dollars.</i></p> <p>The seriousness of our nursing home crisis, especially the severe shortages of available nursing and other support staff, is undeniable (“At a Tewksbury nursing home, labor shortage reveals an industry in distress, <i>Globe</i> 12/17/2022).</p> <p>We also agree fundamental structural change is essential: more nursing instructors; caregiver career ladder training opportunities; and greater support for immigrants to care for the expected growth in the elder population. Instead of pouring more tax dollars into an antiquated nursing home system, we must prioritize home and community-based services, which the vast majority of people prefer.</p> <p>The transformational action plan promoted by Dignity Alliance Massachusetts has six major components:</p> <ol style="list-style-type: none"> 1. Nursing home ownership transparency. 2. Nursing home financial accountability. 3. Home and community-based services expansion. 4. Direct care workforce development and livable compensation. 5. Number of nursing homes reduced and single occupancy rooms increased.

	<p>6. Secretary of Elder Affairs restored to a Cabinet position reporting directly to the Governor.</p> <p>As the nursing home industry’s Tara Gregorio expressed so clearly, “There is no greater purpose than taking care of our elderly and frail.” Advocates, including Dignity Alliance Massachusetts, are in full agreement!</p> <p>The incoming Healey-Driscoll Administration has the opportunity to lead the Commonwealth to such greatness.</p> <p><i>The authors, former Secretary of Elder Affairs Paul J. Lanzikos, former Executive Director of Massachusetts Advocates for Nursing Home Reform Arlene Germain, former State Senator Richard T. Moore, and Dr. Lachlan Forrow are among the leaders of Dignity Alliance Massachusetts.</i></p> <p>Read how to better care for our elders in the Boston Globe</p>
<p>Listening Session and Opportunity for Comment</p>	<p>2. Executive Office of Health and Human Services</p> <p><i>Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS) Community Rule</i></p> <p>A virtual public listening session for the Statewide Transition Plan will be held on January 5, 2023, at 1:00 p.m.</p> <p>Comments will also be accepted by email and regular mail through January 11, 2023, at 5:00 p.m.</p> <p>Massachusetts has updated its Statewide Transition Plan for Compliance with the Home and Community-Based Services (HCBS) Community Rule. The Plan has been revised for submission to CMS in order to demonstrate that Massachusetts will have achieved full compliance with the requirements of the Community Rule by the federal deadline of March 16, 2023.</p> <p>The Statewide Transition Plan has been updated to include the following:</p> <ul style="list-style-type: none"> • descriptions of the state’s ongoing monitoring and oversight processes; • updated numbers of provider settings, accounting for any site openings and closures; and • inclusion of certain Adult Foster Care program settings where HCBS waiver participants reside. <p>As part of the HCBS Community Rule, CMS requires settings in the following categories to be submitted for Heightened Scrutiny review.</p> <ul style="list-style-type: none"> • Prong 1 settings: Located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD) • Prong 2 settings: Located adjacent to a public hospital, nursing facility, ICF-DD or IMD • Prong 3 settings: Have the effect of isolating people from the broader community of people who do not receive HCBS <p>Massachusetts does not have any waiver settings that fall into Prongs 1 or 2. CMS requires information for any providers that were not fully in compliance with Prong 3 of the Community Rule by July 1, 2021, be submitted to CMS for Heightened Scrutiny review. Massachusetts has completed Heightened Scrutiny packages for two providers in Prong 3 as required.</p> <ul style="list-style-type: none"> • Statewide Transition Plan for Compliance with the CMS Home and Community Based Services Community Rule PDF Word • Heightened Scrutiny Evidentiary Package 1 PDF Word • Heightened Scrutiny Evidentiary Package 2 PDF Word <p>Members of the public may submit their input on the revised STP and the Heightened Scrutiny packages via email, regular mail, or at a virtual public</p>

	<p>listening session. Comments will be accepted through January 11, 2023, at 5 p.m.</p> <p>Here are the instructions on how to submit comments.</p> <ul style="list-style-type: none"> • Email HCBSWaivers@Mass.gov and include “STP/Heightened Scrutiny” on the subject line. • Mail: HCBS Waiver Unit, Executive Office of Health and Human Services, RE: STP/Heightened Scrutiny Comments, 1 Ashburton Place, 5th Floor, Boston, MA 02108 • Virtual public listening session: January 5, 2023, at 1 p.m. You may join the listening session by video conference from your computer or smart phone or by phone. • Online Video (from computer or smart phone): https://zoom.us/j/93620532207?pwd=N2NxZDZiQmRlZ2ZpTkovL2FONWI6QT09 Telephone: 1-646-876-9923, Meeting ID: 936 2053 2207, Password: 398295 <p>If you wish to pre-register to speak at the public listening session, please email your name and organization (if applicable) by January 4, 2023, to HCBSWaivers@Mass.gov and include “STP/Heightened Scrutiny” on the subject line.</p> <p>You may join the listening session by video conference from your computer or smart phone or by phone. Online Video (from computer or smart phone): https://zoom.us/j/93620532207?pwd=N2NxZDZiQmRlZ2ZpTkovL2FONWI6QT09 Telephone: 1-646-876-9923, Meeting ID: 936 2053 2207, Password: 398295</p>
<p>Call for Proposals / Abstracts</p>	<p>3. Network for Public Health Law <i>2023 National Public Health Law Conference</i> October 24 - October 26 in Minneapolis, Minnesota. Abstracts accepted through Monday, February 6, 2023 Submissions encouraged related to these priority areas, are not limited to the topics noted:</p> <ul style="list-style-type: none"> • Addressing structural inequities: COVID and other infectious disease health disparities, antiracism in public health, overdose prevention and substance use disorder treatment, mental health care access (including culturally sensitive care), suicide prevention, health impacts of climate change (including climate justice), health equity for people with disabilities, food insecurity, and Tribal health care quality and access. • Reproductive health equity: Post-Dobbs legal landscape, fetal personhood provisions, prenatal health and birth outcome disparities, access to contraception and abortion, developing litigation, and reproductive health data privacy. • Public health data use and sharing: Tribal public health data; cross sector data sharing; equity issues in public health data; collecting, using, and sharing environmental health and climate data; trends in data privacy or data sharing; and data modernization initiatives. • Public health law practice: Routine public health authorities, litigation, and other legal tools, operationalizing racial equity tools and frameworks, implicit bias in public health law, politicization of public health measures, legal threats to local climate initiatives, advocacy and messaging, and legal epidemiology. • Pressing and emerging issues: Future public health emergencies, communities addressing climate change, legislative trends in racial equity, vaccination, adult-use cannabis, civic engagement and equity, improving

	<p>health literacy and communications, constitutional shifts and legislative or judicial trends impacting public health, and gun control.</p> <p>View the call for abstracts</p>
Save the Date	<p>4. Work Without Limits Tuesday, March 7, 2023, 1:30 to 3:30 p.m. Virtual. Registration opening in early January. The Work Without Limits Career Fair for Individuals with Disabilities connects job seekers with disabilities with inclusive employers.</p> <p>Job Seekers</p> <ul style="list-style-type: none"> • Network with leading disability-inclusive employers from Work Without Limits Business Network and MORE! • Learn about available internships and job opportunities! <p>Employers</p> <p>Recruiting Organizations will receive:</p> <ul style="list-style-type: none"> • Virtual recruitment space with option of multiple breakout rooms • Access to qualified candidates with disabilities sourced from over 100 organizations including colleges and universities, and public and private vocational rehabilitation agencies • Pre- and post-event access to candidate resumes • Two pre-event live webinar trainings for your recruiters on Disability Etiquette and Interviewing Candidates with Disabilities <p>Interested in recruiting? Save your spot now! Contact Kathy Muhr, Director of Community Engagement. Visit the event page for more information.</p> <p>5. The LGBTQ+ Elders in an Ever Changing World Conference Thursday, June 15, 2023 at Salem State University Keynote speaker: Dr. Imani Woody Nationally known thought leader Dr. Imani Woody has advocated for the rights of women, people of color, and LGBTQ+/SGL (Same Gender Loving) people for more than 25 years. She has worked tirelessly to address the many challenges these groups confront as they age. The LGBTQ+ Elders Conference is a collaborative effort of AgeSpan (formerly Elder Services of the Merrimack Valley and North Shore), Good Shepherd Community Care, LGBTQIA+ Aging Project Fenway Health, Over the Rainbow Social Group and Salem State University School of Social Work. A Request for Proposals form will be available soon. Questions? lgbtqeldersconference@gmail.com</p>
Reports	<p>6. Administration on Community Living October 1, 2022 <i>2022 National Strategy to Support Family Caregivers</i></p>

2022 National Strategy to Support Family Caregivers



Developed by:

The Recognize, Assist, Include, Support, and Engage (RAISE) Act
Family Caregiving Advisory Council

&

The Advisory Council to Support Grandparents Raising Grandchildren



Technical assistance provided by the Administration for Community Living | September 21, 2022

The 2022 National Strategy to Support Family Caregivers was created to support family caregivers of all ages, from youth to grandparents, and regardless of where they live or what caregiving looks like for them and their loved ones. The strategy was developed jointly by the advisory councils created by the [RAISE Family Caregiving Act](#) and the [Supporting Grandparents Raising Grandchildren Act](#), with extensive input from the public, including family caregivers and the people they support. It will be updated in response to public comments and will evolve with the caregiving landscape.

COMPONENTS OF THE NATIONAL STRATEGY

- [2022 National Strategy to Support Family Caregivers](#) - An overview and description of the strategy's goals and intended outcomes
- [First Principles: Cross-Cutting Considerations for Family Caregiver Support](#) - Describes the four key principles that must be reflected in all efforts to improve support to family caregivers
- [Federal Actions](#) - Nearly 350 actions that 15 federal agencies will take in the near term to begin to implement the strategy.
- [Actions for States, Communities, and Others](#) - More than 150 actions others can take.

Other Materials

- Read the [press release](#).
- Check out this [infographic summarizing the National Strategy](#).
- Use our [toolkit to spread the word](#) about how we can all support family caregivers.

[2022 National Strategy to Support Family Caregivers](#)

Dignity Votes 2022

- 7. Healey / Driscoll Transition Team**
<https://healeydriscolltransition.com>
- 8. Andrea Campbell Transition Committee**
<https://www.andreacampbell.org/transition/>

<p>Long Term Care Community Coalition</p>	<p>9. 22 of 2022: LTCCC’s Favorite Nursing Home Reports of the Year December 2022</p> <p>2022 has been a pivotal year in long-term care and we at LTCCC are grateful for all those who have been writing and reporting about the important issues along the way.</p> <p>That’s why we’re sharing 22 of our favorite articles of 2022 (plus, a few extras!). Below is a list of investigative stories, government reports, and other articles about nursing home reform, finances, staffing, oversight, equity, dementia care, and more. Click the toggle (+) for excerpts and follow the link for the full articles. <i>Note: The list is neither comprehensive nor in order of ranking. There have been many excellent reports on long-term care in 2022, but you won’t find all of them on this page — sorry if we missed you!</i></p> <p>Reform</p> <ul style="list-style-type: none"> • FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation’s Nursing Homes (The White House) • The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff (NASEM) • What Does AHCA Object to In The Biden Nursing Home Reform Agenda? Being Held Accountable for Care (Center for Medicare Advocacy) <p>Finances</p> <ul style="list-style-type: none"> • Endgame: How the Visionary Hospice Movement Became a For-Profit Hustle (ProPublica) • Following the Money: An analysis of 'related company' transactions in New York’s nursing home industry (Empire Center) • How Do Nursing Homes Spend the Reimbursement They Receive for Care? (Center for Medicare Advocacy) • When Private Equity Takes Over a Nursing Home (The New Yorker) <p>Staffing</p> <ul style="list-style-type: none"> • High Staff Turnover: A Job Quality Crisis in Nursing Homes (Consumer Voice) • Improving Nursing Home Staffing Levels Can and Must Be Done (Center for Medicare Advocacy) • Many nursing homes are poorly staffed. How do they get away with it? (USA Today) <p>Oversight</p> <ul style="list-style-type: none"> • Attorney General Letitia James Sues NY Nursing Homes for Fraud and Neglect (New York) • CMS Needs to Continue to Strengthen Oversight of Infection Prevention and Control (GAO) • State's Pandemic Response to Nursing Homes Hindered by Ill-Prepared State Agency (Office of the NYS Comptroller) • Telehealth Services Need Targeted Oversight to Safeguard Medicare (Center for Medicare Advocacy) <p>Equity</p> <ul style="list-style-type: none"> • Prioritizing Health Equity in Palliative and End-of-Life Care (ASA) • Racial Disparities in Nursing Facilities—and How to Address Them (Justice in Aging) • The anxieties of growing old when you’re LGBTQ (The Washington Post) • U.S. Nursing Homes Are Understaffed, But Minority Communities Have It Worst (US News)
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	<p>Dementia Care</p> <ul style="list-style-type: none"> • Epilepsy drugs as ‘chemical restraint’ on rise in nursing homes (The Washington Post) • Long-Term Trends of Psychotropic Drug Use in Nursing Homes (OIG) • Patterns of Antipsychotic Dispensation to Long-Term Care Residents (JAMDA) • Verbal and Nonverbal Expressions of Persons Living with Dementia as Indicators of Person-Centered Caregiving (The Gerontologist) <p>Additional Recommendations</p> <ul style="list-style-type: none"> • OIG: CMS Should Take Further Action to Address States with Poor Performance in Conducting Nursing Home Surveys • The National Consumer Voice for Quality Long-Term Care: Inadequate Staffing During the COVID-19 Pandemic • Slate: I Taught Elderly People How to Avoid Internet Scams. Then I Fell for the Oldest Trick in the Book • The New York Times: Louisiana Nursing Home Owner Faces Cruelty Charges in Deadly Hurricane Evacuation • Health Affairs: Nursing Home Residents Younger Than Age Sixty-Five Are Unique and Would Benefit from Targeted Policy Making • Commonwealth Magazine: Nursing homes need support — and more accountability • Kaiser Family Foundation: Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19 • Forbes: “Rehab” Nursing Homes and Dirty Secrets: Know What Aging Parents Face • The National Consumer Voice for Quality Long-Term Care: Staffing Matters • Buffalo News: Tracking the plight of Albion nursing home now being sued by AG <p>https://tinyurl.com/LTCCC22for2022</p>
Live Webcast	<p>10. Massachusetts Supreme Judicial Court Wednesday, January 4, 2023, 9:00 a.m. <i>Commonwealth of Massachusetts v. David Clinton and Bennett Walsh</i> Appeal Hearing in the matter involving the Holyoke Soldiers’ Home Summary: Criminal-- The Commonwealth is appealing the dismissal of an indictment for elder neglect arising out of the merger of dementia housing units at the Soldiers’ Home in Holyoke, Massachusetts during the COVID-19 pandemic. Dignity Alliance Massachusetts has filed an Amici Curiae in support of the Appellant along with the Long Term Care Community Coalition, and the Disability Policy Consortium. https://boston.suffolk.edu/sjc/index.php</p>
Webinars and Online Sessions	<p>11. Alzheimer’s Association of Massachusetts and New Hampshire Friday, February 3 and Saturday, February 4, 2023 Via video conferencing <i>New England Family Conference</i> A free, virtual conference for those living with Alzheimer’s and dementia and their families. Sessions will feature notable guest speakers and include a panel of persons living with early-stage dementia. Topics include tips and strategies to living well with cognitive changes, use of expressive therapies and mindfulness practice to live well, a caregiver panel, how to approach resistance to care, and creating a healthy and safe environment for living with dementia. We hope you</p>

	<p>will join us!</p> <p>New this year, the entire conference will be translated into Spanish. We will be offering live, simultaneous Spanish interpretation during the conference using Zoom's built-in interpretation feature. Attendees can click the globe-shaped "Interpretation" icon in Zoom during the conference to select Spanish and hear the interpretation. Instructions for accessing interpretation will also be provided during the event.</p> <p>Program details: February 3, 2023 February 4, 2023</p> <p>Registration: https://tinyurl.com/AlzheimersFamilyConference</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Housing	<p>12. *Boston Globe</p> <p>December 20, 2022 (updated)</p> <p><i>'Permanent supportive housing' may be controversial to would-be neighbors, but it's been beneficial to those who live in it</i></p> <p>Proposals are under fire in Dorchester and Charlestown, but for these residents, it has made a world of difference.</p> <p>[Carlos] Jimenez is one of 52 residents, all formerly homeless, living in what is known as permanent supportive housing. While known for their emergency shelters, Pine Street and other homelessness providers are creating more housing that aims to keep people off the streets long term.</p> <p>But it hasn't been easy. Proposals to convert two hotels into permanent supportive housing in Charlestown and Dorchester are facing fierce pushback from some neighbors who fear the crime, drugs, and loitering they see on Mass. and Cass will come to their part of town.</p> <p>Both had the look of small apartment buildings nestled in a residential neighborhood. The one in Dorchester, where Jimenez lives, is modern, while the other, in Jamaica Plain, occupies a century-old brick building that once housed a public school.</p> <p>Unlike shelters, where people are transient, residents of permanent supportive housing sign leases and pay rent. And unlike traditional affordable housing, they also get easy access to a host of social services, from case management to job training.</p> <p>Inside, both buildings feel like a college dormitory for adults, with roughly 300-square-foot studios, one person per unit. In Dorchester, each unit has its own kitchen. Both properties have common areas for hanging out, watching TV, or playing board games. Each floor has a laundry room. There are on-site case managers, and in Dorchester, a nurse visits twice a week.</p> <p>https://tinyurl.com/PermanentSupportiveHousing</p>
Medicare	<p>13. The Atlantic</p> <p>December 26, 2022</p> <p><i>The Great Big Medicare Rip-Off</i></p> <p>[N]early half of all seniors will enroll in private, not public, Medicare plans next year. And these private plans in many ways have strayed from Medicare's core mission of caring for the elderly while using taxpayer funds responsibly.</p> <p>Since its creation in the 1990s, the Medicare Advantage program has allowed seniors to get coverage through private insurance companies that receive monthly, per-person payments from the government to offer services</p>

	<p>comparable to traditional Medicare’s. Early proponents of Medicare Advantage, who came from across the political spectrum, saw it as a way to provide retirees with more choices and flexibility to retain existing patient-physician relationships. The program also was meant to save taxpayers money. But it never has. Instead, Medicare Advantage has become rife with waste, abuse, and potential fraud, with private insurers taking advantage of loopholes to overcharge the government.</p> <p>Recent government reports document how Medicare Advantage plans rake in billions of extra dollars from the federal government by describing their patients as sicker than they really are and by classifying certain conditions and treatments as more serious than they are. As a result of these and other egregious practices, Medicare Advantage costs the government about 3 percent more per person than traditional Medicare—more than \$9 billion in aggregate in 2022—and that’s after the Affordable Care Act substantially reduced the level of overpayment to insurers. . .</p> <p>Medicare Advantage has important patient benefits. Compared with seniors enrolled in traditional Medicare, those in MA health plans are more likely to have a consistent primary-care physician and to receive preventive services such as flu vaccines, colon-cancer screenings, blood-pressure screenings, and cholesterol management. MA patients also have lower rates of hospital readmission and preventable hospitalizations. And MA patients generally face fewer hassles in obtaining prescription drugs and getting information about drug costs. Because the government pays MA plans a flat fee to provide all care, those plans have an incentive to reduce unnecessary and inefficient care and promote preventive services and care management.</p> <p>But these advantages are not worth the federal government overpaying MA plans. . .</p> <p>Some progressive politicians have called for abolishing Medicare Advantage. But with half of America’s seniors enrolled in the program, abolition is impractical. Seniors who prefer Medicare Advantage should have it as an option. Importantly, from a policy perspective, traditional Medicare has serious flaws. Its fee-for-service structure inherently encourages less preventive care and the ordering of more—and more expensive—tests, surgical procedures, and other treatments. And it de-emphasizes managing patients’ care, resulting in fragmented services from multiple physicians, which is particularly challenging for patients with serious chronic conditions. Fortunately, it is possible to lower Medicare Advantage’s costs in a way that also would help keep Medicare as a whole solvent for future generations.</p> <p>https://tinyurl.com/GreatMedicareRipOff</p>
Hospice	<p>14. ProPublica December 19, 2022 <i>Congress and Industry Leaders Call for Crackdown on Hospice Fraud</i> Following a ProPublica-New Yorker investigation into the hospice industry, members of the Comprehensive Care Caucus and national trade groups are demanding reform.</p> <p>In a letter sent Friday to the Centers for Medicare and Medicaid Services and the Office of Inspector General, the bipartisan leaders of the Comprehensive Care Caucus wrote that “Medicare fraud cannot be tolerated, especially when it is being perpetrated on our nation’s most vulnerable patients.”</p>

	<p>The ProPublica-New Yorker investigation described how the lucrative design of the Medicare benefit incentivizes many profit-seeking hospices to cut corners on care and target patients who are not actually dying. It chronicled the lack of regulation and the frustrated efforts of whistleblowers to hold end-of-life care conglomerates accountable. And it drew on state and federal data to reveal how, in the absence of oversight, the number of for-profit hospice providers in California, Texas, Arizona and Nevada has lately exploded. . .</p> <p>Published last month, the investigation provoked what industry leaders have called a “much-needed” conversation on how Americans die — along with demands to improve those deaths. “The abuses detailed in the article call for a reform of the Medicare hospice benefit that can reduce the opportunities for fraud and abuse,” the National Partnership for Healthcare and Hospice Innovation, a group for nonprofits, said in a statement. In public letters, LeadingAge, another association for nonprofit providers, and the American Academy of Hospice and Palliative Medicine, an organization for hospice professionals, separately emphasized that “change is needed.”</p> <p>Studies have found that for-profit hospices are more likely than their nonprofit counterparts to have less skilled staff, reduced clinical services and fewer home visits in the last days of life. Their patients have longer stays and leave hospice alive at higher rates. Last year, citing the research, three members of the Senate Finance Committee requested information on the quality of hospice services provided by Kindred at Home, the country’s largest home care chain. (Kindred’s hospice subsidiary was recently spun-off and sold to a private equity firm.) “We are concerned that when applied to hospice care, the private equity model of generating profit on a rapid turnaround can occur at the expense of dying patients and their families,” they wrote. Analysis of the data is ongoing, senate staffers said.</p> <p>https://tinyurl.com/CrackdownOnHospiceFraud</p>
Behavioral Health	<p>15. *Boston Globe January 1, 2023 <i>The state’s ‘front door’ to behavioral health care set to open as demand for services soars</i></p> <p>A new Help Line promises to swiftly connect people with services, the first step in a planned overhaul of the system.</p> <p>Whether in crisis or just not sure where to turn, people will now be able to call or text the Behavioral Health Help Line – 833-773-BHHL – or walk into one of 25 designated centers. If all goes as planned, immediately a clinician will assess the situation and connect the person with help, regardless of the type of insurance they have.</p> <p>The opening of the Help Line is the first big step in the outgoing Baker administration’s ambitious plan to overhaul the state’s fragmented, understaffed system for people with mental illness or addiction.</p> <p>In addition to the Help Line, the “Roadmap for Behavioral Health Care Reform” establishes mobile teams ready to respond immediately to those in crisis and calls upon 25 Community Behavioral Health Centers to provide swift and flexible care in every city and town across Massachusetts. The hope is that fewer people will flock to hospital emergency departments, where they now spend days or weeks waiting for help. . .</p> <p>Today, hundreds of people, many of them children, are languishing in hospital emergency rooms while waiting for psychiatric beds. More than 2,000</p>

	<p>Massachusetts residents die each year from opioid-related overdoses. Community mental health centers have waiting lists numbering in the thousands. And the majority of adults seeking behavioral health care in recent years were unable to get an appointment when they needed one. . .</p> <p>The Help Line will operate around the clock. The person answering the phone will be either a clinician or trained specialist who has personal experience with behavioral health issues.</p> <p>Unlike with suicide hot lines, those picking up the phone are there not just to listen, but also to act. They will dispatch a crisis team to attend to the caller in person, if needed, or arrange an appointment with a clinician. They will stay on the line until the caller is connected with the next step and follow up days later to ensure the “hand-off” was successful.</p> <p>https://tinyurl.com/BehavioralFrontDoor</p>
Supported Decision Making	<p>16. Mondaq December 26, 2022 <i>Australia: Towards a consumer-centered mental health system? An exploration of the Mental Health and Wellbeing Act 2022</i></p> <p>Supported decision-making</p> <p>Supported decision-making is an approach to clinical decision-making in the mental health system that has become more increasingly central in mental health policy since the United Nations (“UN”) treaty on the human rights of persons with disabilities, the Convention on the Rights of Persons with Disabilities (“CRPD”),[10] came into force.[11] Article 12 of the CRPD provides that persons with disabilities (which includes persons with mental illness)[12] are to be recognised as equal before the law, and “enjoy legal capacity on an equal basis with others in all aspects of life”. [13] The UN Committee on the Rights of Persons with Disabilities, the body established to monitor compliance with the CRPD, has interpreted article 12 of the CRPD as requiring the abolishment of all forms of substitute decision-making.[14] Supported decision-making “invites people to support but not take over the decisions of people in mental health crises”,[15] adhering to the “rights, will and preferences” of the consumer.[16] Supported decision-making can be contrasted with substitute decision-making in which decisions are made for a consumer based on their supposed best interests.[17]</p> <p>The MHWa recognises that supported decision-making practices “are to be promoted” and that consumers “are to be supported to make decisions and to be involved in decisions about their assessment, treatment and recovery including when they are receiving compulsory treatment” and prioritizes the views and preferences of the consumer.[18] Relatedly, the MHWa recognises that consumers are to be afforded the dignity of risk while balancing the duty of care owed to persons experiencing mental illness of psychological distress.[19] As part of the embedding of supported decision-making into the MHWa, consumers are able to nominate support persons who may perform a number of functions, including advocate for the views and preferences of the consumer and to support the consumer to make and participate in decisions.[20]</p> <p>The MHA 2014 recognised, as one of a number of “mental health principles”, that consumers of mental health services “should be involved in all decisions about their assessment, treatment and recovery and be supported to make, or participate in, those decisions, and their views and preferences should be respected”. [21] The MHA 2014 also made provision for the appointment of</p>

	<p>nominated persons who could similarly provide the consumer with “support and to help represent the interests of the patient”.[22] The old legislation is strikingly similar to the MHWAA, although nominated support persons under the MHWAA appear to have their role and its link with supported decision-making grounded in a human rights-based approach more clearly defined. Given the failures of the old legislation to deliver the sort of rights-based reform it was intended to usher in, it remains to be seen whether the paramountcy given to supported decision-making in the MHWAA will deliver practical reform for consumers. The effect that this legislative change will have been particularly important, given the tension between supported decision-making based on rights, will, and preferences and compulsory treatment.</p> <p>https://tinyurl.com/AustraliaSDM</p>
<p>Caregiving</p>	<p>17. Hampshire Gazette December 27, 2022 <i>Healey vows to address shortage of personal care attendants</i> Gov.-elect Maura Healey said she will “absolutely” work with advocates and labor representatives to strengthen Massachusetts’ Personal Care Attendant Program by addressing a “crisis-level” workforce shortage. . . The program currently provides services to more than 40,000 people with disabilities, including physical and intellectual disabilities. However, the program is experiencing a workforce shortage, leaving many individuals without access to in-home care. . . Bill Henning, BCIL’s executive director, said “high turnover” is a major reason why the program is experiencing a workforce shortage. He said compensation levels for attendants are not high enough to provide a service that can be physically and mentally challenging. “This is important work, but it’s hard work,” Henning said. “It takes a lot of skill. It takes a lot of energy.” Healey has made improving pay for attendants a priority, so individuals are not forced to leave “critically important jobs” to “work at places like Amazon and Target.” She also has proposed programs, like MassReconnect, that would provide job training and certification to help fill available positions. “It’s pretty clear we need to invest in workforce, we need to go out and recruit and train up and develop a pipeline of future PCAs and other direct care workers,” Healey said. Charles Carr, a legislative liaison for the Disability Policy Consortium, said he agrees that addressing the workforce shortage should be the top priority. “We are relying on a workforce that’s disintegrating before our eyes,” Carr said. “Without a workforce, you don’t have a program.” Carr said Healey’s plans to address the workforce shortage are important steps, but he added that more must be done. He said the program needs to address issues related to the number of late night and early-morning hours attendants are allowed to work.</p> <p>https://tinyurl.com/HealeyVowsToAddressShortage</p> <p>18. Next Avenue November 21, 2022 <i>National Strategy Will Meet Caregivers’ Needs</i> Family caregivers of older adults and people with disabilities can expect to receive more support from the government, employers, and others. Our health care system cannot function without family caregivers.</p>

	<p>Family caregivers provide \$470 billion a year in unpaid labor to support the health, quality of life and independence of family members and friends who require assistance with activities like eating, bathing, and dressing. Two-thirds of us will need them, and more than 20% of us are one.</p> <p>At least 53 million people of all ages, incomes, ethnicities, and education levels are family caregivers in the United States. They may care for older adults, people with disabilities or be grandparents raising grandchildren. They might provide care from a distance or to someone in a nursing home. Family caregivers come from every walk of life and while each experience is different and filled with joys and stresses, one commonality exists: they need more support.</p> <p>Despite the critical role of family caregivers, our nation has not done nearly enough to assist them. Caregivers collectively lose \$522 billion in wages each year, spending an average of \$7,200 a year of their own money on caregiving-related expenses. There is little or no training available to them, even for those who navigate complex medical tasks like managing medications or operating medical devices. There is virtually no support to help them recover mentally, physically, or financially from what can be round-the-clock responsibilities. Finally, after years with little change, policymakers and regulators are now considering big ideas to prioritize the most urgent needs of family caregivers and the older adults and people with disabilities they support.</p> <p>Released in September, a historic, comprehensive National Strategy lays out common-sense solutions to meet the needs of family caregivers. The 2022 National Strategy to Support Family Caregivers outlines more than 300 actions the government will take to improve the lives of caregivers and includes corresponding actions for states, employers and community organizations. https://tinyurl.com/MeetCaregiverNeeds</p>
Ageism	<p>19. Washington Post (free access) December 28, 2022</p> <p><i>Ageism is one form of bigotry that never seems to get old</i></p> <p>But then came the negatives, especially in the past couple of years, when I arrived in my mid-60s. I sometimes notice younger people in social settings looking past me or through me, as though I'm almost invisible. Clerks and servers ask more often whether I'm eligible for senior discounts — a savings, for sure, but sometimes they apply it automatically. <i>Ouch</i>. People meeting me for the first time will sometimes casually inquire, "So, are you retired?" <i>Why would you assume that?</i> . .</p> <p>In fact, I'm thrilled to be the age I am. I've never enjoyed life more. Society's change in attitude toward me — based strictly on the passage of time — is noticeable and striking, but not too personally disturbing. I'm glad I was young when I was and not now; I worry about my children and grandchildren navigating their way through this contentious world.</p> <p>I realize that while I'm more fortunate than many — still able to pursue a career and enjoy a rewarding life with loving family and friends — in too many cases, the United States, compared with other cultures, holds its aging population in contempt. Too often, "old people" here are regarded as useless, helpless or a nuisance, left to wind down the clock as they stare out the window, a lifetime of experiences, work, achievement, and sacrifice forgotten.</p> <p>While we rightly ostracize, de-platform or even "cancel" people for their racism, antisemitism, xenophobia, homophobia and other prejudices, ageism is openly practiced, and ageist stereotypes thrive. Examples in the news abound. .</p>

	<p>How should we respectfully refer to old people? I've seen people 60-plus still refer to themselves as "middle aged," but let's be a little more realistic and cut that off at least by 59. The word "old," however, is such a pejorative that it should not be used alone. "Older person" is preferable. I hesitate to use "elderly" at all, which implies not just old age but a feeble condition. I've always despised "senior citizen" and references to the "golden years." How 'bout "best people ever?" That's good.</p> <p>But more important than terminology is how we regard older Americans in general.</p> <p>https://wapo.st/3Qafekw</p>
Disability Topics	<p>20. TED Talks <i>A disability-inclusive future of work</i> One billion people worldwide are living with a disability, and too many of them are left unemployed or feeling like they need to hide their conditions due to discriminatory hiring practices, says social innovator and TED Fellow Ryan Gersava. With a focus on healing and disclosure, he created an online school to provide people like him with the technical skills and employment aid they need to thrive. Now he's calling for every company to initiate efforts to welcome and support those with disabilities, creating a future of work that leaves no one behind.</p> <p>https://tinyurl.com/InclusiveFutureOfWork</p> <p>21. The Century Foundation <i>Voices of Disability Economic Justice Project</i> December 19, 2022 <i>Shopping Locally for the Holidays Should Be Accessible to All</i> It can be difficult to impossible to shop locally if you can't gain entry due to stairs or narrow doorways and aisles. There may also be a lack of curb cuts, as well as inaccessible parking and restrooms. Factors like these have an impact on how many of us conduct business. Where I live in Roslindale, a section of Boston, there are still quite a few shops that have one or more steps. When I spy steps or no way to access the sidewalk, it's a sure bet that I won't even bother patronizing the business.</p> <p>I'd rather shop where there is smooth access to save my energy. Sometimes that means going to bigger chain stores that are located further away and perhaps out of my community. At least I know they'll typically have accessible parking, level entryways with automatic doors, wider aisles, and roomier restroom stalls for disabled folks. . .</p> <p>There are over one billion disabled people around the globe (and counting, due to Long Covid). And it's been over thirty-two years since the signing of the Americans with Disabilities Act (ADA). So, why don't small businesses have holiday (and year-round) marketing plans that include disabled people as a viable consumer group and valuable part of the community? The message here is that there is no welcome mat for disabled people.</p> <p>https://tinyurl.com/ShoppingLocally</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>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.</p>

Websites	<p>Disability Economic Justice Collaborative https://tcf.org/disability-economic-justice-collaborative/</p> <p>The Disability Economic Justice Collaborative is a first-of-its-kind initiative that brings together two-dozen leading disability advocacy organizations, Washington, D.C.-based think tanks, and top research organizations. The collaborative is committed to breaking the persistent link between disability and poverty, and to finally achieving economic justice for disabled Americans more than three decades after the Americans with Disabilities Act (ADA) became law.</p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Pending nursing home change of ownership in Massachusetts	<ul style="list-style-type: none"> • 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 <p>https://www.royalhealthgroup.com</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i></p> <p>On November 6, 2021 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:</p> <ul style="list-style-type: none"> • 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 <p>Facilities are required to notify residents’ designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a</p>

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
Cape Heritage Rehab and Health Cen.	Sandwich	10/26/2022	Infection Control
Charwell House Health and Rehabilitation	Norwood	9/14/2022	Infection Control

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

	<ul style="list-style-type: none"> • 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/SpecialFocusFacilityProgram
Nursing Home Inspect	ProPublica Nursing Home Inspect Data updated November 2022

	<p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# 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
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <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"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
<p>Data on Ownership of Nursing Homes</p>	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of</p>																								

	poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Housing	Bill Henning	bhenning@bostoncil.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i>		

- Judi Fonsh
- Arlene Germain
- Chris Hoeh
- Dick Moore
- Heather Watkins

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.

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.