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

The Call for Nursing Home Reform: Will It Have Any Effect?
Forbes
by Carolyn Rosenblatt
January 5, 2023
https://tinyurl.com/CallForNursingHomeReform

Nursing homes have probably been the absolute last choice of where to go for any impaired elder in need of some care. The average age of a nursing home resident is 86. Many folks are there because they have no other option. About 60% of the 1.4 million residents receive Medicaid as their only payment source for living there.

All kinds of professionals and stakeholders are in agreement that the nursing home industry is broken. This is not new news. As a 19-year-old nursing student, decades ago, I worked in nursing homes and I saw what was going wrong firsthand. From what is observable now, things have only gotten worse in the decades since. Most glaringly, failure of nursing homes to adequately address the pandemic led to approximately 133,000 deaths from Covid. We can only speculate that if these facilities had adequate protective equipment (masks, gloves, and gowns) that some of these deaths were avoidable. We can also speculate that if their administrators and staff had adequate education about infection prevention, that Covid-related outcomes would have been much better. Have we learned anything from this?

Beautiful plans are in place to make nursing homes less hospital-like and more friendly. Great minds have devised reform policies for everything from staff-resident ratios to construction of facilities that feel more like homes than outdated, cold, unfriendly structures they usually are. And what will become of those lofty goals?

My guess: not much. It will all depend a great deal on Congress authorizing funding for such reforms. From here, it does not appear that taking care of our frail and dependent elders is a broad legislative mandate. The residents in these homes are not the target voters of those who attain legislative power.

	Nor are their families, many the spouses and adult children of their frail elders, some of whom are impaired to some extent themselves. We simply don't see nursing home residents' families marching in the streets demanding that their elected representatives in Congress do something about the broken system. In 2022, President Biden announced in his State of the Union address that his administration planned to set higher standards for nursing homes. The plan included setting minimum staffing standards in them. What's wrong with that idea? Barely any of these homes are adequately staffed and they have trouble attracting workers. If they pay workers more, that will cut into the profits of the private equity firms that own many of them. By 2018, private equity firms had invested $100 billion in for-profit nursing homes. And of course, one must find workers willing to do the hard and often messy work. We have a nationwide labor shortage and this sector is no exception. Another prong of the plan: find ways to reduce shared rooms in nursing homes. These are the only kind of rooms Medicare (for short term stays only) and Medicaid (long term stays) pay for. Do you think that the motivation of our Federal legislators is to spend more money on Medicare benefits or expand Medicaid benefits? I say, fat chance. Many seem bent on reducing government spending, not increasing it. All the lofty goals of reforming nursing homes are well thought out, and worth the time of those involved to create a vastly better vision for what nursing homes should be. And, unfortunately, it does not look like the dysfunctional legislative body we have now is going to bring any of those worthy plans to fruition. They are far more likely, sad to say, to just let things be as they've been for the past 70 years. Anyone who has a loved one who must go to or live in a nursing home would probably agree that it is unsatisfactory to have them there. **If you want change, you need to bring this to the repeated attention of your elected representatives and to ask directly for the much-needed changes.** Your allies include: LeadingAge a national coalition of age-focused nonprofit organizations, and service providers, and Moving Forward Coalition, a group of nursing home providers and others, working to create action plans to improve nursing home care. Additional state-based organizations have vigorously advocated for legislative change for years. It all boils down to the question of how to get the Federal funding to make these essential changes a reality.
Quotes of the Week	*Anyone who has a loved one who must go to or live in a nursing home would probably agree that it is unsatisfactory to have them there. If you want change, you need to bring*

this to the repeated attention of your elected representatives and to ask directly for the much-needed changes.

Carolyn Rosenblatt, *The Call for Nursing Home Reform: Will It Have Any Effect?,* **Forbes,** January 5, 2023, https://tinyurl.com/CallForNursingHomeReform

"But I was in that nursing home and everybody was sittin' in a chair, lookin' out the window, starin' into space and drooling or watchin' TV, but nobody's talkin'."

Dying patient of Dr. Jim O'Connell, who has spent his medical career caring for the homeless in Boston, *'You Have to Learn to Listen': How a Doctor Cares for Boston's Homeless,* **New York Times (free access),** January 5, 2023, https://tinyurl.com/NYTLearnToListen

Owners and operators of nursing homes and their trade associations argue that they will need more money when mandatory staffing ratios promised by the Biden Administration are implemented. Don't believe them. . . Before nursing homes are given more public money, the Center for Medicare Advocacy urges far greater transparency and accountability for the billions of dollars that nursing homes already receive.

Toby Edelman, Executive Director, Center for Medicare Advocacy, *Require Full Disclosure & Accountability for Nursing Home Reimbursement,* **Center for Medicare Advocacy,** January 5, 2023, https://tinyurl.com/RequireFullDisclosure

More than one million people live in US nursing homes and each week, one in five of them are given dangerous antipsychotic (AP) drugs. In most cases these drugs are administered without clinical justification.

A Decade of Drugging, **Long Term Care Community Coalition, A Decade of Drugging**

Across states, average base Medicaid payment rates for nursing facility services varied considerably, ranging from 62 to 182 percent of the national average. . . Across facilities within states, base payment rates and costs also

vary considerably. Facilities that serve a high share of Medicaid-covered residents generally have lower base payment rates but also have lower facility costs, in part because they generally have lower staffing levels than other facilities. . . Measures of base payments relative to costs vary widely, ranging from less than 70 percent of costs for 15 percent of facilities to more than 100 percent of costs for 19 percent of facilities.

Estimates of Medicaid Nursing Facility Payments Relative to Costs, **Medicaid and CHIP Payment and Access Commission,** January 2023, https://tinyurl.com/MACPACReportJan2023

The criminal justice system and the adult living complexes entrusted with protecting these victims' health and safety appeared to be blinded to the crimes by a fatal strain of ageism. . . "The mentality of it was, 'They were old, and they just died.'" . . . [Jeffrey Barnard, M.D., medical examiner for Dallas County] conceded that his office rarely orders autopsies for anyone over 65. Instead, thousands of "unattended deaths" (outside a hospital with no doctor present) are handled by phone — even those involving robberies or burglaries. . . "The owners and operators [of upscale older adult communities] prioritized the profits of their private equity investors over the lives of the elderly residents they undertook to protect.". . . Do elderly lives not matter?"

Unnatural Causes: The Case of the Texas Serial Elder Murders, **AARP The Magazine,** November 21, 2022, https://tinyurl.com/AARPUnnaturalCauses

"Roughly 50% of individuals going into senior living or a SNF have elevated anxiety or depression."

Home Health Providers Believe They Can Be The 'Quarterback' For Behavioral Health Needs, **Home Health Care News,** January 4, 2023, https://tinyurl.com/QuarterbackBehavioralHealth

We must do a better job of including the voices and priorities of elders generally, and those of diverse elders especially, in public health and health policy.

Understanding Pandemic Experiences Among America's Elders, ***Health Affairs,** December 2022, https://tinyurl.com/UnderstandingCovidExperience

But unlike younger and middle-aged adults, who were allowed to disregard masking and isolation if they wanted to, vulnerable old people were stripped of agency over their options, actions, and lives. As geriatrician Joanne Lynn quipped about nursing home residents, "They were incarcerated without committing a crime and without judicial review." We must do a better job of including the voices and priorities of elders generally, and those of diverse elders especially, in public health and health policy.

Understanding Pandemic Experiences Among America's Elders, ***Health Affairs,** December 2022, https://tinyurl.com/UnderstandingCovidExperience

Public health, by definition, does not attend to individuals, but to populations and communities. Yet public health can and, given our aging population, must incorporate geriatrics and gerontology knowledge and approaches into its structures, training, and policies if going forward they hope to avoid the harms—including protracted social isolation—unnecessarily imposed on older Americans during the COVID-19 pandemic.

Understanding Pandemic Experiences Among America's Elders, ***Health Affairs,** December 2022, https://tinyurl.com/UnderstandingCovidExperience

Older adults were far more likely to experience severe COVID-19 health outcomes in prison just as they were in the community. . . Younger adults were far more likely to be released during the pandemic—a trend similar to the pre-pandemic era. . . The challenge must be to consider the differential impact that COVID-19 has had on morbidity and mortality among incarcerated older adults.

Impact Of COVID-19 On the Health of Incarcerated Older Adults in California State Prisons, ***Health Affairs,** August 2022, https://tinyurl.com/CovidIncarceratedOlderAdults

Experts agree that it costs far more to incarcerate an elderly person than a younger one, mostly because of higher medical expenses. . . Society hasn't quite figured out the most appropriate destination for many of the older people who are released after spending much of their lives behind prison walls.

The Aging of The US Prison Population: A Public Health Crisis, ***Health Affairs,** August 2022, https://tinyurl.com/AgingUSPrisonPopulation

"[Older incarcerated persons] are not only aging but developing the medical and physical problems and disabilities seen in a much more aged population. These would include diabetes, high blood pressure, heart disease, and the consequences of hepatitis and liver disease." Causes include the accumulation of life stresses before incarceration, an overwhelmed prison health system, and the rigors of living in an environment that is both spartan and dangerous.

Dr. Brie Williams, geriatrician and professor of medicine at the University of California San Francisco and director of the Center for Vulnerable Populations, *The Aging Of The US Prison Population: A Public Health Crisis,* ***Health Affairs,** August 2022, https://tinyurl.com/AgingUSPrisonPopulation

It shouldn't take a Justice Department investigation to bring basic and humane reforms to the state's prisons. . . [T]he U.S. Justice Department . . .has alleged DOC "failed to provide constitutionally adequate mental health care and supervision to incarcerated persons in mental health crisis and violated the constitutional rights" of those inmates "through prolonged restrictive housing on mental health watch." . . So too, a better and more honest approach to medical parole than the one used in the year ending June 30, 2021, in which DOC granted only 17 of the 211 applications — and no applications of any of the 70 Black applicants. [The landmark 2018 Criminal Justice Act] was tailored to provide a humane option for people at the end of their lives," said Mara Voukydis, an attorney heading up

the parole advocacy unit at the Committee for Public Counsel Services. . . Promoting a just and humane system will make this a safer Commonwealth — and that needs to be on this governor's agenda too.

Editorial Board, *Healey's chance to correct the corrections system,* ***Boston Globe,** January 8, 2033, https://tinyurl.com/CorrectCorrectionsSystem

There is an unspoken and growing public health crisis in our country. For millions of Americans with serious health care needs, their treatment is not being provided at a hospital or clinic, but at the county jail. . . Consider this: 40 percent of state prisoners and 33 percent of individuals in federal correctional facilities have a chronic health condition. At [the Middlesex County Correctional] facility, 65 percent of individuals are being treated for a chronic disease, ranging from asthma and cancer to psychological disorders. . . We cannot allow more people, rehabilitated and ready for reentry, to lose their health care and potentially their lives because of an outdated, counterproductive policy. Let's eliminate it now.

Peter Koutoujian, Sheriff, Middlesex County, *Medicaid should cover the incarcerated,* **Commonwealth Magazine – The Upload,** January 8, 2023, https://tinyurl.com/MedicaidIncarcerated

The odds of being sent to solitary increased by 125% for those with serious mental illness and by 172% for those with any mental illness.

Are People With a Mental Health Diagnosis More Likely to Do Time in Solitary?, **Council on Criminal Justice,** November 16, 2022, https://tinyurl.com/MoreLikelyTimeInSolitary

What is needed is a system of care advocates, with the appropriate oversight, who can step in from the beginning, know how to navigate the systems of care, and are willing to spend significant time and effort in the process.

James Lomastro, Dignity Alliance Massachusetts, *Short of guardians, advocates could help patients navigate system,* ***Boston Globe,** January 4, 2023, https://tinyurl.com/ShortOfGuardians

Unfortunately, in our society, if things become invisible, then they will disappear from our decision-making priorities, and that ought not to happen.

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, *BU Alum Calls for a COVID Day of Remembrance in Massachusetts,* **Bostonia,** October 31, 2022, https://tinyurl.com/BUAlumCallsForCovidRembrance

"Every nursing home resident deserves to live in a safe environment, with dignity and access to high-quality care. This resolution ensures that Athena facilities will appropriately provide care for individuals with substance use disorder and helps to restore the trust families need when making critical decisions about the care of their loved ones."

Attorney General Maura Healey, *AG Healey Secures $1.75 Million Resolution With Nursing Home Chain Over Failure To Meet the Needs of Residents With Substance Use Disorder,* **Office of the Massachusetts Attorney General,** December 21, 2022, https://tinyurl.com/ResolutionNursingHomeChain

The covid pandemic was the worst public health catastrophe in 100 years but could easily happen again — and soon. A system of global genomic surveillance — an early warning radar for disease — ought to be a high priority.

Congress has not stepped up to fight covid-19 — or the next pandemic, **Washington Post,** January 8.2023, https://tinyurl.com/CongressHasNotSteppedUp

"I never like when I see anything make a dramatic jump like we have seen with XBB. This ascent is sharp and striking."

Dr. Shira Doron, Tufts Medical Center, COVID *Levels Skyrocket in Greater Boston, Much of Mass. Now High Risk*, **NBC Boston,** January 6, 2023, https://tinyurl.com/CovidRiskHigh

"What we need to do is get booster numbers up across the board. There's this vulnerable population out there that really needs protection from the rest of us."

Sam Scarpino, director of artificial intelligence and life sciences, Northeastern University, *Latest numbers show jump in COVID-19 deaths as*

	expected winter surge arrives, ***Boston Globe,** January 6, 2023, https://tinyurl.com/LatestNumbersShowJump *[A]t least a dozen rooms at the home were in "terrible" condition and contained feces, dead rodents, dirt, and bugs.* In letter from Jeffrey S. Shapiro, the state's inspector general, to Secretary of Health and Human Services Marylou Sudders, *In scathing letter, state watchdog criticizes management of Chelsea veterans' home,* ***Boston Globe,** January 4, 2023, https://tinyurl.com/ScathingLetterChelseaHome
Dignity Alliance Massachusetts in the News	**1. Sunday Eagle-Tribune** January 8, 2023 *Oxford nursing home sued for neglect of a patient* A lawsuit filed on behalf of a man murdered at a Haverhill nursing home in 2019 claims that staff failed to provide protection from his roommate, even after the 76-year-old pleaded for a new rooming assignment. The lawsuit includes insights from former employee Gayle Sinibaldi, a licensed certified occupational therapy assistant. She testified to knowing about Robert Boucher's apprehension toward his roommate Jose Veguilla, 83 at the time. Boucher's fears proved true when on the night of Oct. 5, 2019, he was killed by Veguilla, the lawsuit states. "After Bob shed tears, I approached a manager and stated that Bob needed to be moved," Sinibaldi said in her affidavit. "The manager told me to back off and to stay in my lane." Weeks after notifying the manager, Sinibaldi said she was home when she received a call about Boucher's death. "I was stunned," she said. "When I returned to work two days later, the communication book with my notes about what Bob had said to me was gone." Sinibaldi said she will never understand why Boucher wasn't moved to another room after his clear cries for help. "I am also haunted by the sudden disappearance of the communication book, which contains numerous notes about Bob's fears for his safety and well-being," she stated in the affidavit. A police report on file n Haverhill District Court describes the evening of Oct. 5, 2019. Jose Veguilla swung a walker and hit Boucher several times as he was lying in bed in their room, delivering blows to Boucher's face and head that ultimately killed him, police said. **Status of Jose Veguilla** Veguilla was indicted on a first-degree murder charge and sent to Bridgewater State Hospital for mental competency evaluation in February 2020, court officials said. According to Glen Johnson, spokesman for newly elected Essex County District Attorney Paul Tucker, Veguilla's case is slated for a status update in Salem Superior Court on Jan. 18. "To date, the defendant has been found not competent to stand trial," he said, noting Veguilla is being held at the Worcester Recovery Center and Hospital, where officials have successfully petitioned to keep him for another year. Johnson declined the chance to comment when asked about an investigation into the missing communication book.

A lawsuit is filed

Arlene Germain of Medford, who was appointed to represent the estate of Robert Boucher, filed the lawsuit in Essex Superior Court in Woburn in August. The defendant is Oxford LLC and its parent company, Athena Health Care LLC of Massachusetts.

Germain is a co-founder of the Massachusetts Advocates for Nursing Home Reform, the only statewide consumer group advocating for improvements in the care, dignity, and quality of life for Massachusetts nursing home residents.

"A lot of nursing home patients have family and friends to advocate for them, but some do not have anyone. That's why nursing homes must be held to such important standards," she said.

According to the lawsuit, Boucher was subjected to abuse, neglect, and exploitation as a result of the actions or omissions of staff at the Oxford.

It notes that Veguilla had a history of violent outbursts and aggressive behavior toward other residents and staff.

Germain is seeking punitive damages.

She wants not only accountability from Oxford and Athena, but to deter this type of conduct in the future.

When given the opportunity to respond to the lawsuit, Savannah Ragali, spokeswoman for Athena Healthcare Systems in Farmington, Connecticut, said she was unable to comment at this time.

Legal representative

Attorney Marc Breakstone of Breakstone, White & Gluck, P.C. in Boston is representing Germain.

Breakstone told The Eagle-Tribune that the case is a "remarkable" one in that information is revealed, when in other cases is it often hidden from public view.

"In many cases of neglect, the official record of the facility has no mention of any irregularities but here there is documentation from an employee who reported serious safety and security issues to the facility," he said.

"She documented them in a communications book and reported to a federal monitor that she had brought these concerns to the attention of the facility, and that she had documented the safety concerns in a book that went missing and can now speak the truth about what happened."

Breakstone said he became involved when a family member of Boucher contacted him after the man's death. Breakstone said it took months to have a personal representative appointed, then longer to request and receive investigative materials from the Essex County District Attorney's Office.

It also took time to find Sinibaldi, he said.

Breakstone said it will take longer for the case to be presented before a judge. "Cases are in a schedule order which calls for trial in just under three years," he said.

Affidavit

In Sinibaldi's affidavit, she referred to Boucher as an "outgoing, friendly, and personable man, who despite being in his 70s had a very young attitude and way about him." She said he was flirtatious and several nurses and therapists who took care of Boucher were friendly with him.

Management did not take kindly to Boucher's sociable interactions with staff, according to Sinibaldi, and in August 2019, Boucher was moved from the first floor, where he was happy living, to the second floor, which housed long-term residents.

Sinibaldi said Boucher almost immediately told her he was not comfortable with Veguilla, who spoke only Spanish, and that Veguilla taunted him and stole his clothes.

"My patients mean everything to me and patients need to be listened to," she said. "Bob wasn't asking for anything more than a room change. They would not do it and I was simply told to back off."

Sinibaldi said she was terminated from her job Sept. 1, 2022.

Within months, the state attorney general's office reached a settlement with Athena in a case unrelated to Boucher.

In a Dec. 21, 2022 press release, Attorney General Maura Healey noted that Athena Health Systems of Farmington, Connecticut, agreed to pay $1.75 million and adopt a series of critical compliance measures in a settlement reached by Healey's office.

The settlement resolves a series of allegations, including that the company failed to meet the needs of nursing home residents experiencing substance use disorder.

The largest nursing home settlement ever reached by the AG's office, these funds will be directed to the state's Opioid Recovery and Remediation Trust Fund for prevention, harm reduction, treatment, and recovery across Massachusetts.

[Editor's note: Arlene Germain is Chair of Dignity Alliance's Facilities Workgroup.]

https://tinyurl.com/OxfordNursingHomeSued

2. **Center for Medicare Advocacy**

January 5, 2023

Require Full Disclosure & Accountability for Nursing Home Reimbursement

In "Are nursing homes really in tough shape? Full transparency needed before any more taxpayer bailouts," former Massachusetts state senator Richard T. Moore, who chaired the Committee on Health Care Financing, calls for government leaders to look beyond facilities' cost reports and to focus on consolidated financial statements for companies doing business with nursing facilities. He observes, "The focus needs to be in the combined payouts to their own ancillary businesses such as real estate, insurance, management services, etc. that are expensed on cost reports which affect each facility's net income but funnels cash to investors."

"Expenses" to related parties on cost reports are actually profits, by another name. Moore calls out the nursing home industry's "'political narrative,'" which is "'based on a false impression that the industry is comprised of struggling businesses barely avoiding bankruptcy.'" Review of facilities' consolidated financial statements would tell a different, and truer, story.

The Center for Medicare Advocacy agrees with Senator Moore. Ample evidence, accumulated over many years and continuing to the present time, documents that facilities hide enormous profits through related parties – that is, businesses that they own and control.

[Editor's note: Richard Moore is the Chair of Dignity Alliance's Legislative Workgroup.]

https://tinyurl.com/RequireFullDisclosure

3. ***Boston Globe**

January 4, 2023

Letter to the Editor by James Lomastro

Short of guardians, advocates could help patients navigate system

Kay Lazar's article "Stranded in a hospital bed, with no guardian and little recourse" (Page A1, Dec. 27) brought a focus to an issue that does not receive much attention: the plight of medically and cognitively compromised people who have no one to advocate for them, especially in the institutionalized part of the health care system. They become stuck in the system.

Often family members or friends are not present or not capable of advocating for the patient. Providing advocacy and guardianship services is difficult and time-consuming, even for family members, and requires knowledge of the system. Courts setting aside time to devote to these cases will not do it for these patients. What is needed is a system of care advocates, with the appropriate oversight, who can step in from the beginning, know how to navigate the systems of care, and are willing to spend significant time and effort in the process. They can be temporarily appointed until a permanent guardian is designated. Such a core of advocates could be drawn from retired health care professionals.

[Editor's note: James Lomastro is Chair of Dignity Alliance's Veteran Services Workgroup.]

https://tinyurl.com/ShortOfGuardians

4. **Bostonia**

October 31, 2022

BU Alum Calls for a COVID Day of Remembrance in Massachusetts

Paul Lanzikos (Questrom'80), cofounder of Dignity Alliance Massachusetts, says the occasion could have public health benefits.

It's estimated that more than one million Americans have died of COVID since 2020, according to Our World in Data, and across the nation, grieving families of COVID-19 victims are demanding the designation of an annual COVID day of remembrance.

Despite the staggering loss of life, a federal campaign to create the annual observance has made little headway, and statewide initiatives, from New York to Delaware to Kentucky, have been successful in creating only one-off remembrances. In Massachusetts, a House bill introduced in 2021 by Representatives Mindy Domb (D-3rd Hampshire) and Natalie M. Blais (D-1st Franklin) didn't survive the most recent legislative session. A *Boston Globe* article points to a "lack of legislative bandwidth on Beacon Hill."

One of the bill's proponents was Paul Lanzikos (Questrom'80), a former state secretary of elder affairs and cofounder of Dignity Alliance Massachusetts, which has enthusiastically backed the bill as one of its public-policy concerns. Dignity Alliance is a healthcare coalition whose primary mission is to promote nursing home policy reforms at the state and federal level. It also serves as a communications hub around healthcare legislation, compiling and distributing information to elected officials, the media, and voters.

Lanzikos spoke with *Bostonia* about why a COVID day of remembrance could serve as a public health measure.

Bostonia: How did you see COVID-19 wreaking havoc on nursing homes?

Lanzikos: Dignity Alliance got underway when a few of us took note of the state administration trying to evict nursing home residents to create COVID-specific care facilities. And we thought that was bad for a number of reasons—for public health reasons, for sure—but also patient rights, as well as just the dignity of people. Four or five of us wrote an op-ed that was published in the *Globe*, calling for the practice to be halted. Fortunately, the state did end it after that first

effort, but it was a mess, a tragic mess. In Massachusetts, well over 20,000 people have died, and…in this figure, the state has officially recorded just under 7,000 people in nursing homes. We think that is a significant undercount, in addition to hundreds of long-term care staff members who succumbed to COVID-related infections.

Most of Dignity Alliance's goals are related to healthcare. How does the COVID day of remembrance figure into your mission?

Unfortunately, in our society, if things become invisible, then they will disappear from our decision-making priorities, and that ought not to happen. So, how do future generations understand the potential impact of a disease unless we keep it fresh, not just in the public health discourse, but in society as a whole? We thought that a COVID victims memorial day was critically important for a number of reasons…. Something like a COVID day of remembrance helps, first and foremost, to honor the people who died, and second, to establish a public policy marker to say, "Here's what went wrong, here's what went right, let's build upon this in the future so that we don't repeat this."

Frankly, people who didn't experience it firsthand have a hard time accepting and understanding it—especially when you consider all the disinformation and misinformation around COVID that's out there. If this fades from memory, it's very easy to, in 20 years, forget all about the lessons that we should have learned.

Is that dis/misinformation contributing to the challenge in getting federal recognition for the holiday?

Oh, yeah, absolutely. This should not be a partisan issue; it should not be controversial. But unfortunately, so much in our society these days has become politicized. People locally have been generally supportive—we're not getting pushback at all. There's a different set of circumstances here. In Congress, they got into the riptide of partisan politics, but I think here in Massachusetts it was just more ennui at the state level.

How so?

Unfortunately, I think what we're observing, especially in this past legislative session, is a lack of urgency in regard to many otherwise beneficial bills. It would definitely be concerning if the COVID day of remembrance legislation was pushed aside and everything else was passed, but many, many equally important bills did not get the attention they deserved this session because the legislature just didn't prioritize them.

Massachusetts, unfortunately, has a horrendous track record in this regard. Annually, well over 7,000 bills, maybe even close to 8,000, get filed every session and a relative handful get passed. A major bill we have been active with, a significant overhaul of the overall long-term care system, was introduced (in May) by Representative Tom Stanley (D-9th Middlesex), who's a cochair of the Joint Committee on Elder Affairs. He asked us and others for input, so we provided a lot of information and recommendations for the bill—and it went nowhere. If you look at most bills that ultimately get passed, they have to get introduced several times before they get enacted and signed into law. It' a long, slow process, and sometimes there's justification for that, but sometimes it's just bad politics.

We're hopeful about the new session—we're going to reintroduce the [day of remembrance] bill, and we're going to redouble our efforts to get it passed. We plan to really push hard next time around, and we're hopeful that it will happen.

	https://tinyurl.com/BUAlumCallsForCovidRembrance
Listening Session and Opportunity for Comment	**5. Executive Office of Health and Human Services** *Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS) Community Rule* A virtual public listening session for the Statewide Transition Plan will be held on January 5, 2023, at 1:00 p.m. Comments will also be accepted by email and regular mail through January 11, 2023, at 5:00 p.m. 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. The Statewide Transition Plan has been updated to include the following: • 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. As part of the HCBS Community Rule, CMS requires settings in the following categories to be submitted for Heightened Scrutiny review. • 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 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. • 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 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 listening session. Comments will be accepted through January 11, 2023, at 5 p.m. Here are the instructions on how to submit comments. • 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=N2NxZDZiQmRlZ2ZpTkovL2FONWl6QT09 Telephone: 1-646-876-9923, Meeting ID: 936 2053 2207, Password: 398295 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. 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=N2NxZDZiQmRlZ2ZpTkovL2FONWl6QT09 Telephone: 1-646-876-9923, Meeting ID: 936 2053 2207, Password: 398295
Call for Presentation Proposals	**6. National Council on Aging** *Age+Action* **Call for Presentations guidelines** Deadline for submissions extended to Tuesday, January 17. The 2023 *Age+Action* Conference will be held June 12-14, 2023 in Arlington, Virginia and virtually June 20-21, 2023. This national event brings together hundreds of professionals who are dedicated to ensuring every person has the resources to age well. The agenda will highlight populations that face barriers to aging well and rally attendees around proven ways to improve the lives of older adults in their communities. **Who should submit a presentation?** Professionals and advocates working at the local, state, and national levels are encouraged to submit. Conference attendees will include community-based organizations; senior centers; local, county, and state agencies; government agencies; national coalitions and associations; and for-profit and nonprofit organizations. **Why present?** • Be a part of a dynamic community that has made the Age+Action Conference the must-attend event of the year. • Collaborate with experts in the field. • Build strategic partnerships and network with hundreds of professionals in aging! • Present live in-person, live virtually, or on-demand, whichever format works best for you. **Recommend a plenary session** **7.** Each day of the conference will feature a plenary session on an issue of national importance. Have an idea for a topic or speaker? Let us know! https://tinyurl.com/NCOACallForPropsals2023
Save the Date	**8. 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. **Job Seekers** • Network with leading disability-inclusive employers from Work Without Limits Business Network and MORE! • Learn about available internships and job opportunities! **Employers** Recruiting Organizations will receive:

	• 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 **Interested in recruiting? Save your spot now!** Contact Kathy Muhr, Director of Community Engagement. Visit the event page for more information. **9. 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
Reports	**10. Medicaid and CHIP Payment and Access Commission** January 2023 *Estimates of Medicaid Nursing Facility Payments Relative to Costs* Medicaid is the primary payer for most nursing facility residents, but information about Medicaid payment rates is limited. The net payments a nursing facility receives consist of base payments, which are typically paid on a per diem basis, and supplemental payments, which are generally paid in a lump sum, reduced by provider contributions to the non-federal share of their Medicaid payments. In this brief, MACPAC presents estimates of 2019 Medicaid base payments across states compared to facility costs, using a standard methodology developed based on feedback from a technical expert panel convened by MACPAC in 2022. The issue brief reviews background information on Medicaid coverage and payment for nursing facility services and the challenges of accurately measuring the costs of care for Medicaid-covered residents. It concludes by summarizing our estimates of Medicaid base payments relative to costs and discussing the limits of available data. Overall, we find that: • Across states, average base Medicaid payment rates for nursing facility services varied considerably, ranging from 62 to 182 percent of the national average, after adjusting for differences in area wages and resident acuity. • Across facilities within states, base payment rates and costs also vary considerably. Facilities that serve a high share of Medicaid-covered residents generally have lower base payment rates but also have lower facility costs, in part because they generally have lower staffing levels than other facilities. • Measures of base payments relative to costs vary widely, ranging from less than 70 percent of costs for 15 percent of facilities to more than 100 percent of costs for 19 percent of facilities. The median Medicaid base payment rate in 2019 was 86 percent of reported facility costs.

	In addition to considering base payment rates (the amount that nursing facilities are paid per day for a specific resident), it is also important to consider supplemental payments, which are lump sum payments that some facilities receive in addition to base payments. https://tinyurl.com/MACPACReportJan2023 **11. Long Term Care Community Coalition** *A Decade of Drugging* In 2012, the federal Centers for Medicare and Medicaid Services (CMS) launched the National Partnership to Improve Dementia Care to reduce the use of dangerous antipsychotic (AP) drugs in nursing homes. This report, "**A Decade of Drugging**," examines how dementia care has – and hasn't – changed since the launch of the Partnership and finds that a once-promising campaign has sputtered and fallen short of its goals to curb AP drug use. This page contains **a PDF of the report** along with supplementary materials including comprehensive AP drugging datasets, an interactive Tableau dashboard illustrating state and national AP drugging trends, a list of commonly prescribed AP drugs (generic and brand names), and dementia care resources to support resident-centered advocacy. **Antipsychotic Drugs by the Numbers** • **250,000:** Nursing home residents receiving dangerous APs each week. • **1.1 million:** Residents that could have been spared from dangerous AP drugs had CMS set and achieved an annual reduction goal of 20%. • **80%:** The rate of residents using psychotropic drugs (which has remained constant since 2011). • **1 in 3:** Residents reported in the MDS as having schizophrenia without evidence of the diagnosis in their Medicare claims history. **A Decade of Drugging**
Dignity Votes 2022	**12. Healey / Driscoll Transition Team** https://healeydriscolltransition.com **13. Andrea Campbell Transition Committee** https://www.andreacampbell.org/transition/
Webcast	**14. Transformation Tuesdays – Gray Panthers of NYC** *Nursing Home Resident Voices: A Wishlist for 2023* https://www.youtube.com/watch?v=qbsIJZ8Y9PY
Webinars and Online Sessions	**15. National Center on Law & Elder Rights** Tuesday, January 17, 2023, 2:00 p.m. *Techniques for Navigating Third-Party Ethical Challenges* Third parties, such as friends, family members, or others may wish to be involved or present in an older adult's legal matter or in seeking legal advice. Sometimes, the third-party is well-intentioned and feels that their presence is helpful or necessary, but an attorney's ethical obligations to preserve client confidentiality and autonomy generally require that they speak with their client directly and alone. This can be a challenging situation to navigate, especially when the accompanying third party wants to know, "why am I left in the waiting room?" In these situations, to avoid ethical challenges and provide person-directed representation, it is essential that the lawyer keep the Four C's of ethics in mind: Client identification, Conflicts of Interest, Confidentiality, and Choice. This will help make it clear from the beginning who the client is and the client's role in identifying their desired goals. This training will:

	• Explore real world case studies; • Provide explanations of how the ethics rules guide the lawyer to actions that have the best outcome for the client; • Share tips for having a conversation with clients and third parties about these concepts. Non-attorney service providers may also find this training useful, as these considerations can impact cases that are handled across disciplines and through partnerships. **Presenters:** • David Godfrey, ABA Commission on Law and Aging • Jill M. Sauber, Sauber Legal Services LLC *Capacity for this session is limited to 3,000 participants, and all participants will have the option of accessing audio through the computer or by phone. Closed captioning will be available. Please be sure to log onto the webinar a few minutes early in order to secure your place for the live presentation on Zoom* https://tinyurl.com/ThirdPartyEthicalChallenges **16. Encore Boston Network** Thursday, January 19, 2023, 10:00 to 11:00 a.m. *Making Connections to Beat the Blues* With such frigid temperatures, the inability to go outside makes feelings of social isolation and loneliness more common. That is why AARP Massachusetts convened the Task Force to End Isolation and Build Community three years ago and that is why we are helping sponsor the Encore Boston Network's "Making Connections to Beat the Blues" online program. This program will share initiatives and strategies that can help combat these feelings of isolation and help you stay connected and involved in your community. REGISTER NOW
	Previously posted webinars and online sessions can be viewed at: **https://dignityalliancema.org/webinars-and-online-sessions/**
Nursing Homes	**17. Center for Medicare Advocacy** January 5, 2023 *Require Full Disclosure & Accountability for Nursing Home Reimbursement* Owners and operators of nursing homes and their trade associations argue that they will need more money when mandatory staffing ratios promised by the Biden Administration are implemented. Don't believe them. In "Are nursing homes really in tough shape? Full transparency needed before any more taxpayer bailouts," former Massachusetts state senator Richard T. Moore, who chaired the Committee on Health Care Financing, calls for government leaders to look beyond facilities' cost reports and to focus on consolidated financial statements for companies doing business with nursing facilities. He observes, "The focus needs to be in the combined payouts to their own ancillary businesses such as real estate, insurance, management services, etc. that are expensed on cost reports which affect each facility's net income but funnels cash to investors." "Expenses" to related parties on cost reports are actually profits, by another name. Moore calls out the nursing home industry's "'political narrative,'" which is "'based on a false impression that the industry is comprised of struggling businesses barely avoiding bankruptcy.'" Review of facilities' consolidated financial statements would tell a different, and truer, story.

The Center for Medicare Advocacy agrees with Senator Moore. Ample evidence, accumulated over many years and continuing to the present time, documents that facilities hide enormous profits through related parties – that is, businesses that they own and control.

- *The New York Times* reported in 2018 that three-quarters of all nursing facilities buy goods and services, such as therapy services, management services, medications, and rent, often at highly inflated prices, from companies that they own and control. As the result of these related party transactions, facilities hide profits as the cost of doing business. The family trust of two owners described in the article took $40 million of the $145 million that their facilities received as reimbursement over an eight-year period – a 28% profit margin. *The New York Times* reported that facilities engaging in related party practices have fewer nurses and aides to provide care to residents, "higher rates of patient injuries and unsafe practices," and twice as many complaints as other facilities.
- The *Naples Daily News* reported in 2018 that Consulate Health Care, then the largest nursing home operator in Florida and sixth largest operator in the country (with 210 facilities and 22,059 beds in 21 states), founded in 2006 and owned by the Atlanta-based private equity firm Formation Capital, designed its facilities "to appear cash-strapped." The article described the chain's individual facilities as "essentially empty shells, they pay rent, management and rehabilitation service fees to Consulate or Formation Capital-affiliated companies." One Consulate facility paid $467,022 in management fees and $294,564 in rent to two companies owned by Consulate and Formation Capital.
- In a July 2022 report, the Empire Center found that nearly three-quarters of New York's for-profit nursing facilities (72%) "structure themselves as networks of interlocking companies" that "disguise the true profitability of their businesses." In 2020, companies related to the state's for-profit nursing homes (related-party companies) reported $306 million in profits from $1.6 billion in revenue – a margin of 19.5%. At the same time, the nursing facilities themselves officially showed profits of only 2.3%. Related-party transactions reflected two-thirds of owners' profits for the year. Most significantly, facilities using related-party transactions spent less money on staffing and had poorer federal quality ratings than not-for-profit or government-owned facilities. The report provided details about a 17-facility chain in the state, whose two owners "netted at least $13.8 million in profits and salaries from their combined nursing home businesses," more than eight times the $1.7 million that they officially reported as profits.
- Most recently, between late November and mid-December 2022, the New York State Attorney General, through the Medicaid Fraud Control Unit, filed lawsuits against three nursing facilities, documenting how the facilities diverted millions of dollars in Medicare and Medicaid reimbursement to excessive profits for their multiple, often undisclosed owners. The Attorney General alleges that the facilities were understaffed and provided grossly inadequate care to residents, before and during the COVID-19 pandemic.

In addition to reimbursement from the Medicare and Medicaid programs, nursing facilities received many additional billions of dollars in federal and state COVID-19 relief money during the pandemic. Nursing facilities also receive

substantial subsidies through federal and state needs-based public benefit programs that their underpaid workers rely on.

Prices for nursing home beds soared in 2022 – from $80,000 in the fourth quarter of 2019 to $95,800 per bed in the second quarter of 2022. Why? In a blog post, Bill Kauffman, senior principal for the National Investment Center for Seniors Housing & Care, identifies Medicaid rate increases and federal relief funding during the pandemic, Medicare's new reimbursement system for skilled nursing facilities (Patient Driven Payment Model), and "the opportunity for growth in other ancillary businesses" ("in-house dialysis, contract therapy, wound care, pharmacy services or an on-site diagnostic lab, among other businesses"), among other factors. Ancillary businesses, another term for related parties, create facilities' hidden profits. Would there have been such a buying frenzy if the nursing home industry was unprofitable?

Before nursing homes are given more public money, the Center for Medicare Advocacy urges far greater transparency and accountability for the billions of dollars that nursing homes already receive.

https://tinyurl.com/RequireFullDisclosure

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

December 21, 2022

AG Healey Secures $1.75 Million Resolution with Nursing Home Chain Over Failure to Meet the Needs of Residents with Substance Use Disorder

A Connecticut-based long-term care management company operating nursing homes across southern New England has agreed to pay $1.75 million and adopt a series of critical compliance measures in a settlement reached by Attorney General Maura Healey's Office. The settlement resolves a series of allegations, including that the company failed to meet the needs of nursing home residents experiencing substance use disorder (SUD). The largest nursing home settlement ever reached by the AG's Office, these funds will be directed to the state's Opioid Recovery and Remediation Trust Fund for prevention, harm reduction, treatment, and recovery across Massachusetts.

Athena Health Systems (Athena) of Farmington, Connecticut owns, operates, and manages skilled nursing homes and hospice facilities throughout New England, including Marlborough Hills Rehabilitation & Healthcare Center of Marlborough; Highview of Northampton; and Parsons Hill Rehabilitation & Healthcare Center and Worcester Rehabilitation & Healthcare Center, both of Worcester. The AG's Office investigated reports of substandard care or regulatory violations at these nursing homes that allegedly started in March 2016, based on complaints referred by the Massachusetts Department of Public Health (DPH) and the Office of the Long Term Care Ombudsman.

"Every nursing home resident deserves to live in a safe environment, with dignity and access to high-quality care," said **AG Healey**. "This resolution ensures that Athena facilities will appropriately provide care for individuals with substance use disorder and helps to restore the trust families need when making critical decisions about the care of their loved ones."

Skilled nursing facilities participating in Medicare and MassHealth must follow various state and federal statutes, regulations, and rules governing their procedures and conduct.

The AG's Office alleges that the Athena facilities, at the direction of Athena, admitted substantial numbers of residents with histories of substance use disorder, despite the fact that the facilities did not have adequate levels of

	appropriately trained staff to meet the needs of those residents. The AG's Office also alleges that numerous overdoses have occurred at the Athena facilities, some of which the Athena facilities failed to report to DPH. According to the AG's Office, Athena was aware that this conduct led to noncompliance with regulations but still encouraged the Athena facilities to admit residents with histories of SUD. The investigation by the AG's Office also found that one of the facilities named in the settlement failed to adequately screen staff for COVID-19 infection, risking the spread of the virus to medically vulnerable residents. Under the terms of the settlement agreement, in addition to the financial payment, Athena has also agreed to participate in a program with Alliant Health Solutions, which has received a grant from the U.S. Substance Abuse and Mental Health Services Administration to create "Centers of Excellence for Geriatric Emotional/Mental Health and Substance Use Education." This program will result in updates to Athena's policies, procedures, and trainings with respect to its treatment of residents with histories of SUD. Athena has also agreed to hire an auditor to review records every six months to assess this program, the results of which will be reported to the AG's Office. Furthermore, under the terms of the settlement, Athena represents that it has adopted or is in the process of adopting a series of compliance initiatives, including mandatory compliance training, annual mock surveys, hiring of four full-time regional nurses dedicated to clinical operations and compliance, and implementation of a system-wide electronic dashboard. The AG's Office also has authority, pursuant to this agreement, to require many of Athena's facilities to contract with an independent compliance monitor if those facilities receive serious deficiencies in future surveys from DPH. This matter was handled by Deputy Division Chief Kevin Lownds, Senior Trial Counsel Elisha Willis, Managing Attorney Gregory Matthews, Assistant Attorney General William Champlin IV, Senior Healthcare Fraud Investigator Heather Dwyer, Senior Healthcare Fraud Investigator Mirlinda Sejdiu, Senior Healthcare Fraud Investigator Erica Schlain, Senior Healthcare Fraud Investigator Christine Barker, and Nurse Investigator Barbara Edwards, all of the AG's Medicaid Fraud Division. Deputy Chief Christina Chan of the AG's False Claims Division also participated in the investigation of the allegations. The initial complaints were referred for investigation by the Massachusetts Department of Public Health and the Office of Long Term Care Ombudsman, both of which provided substantial assistance with the investigation. City and town officials from Marlborough, Northampton, and Worcester also provided substantial assistance with this investigation. The Massachusetts Medicaid Fraud Division receives 75 percent of its funding from the U.S. Department of Health and Human Services under a grant award totaling $5,542,963 for Federal fiscal year 2023. The remaining 25 percent, totaling $1,847,641 for FY 2023, is funded by the Commonwealth of Massachusetts. https://tinyurl.com/ResolutionNursingHomeChain
Housing	**19. *Washington Post** January 2, 2023 *Rising rents were a crisis for tenants. For landlord Starwood, they were a gift.* The company has become one of the nation's largest landlords in recent years and imposed some daunting rent hikes.

	Amid a flurry of sales over the past decade, when more than $1 trillion of apartment buildings changed hands, private investors and real estate trusts went on a binge: The proportion of apartments sold to them rose from 44 percent in 2011 to 70 percent in early 2022, according to data and research firm MSCI. Many of those same firms imposed aggressive rent increases and rode the historic wave of rent hikes to big profit. . . In 2021, rent increases were more than double what they had been any previous year, according to the Yardi Matrix Multifamily National Report, with asking rents jumping by 10 percent or more in 26 major metropolitan areas. The increases continued through at least October 2022, when rents were rising about 8 percent annually. . . Even at Starwood's government-subsidized complexes, managers imposed rent increases of as much as 10 percent, according to leases reviewed by The Post. Parkside Residences in West Palm Beach, for example, was built in 1996 with a low-interest state loan of $1.9 million and $800,000 in a tax credit subsidy, according to the Shimberg Center at the University of Florida. In return for the government subsidy, the owners of the property are obliged to keep rents below levels set by the federal government. Starwood Real Estate Income Trust bought the 144-unit property in 2020 for nearly $14 million. On the last day of April 2022, it informed residents that their rents would jump by about 10 percent on June 1 — even if they were in the middle of their lease. A clause in the lease paperwork allowed the company to raise the rent as soon as HUD changed the maximum landlords are allowed to charge. https://tinyurl.com/RisingRentsCrisis
Behavioral Health	**20. Home Health Care News** January 4, 2023 *Home Health Providers Believe They Can Be The 'Quarterback' For Behavioral Health Needs* https://tinyurl.com/QuarterbackBehavioralHealth
Elder Abuse	**21. Salem News** January 2, 2023 *Salem woman arraigned in elder abuse case* A Salem woman pleaded not guilty Wednesday to charges that she repeatedly physically abused a 75-year-old Vietnam veteran who had befriended her in an affordable housing complex where they lived. Tina Lizotte, 62, . . . was first charged in the case last June after the man disclosed that Lizotte had, over the course of their friendship, poked him in the eyes, bitten him, hit him with a mop, broom, and belt, burned and cut him, according to court papers. Lizotte had also taken the man's checkbook, later contending she was simply helping him with his finances. https://tinyurl.com/SalemWomanArraigned
Alzheimer's and Other Dementias	**22. *Boston Globe** January 6, 2022 *Alzheimer's drug wins FDA approval after studies show it slows the disease* Questions remain about the treatment, Leqembi, sold by Biogen and Eisai, including its safety and whether Medicare will cover it. Federal regulators on Friday approved a new drug for Alzheimer's disease that moderately slowed cognitive decline of patients in a closely watched study.

	The treatment, made by Cambridge biotech Biogen and Japanese drug maker Eisai, decreased cognitive decline by 27 percent over an 18-month trial involving nearly 1,800 people in the early stages of Alzheimer's. It also significantly lowered levels of a protein called amyloid that forms plaque in the brains of some people with the disease. . . The drug, called lecanemab during clinical trials, will be marketed as Leqembi. Eisai said the drug would cost $26,500 per year, but estimated its value to society at $37,500. That price tag is still higher than the $8,500 to $20,600 range that the Institute for Clinical and Economic Review, an influential Boston drug-pricing watchdog, said would be cost-effective, considering the expense of caring for people with the disease. . . Unlike Aduhelm, which provided modest benefit in one trial and failed in another, Leqembi's clinical trial results were unequivocal. "There's really no controversy about whether there was a difference between lecanemab and a placebo." https://tinyurl.com/AlzheimersFDAApproval
Incarcerated Persons	**23. *Boston Globe** January 8, 2023 Editorial Board *Healey's chance to correct the corrections system* Lingering prison problems cry out for better leadership and more transparency. Every new administration brings the promise of change — a promise that brings new hope to those who have been ill-served during the previous administration by a bureaucracy badly in need of a shake-up. Few agencies fit that description better than the Massachusetts Department of Correction and few public officials are better suited to wield that new broom than Governor Maura Healey and Attorney General-elect Andrea Campbell. It shouldn't take a Justice Department investigation to bring basic and humane reforms to the state's prisons — although in this case it did, with a settlement agreement finally reached in the waning days of the Baker administration. But even that agreement doesn't address the myriad ways correction officials have largely ignored the landmark 2018 Criminal Justice Act on such issues as solitary confinement, medical parole, educational programming, and the continued use of chemical restraints on mentally ill inmates at Bridgewater State Hospital. Late last month, the cochairs of the Judiciary Committee, Senator Jamie Eldridge and Representative Michael Day, held a two-day oversight hearing on just how far off the mark the department has been on all of those issues — a hearing at which the Baker administration declined to have any officials testify. But the hearing can and should provide a road map for the new administration — or for anyone committed to social justice and the rule of law. "I expect the new administration will be markedly different in its approach," Day told the editorial board. "I expect a more open, honest, and transparent level of communication." What the days of hearings confirmed to Day was that "many of the laws we've passed [relative to the criminal justice system] had not been implemented. I'm optimistic the Healey administration will … do what needs to be done." The new administration may get something of a honeymoon from legislative leaders but not from the Justice Department, which has alleged DOC "failed to provide constitutionally adequate mental health care and supervision to incarcerated persons in mental health crisis and violated the constitutional

rights" of those inmates "through prolonged restrictive housing on mental health watch."

The settlement agreement, which was two years in the making, will be monitored by Dr. Reena Kapoor, an associate professor of law and psychiatry at Yale School of Medicine. It requires data collection on the use of mental health watches within the first three months, requires new "policies and procedures" be drafted within six months, and a new Intensive Stabilization Unit be operational within 18 months.

The idea is for the department to deal with those suffering a mental health crisis without further exacerbating that crisis or punishing an inmate with long periods of what amounts to solitary confinement. And it meshes perfectly with the Criminal Justice Reform Act, which aimed to sharply curtail the use of solitary confinement.

And yet, Elizabeth Matos, executive director of Prisoners Legal Services, testified that the DOC has developed a system of "pseudo-solitary" that keeps prisoners in their cells for more than 21 hours a day.

"Our contention is that is certainly a violation of the spirit of the [2018] law," she said.

But the major complaint she hears from those incarcerated is that there simply isn't enough access to programming — educational or rehabilitative.

"When people are spending a lot of time being idle and don't have opportunities to focus on other things, they're left with, again, the trauma and mental health issues and lack of treatment, separation from their families, and all of those things that make getting by day-to-day much more challenging," she said. "The busier people can be, the better."

As of Sept. 1, only some 15 percent of DOC inmates were enrolled in educational programs, while more than 3,000 remained on waiting lists.

If Healey wants to create a more humane and better functioning prison system, increasing programming is a good place to start.

So too, a better and more honest approach to medical parole than the one used in the year ending June 30, 2021, in which DOC granted only 17 of the 211 applications — and no applications of any of the 70 Black applicants.

"The statute was tailored to provide a humane option for people at the end of their lives," said Mara Voukydis, an attorney heading up the parole advocacy unit at the Committee for Public Counsel Services.

But, she testified, DOC has narrowed its own definition of who is eligible to those with terminal or seriously debilitating physical conditions, virtually ignoring those with "serious cognitive impairment."

A thornier problem for the new administration will be the future of Bridgewater State Hospital, a corrections facility that houses the seriously mentally ill. Former governor Charlie Baker rightfully claimed credit for reforming and revamping the facility in 2017 by turning over much of its operation to a private health care vendor.

But the Disability Law Center, a court-appointed monitor for Bridgewater, now says portions of its buildings are mold ridden and its use of chemical restraints on incarcerated patients under the guise of "emergency treatment orders" is in violation of the law, Tatum Pritchard, an attorney with the center, testified.

Criminal justice reform and prison reform were conspicuously absent from Healey's inaugural address. They certainly don't have the constituency that housing and transportation do. But they do speak to that "spirit of common

humanity" the governor touted in her speech. Promoting a just and humane system will make this a safer Commonwealth — and that needs to be on this governor's agenda too.
https://tinyurl.com/CorrectCorrectionsSystem

24. ***Health Affairs**
August 2022
The Impact Of COVID-19 On the Health of Incarcerated Older Adults in California State Prisons
Abstract
The number of older adults (age fifty-five or older) incarcerated in US prisons reached an all-time high just as COVID-19 entered correctional facilities in 2020. However, little is known about COVID-19's impact on incarcerated older adults. We compared COVID-19 outcomes between older and younger adults in California state prisons from March 1, 2020, to October 9, 2021. Adjusted odds ratios (aORs) revealed an increasing risk for adverse COVID-19 outcomes among older age groups (ages 55–64, 65–74, and 75 or older) compared with younger adults, including for documented infection and hospitalization with COVID-19. Moreover, although accounting for 17.3 percent of the California state prison population, older adults represented 85.8 percent of this population's COVID-19-related deaths. Yet a smaller percentage of older adults than younger adults were released from prison during the pandemic. The differential rates of morbidity and mortality experienced by incarcerated older adults should be considered in future pandemic response strategies regarding prisons. . .
[I]ncarcerated people are considered to be "older adults" when they are in their fifties. In 2009, when the US prison population reached its peak, 5.1 percent of adults in US prisons were age fifty-five or older.[8] By 2020 increasingly long sentences—including mandatory minimums and reductions in parole eligibility—had driven the proportion of older adults in US prisons to an all-time high of 13.8 percent, even as the overall US prison population fell to 1.8 million, the lowest it had been in decades.
https://tinyurl.com/CovidIncarceratedOlderAdults

25. **Commonwealth Magazine – The Upload**
January 8, 2023
Medicaid should cover the incarcerated
Commentary by Peter Koutoujian, Sheriff, Middlesex County
There is an unspoken and growing public health crisis in our country.
For millions of Americans with serious health care needs, their treatment is not being provided at a hospital or clinic, but at the county jail. Many outside of this field do not know that the social determinants of becoming involved in the justice system are identical to the social determinants of health: neighborhood quality, personal and family economic stability, social connections, education, and access to quality health care.
As a result, jails like the one I oversee in Middlesex County have become de facto treatment centers for individuals who are otherwise forgotten in our health care system, and too often in society at large. The largest mental health treatment facilities in our country are all jails. And while many of us in law enforcement are proud of the quality treatment and programming we provide to this high-need population, we can all agree that you should not have to come to jail to get good health care.

Consider this: 40 percent of state prisoners and 33 percent of individuals in federal correctional facilities have a chronic health condition. At my county facility, 65 percent of individuals are being treated for a chronic disease, ranging from asthma and cancer to psychological disorders. If we saw those numbers in our local community, we would rightly label it a public health crisis.

These are longstanding problems in our criminal justice and behavioral health systems, and they have only worsened during the COVID-19 pandemic. At my facility, where we use data and specialized programming to drive our treatment, we have seen it firsthand. In 2019, about 11 percent of our population had a diagnosed mental health disorder. Today, it's approximately 44 percent.

This is why I've been working closely with both state and national leaders to eliminate the Medicaid Inmate Exclusion Policy, a little-known, antiquated section of federal law that bars any eligible incarcerated person from accessing their Medicaid services – even if they have yet to be found guilty of a crime. Currently, an individual's access to Medicaid is shut off as soon as they enter jail - and remains so until they leave. The appropriations bill recently signed by President Biden made an important first step by allowing access to Medicaid benefits for certain incarcerated individuals under certain circumstances. But the truth is, there should be no interruption to any individual's health care coverage just because they are incarcerated.

A group of us on the Council on Criminal Justice Health and Reentry Project are pushing for state waivers from Medicaid rules for just that reason. Fully eliminating the inmate exclusion policy would do two key things. First, it would enhance continuity of care by creating a stronger bridge to community-based services as individuals return to society. Second, greater coordination between correctional and community providers will help lower crime, with a 2019 study finding that "increased access to health care through Medicaid coverage reduces recidivism."

The stakes are literally life and death. Studies show that in the period immediately following release, formerly incarcerated people are 12 times more likely to die than the general population. The causes range from heart disease to homicide, suicide, and ALS. The rates of death from overdoses are particularly alarming as we grapple with another co-occurring public health epidemic in opioid use. The Massachusetts Department of Public Health found that opioid-related overdose deaths are 120 times higher for people released from state prisons and jails compared to the rest of the adult population. How many of these deaths could have prevented with access to health care?

When Medicaid was created in the mid-1960s, few could have imagined that correctional facilities would become primary care facilities for so many who were eligible for it. Our jails and prisons were not designed or built for this purpose, but we have become experts in providing exceptional care. We need all the tools possible to help improve the health and criminal justice outcomes for this population. Avoiding gaps in Medicaid coverage upon release and facilitating connections to care can provide individuals the opportunity to remain in the community and hopefully avoid future law enforcement interactions.

The time has come for a seismic shift in how we provide health care to incarcerated individuals – to improve public health outcomes, enhance public

safety, and strengthen communities as well. The overwhelming majority of the 1.8 million people incarcerated in this country will eventually be released, and we have an obligation to return them home healthy and whole to their families. We cannot allow more people, rehabilitated and ready for reentry, to lose their health care and potentially their lives because of an outdated, counterproductive policy. Let's eliminate it now.
https://tinyurl.com/MedicaidIncarcerated

26. Council on Criminal Justice

November 16, 2022

Are People with a Mental Health Diagnosis More Likely to Do Time in Solitary?

Research has long documented an overrepresentation of persons with mental health conditions in jails and prisons, and studies on whether solitary confinement causes or exacerbates such conditions have yielded mixed findings. In addition, most research on the topic has not distinguished between short-term and longer periods of confinement.

Understanding whether people with mental health diagnoses are at greater risk of placement in solitary confinement, and identifying the reasons for such placements, is essential to informing correctional policies that support safety while preventing additional harms. . .

The study found that men with mental health disorders were more likely to be placed in solitary confinement and spent more total days in such placements. Six of the nine mental illnesses studied—bipolar disorder, major depression, schizophrenia, psychotic disorder, antisocial personality disorder, and "other" personality disorders—were significant predictors of solitary confinement, ranging from a 67% (for major depression) to a 169% (for "other" personality disorders) increase in the odds of being sent to solitary.
https://tinyurl.com/MoreLikelyTimeInSolitary

27. *Health Affairs

August 2022

The Aging of The US Prison Population: A Public Health Crisis

As the proportion of older adults in the nation's prisons grows, policy makers struggle to meet their health and social needs. . .

Canes, walkers, and wheelchairs are now a common sight in prison yards, and older people generate high costs for prison health systems that are ill equipped to care for people with complex health needs who may be nearing the end of their lives.[1]

The aging trend has brought to the forefront conflicting views of crime, punishment, justice, and mercy. Advocates of penal reform support liberalized parole policies for older prisoners who have served long sentences and may be at low risk of committing new crimes. Opponents argue that such reforms would bring insult and pain to crime victims and their families, forcing them to revisit old traumas. However one views the issue, the demographic shift taking place in US prisons and jails is undeniable. .

Adults ages fifty and older accounted for 10 percent of the US prison population in 2012 and 20 percent in 2017.[1] Over a longer period, 1999–2016, the number of incarcerated people ages fifty-five and older rose 280 percent, whereas the number of younger people in prison grew by only 3 percent. As a result, the proportion of older adults in the nation's prisons rose from 3 percent to 11 percent during the same span of years. By 2020, 14 percent of male prisoners

	and 9 percent of female prisoners—a total of 165,700 people—were ages fifty-five and older. It is estimated that by 2030 older people will represent fully one-third of the entire prison population unless reforms are put in place. . . The graying of the prison population has brought into question the definition of words such as "aged," "elderly, and "geriatric." Although society generally regards people ages sixty-five and older to have crossed the geriatric threshold, experts who have observed the health trajectories of long-serving prisoners say that many experience "accelerated aging" while incarcerated. The Bureau of Justice Statistics now uses age fifty-five as the lower bound, whereas some researchers and organizations recognize age fifty as the threshold. https://tinyurl.com/AgingUSPrisonPopulation
Homelessness	**28. New York Times (free access)** January 5, 2023 *'You Have to Learn to Listen': How a Doctor Cares for Boston's Homeless* by Tracey Kidder, Pulitzer Prize and National Book Award winner https://tinyurl.com/NYTLearnToListen
Caregiving	**29. The Takeaway** January 7, 2023 *Taking Care of the Caregivers* The CDC reports "25-percent of U-S adults" serve as caregivers to those who need support and assistance. Caregivers need support, too. Without a network of support, they face burnout and high levels of stress. . . Most caregivers are women in their '40s and '50s. They often find it necessary to leave paid employment as they care for their loved ones, and that leaves them at risk for housing insecurity and poverty. Who cares for the caregivers, and how ca I think one of the burdens that we know that caregivers carry are financial burdens. I had to work less. My husband wasn't working at all. We had savings that we drew down in order to fund some of the things that are extremely expensive. Getting someone to come to the house for a few hours a day is paid out of pocket, it's not always covered by insurance. Public funding of caregiving, providing resources that are geared toward the individual caregiving situation would be amazing, but I also think we're not going to get the answer from public policy. One thing I would like to see and I've started seeing this happen is private enterprise coming stepping up with ways to help caregivers. One in four people are caregivers, so they could be sitting right next to you at work and you would never know. Because caregivers work in extra 24 to 31 hours a week on top of their day jobs, and they just absorb it the way we absorb childcare when we took care of our children. It's not necessarily something you go to your employer and describe and ask about. However, there could be employment policies put in place that are benefits to people who need the caregiving. Can we prepare for the moment when we too may become sudden caregivers? https://tinyurl.com/TakingCareOfTheCaregivers
Covid	**30. *Washington Post** January 8.2023 *Congress has not stepped up to fight covid-19 — or the next pandemic* When the coronavirus pandemic reached peaks of suffering, ambition ran high to confront it and prepare for future outbreaks. In 2021, President Biden warned that "future biological threats could be far worse, and we are not adequately prepared," and in March he proposed $88.2 billion over five years to build up

biodefense and pandemic preparedness. Mr. Biden also sought $9.25 billion to fund new vaccines and therapeutics.

Mr. Biden's proposals never got any traction in the last Congress. The public sense that life is returning to normal — a mood that Mr. Biden encouraged — certainly played a role. This leaves the nation stuck in a cycle of panic and neglect. The government's purchase of hundreds of millions of doses of vaccines and treatments, and free distribution, is now over; others, mostly health insurers, will have to pay for the next shot, if one is even developed. . .

What's needed, however, is more long-term vision. The covid pandemic was the worst public health catastrophe in 100 years but could easily happen again — and soon. A system of global genomic surveillance — an early warning radar for disease — ought to be a high priority. So should research to create a coronavirus vaccine that would work against all variants. The next chance to think big is now, with the arrival of a new Congress.

https://tinyurl.com/CongressHasNotSteppedUp

31. NBC Boston

January 6, 2023

COVID Levels Skyrocket in Greater Boston, Much of Mass. Now High Risk

Most of eastern Massachusetts, including Boston, the Cape and Islands, are considered high risk.

The Centers for Disease Control and Prevention's COVID community risk levels, which have been in the low or medium risk category for Massachusetts for months now, skyrocketed over the past week. More than half of the state is now in the high risk category, another sign that we might be in the middle of a surge fueled by the new XBB variant.

Barnstable, Bristol, Dukes, Franklin, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are all now considered high risk, with only Berkshire, Essex, Hampden, and Hampshire counties listed as low risk.

Within the last two months, tracking numbers from the CDC showed the XBB.1.5 variant has climbed to now make up more than 40% of cases in the U.S. But here in New England, XBB.1.5 accounts for a whopping 75% of all COVID-19 cases. Only three weeks ago, XBB.1.5 accounted for only 11% of COVID cases in the region.

https://tinyurl.com/CovidRiskHigh

32. *Boston Globe

January 6, 2023

Latest numbers show jump in COVID-19 deaths as expected winter surge arrives

The virus that everyone wants to forget is surging, reminding us that life is not yet back to normal.

During the week that ended Wednesday, 129 Massachusetts residents died of COVID-19, double the toll during the last week of November. Sixteen people died on Christmas Day, and eight on New Year's Day, according to the latest data from the Massachusetts Department of Public Health.

Those numbers are significantly lower than in January of last year, when as many as 79 died in a single day, but they are rising from more recent months. And, the number of patients in the hospital with the virus is at its highest number in nearly a year. . .

Most of those who are dying are older, and indeed those over age 80 make up a growing proportion of the victims as new subvariants steal the last years of many a grandparent and great-grandparent. . .

Massachusetts has done a better job than many other states in vaccinating the elderly, with 59 percent of those age 65 and older having received the bivalent booster, the most recent version of the vaccine that protects against recent variants as well as the original form of the virus. Nationwide, only 38 percent in that age group have received the bivalent booster. In Massachusetts, 28 percent of people age 5 and older have received the shot. . .

On Friday, the US Centers for Disease Control and Prevention elevated the "community risk level" for Suffolk County from medium to high. Now about half the state is labeled "high," an indication that COVID-19 infections are having an impact on the health care system. . .

Hospitals are full, with overcrowded emergency rooms, but "COVID is not the principal driver of the hospital capacity problem," said Dr. Paul Biddinger, director for emergency preparedness at Mass General Brigham. "The primary driver of all of this is the fact that there is a tremendous need for medical care" and people are very sick with a variety of illnesses.

https://tinyurl.com/LatestNumbersShowJump

33. *Health Affairs

December 2022

Understanding Pandemic Experiences Among America's Elders

Older Americans' experiences of the COVID-19 pandemic, including social isolation and loneliness, generosity, and resilience, must be studied and addressed. . .

What we have learned in the years of caring for patients in our geriatrics and palliative care clinics during the pandemic is that the experiences of older adults during the COVID-19 pandemic, as during the decades of old age itself, have not been homogenous. Yet for many, particularly for certain populations—people who entered the pandemic socially isolated, those with a history of depression and anxiety, and residents of nursing homes—the nature and duration of pandemic isolation made already difficult situations significantly worse. . .

Finally, future policies applied to older adults must consider the unique realities and priorities of later life. Many older adults—particularly those classified as at highest risk during the COVID-19 pandemic—would not have chosen to sacrifice their quality of their life to lengthen their lives. But unlike younger and middle-aged adults, who were allowed to disregard masking and isolation if they wanted to, vulnerable old people were stripped of agency over their options, actions, and lives. As geriatrician Joanne Lynn quipped about nursing home residents, "They were incarcerated without committing a crime and without judicial review." We must do a better job of including the voices and priorities of elders generally, and those of diverse elders especially, in public health and health policy. . .

Public health, by definition, does not attend to individuals, but to populations and communities. Yet public health can and, given our aging population, must incorporate geriatrics and gerontology knowledge and approaches into its structures, training, and policies if going forward they hope to avoid the harms—including protracted social isolation—unnecessarily imposed on older Americans during the COVID-19 pandemic. This wouldn't be a special dispensation but a critical step toward achieving health equity across the human lifespan. It is time to bring the same rigor and expertise to issues affecting older people as is already brought to public health for people of other ages.

	To be sure, people of all ages were both helped and harmed by policies during the COVID-19 pandemic. Circumstances were unprecedented and overwhelming. The only way to mitigate those harms now is to take steps to prioritize public health policies that are more evidence based and less traumatic, both for older adults and for everyone else. https://tinyurl.com/UnderstandingCovidExperience
Veteran Services	**34. *Boston Globe** January 4, 2023 *In scathing letter, state watchdog criticizes management of Chelsea veterans' home* In a sharply critical letter Tuesday, the state's top watchdog lambasted the management of a troubled veterans' home in Chelsea and accused the Baker administration of failing to intervene despite knowing of the home's problems. Citing records provided by the state's Executive Office of Health and Human Services, the letter described veterans being found "soaked in urine and sitting in feces" and a toxic work environment in which at least one worker had a "reasonable" belief that managers had "targeted [him] for retaliation." Jeffrey S. Shapiro, the state's inspector general, addressed the letter to Marylou Sudders, the outgoing health and human services secretary, and accused her personally of mishandling the home. "[D]espite your knowledge of the significant ongoing issues at the home, your administration has not yet implemented changes to protect the veterans," Shapiro wrote. . . The letter, which also sharply criticizes the home's superintendent, Eric Johnson, follows months of turmoil at the facility. In June, the state placed Johnson on paid administrative leave pending the outcome of multiple investigations into his leadership, according to a letter signed by unionized workers at the home. Weeks later, the home's chief operating officer was also placed on leave pending an investigation, according to a WCVB report. . . [A]n August 2022 report written by "a senior member of [Sudders'] leadership team," which said that at least a dozen rooms at the home were in "terrible" condition and contained feces, dead rodents, dirt, and bugs, according to the letter. "These conditions point to a catastrophic failure of the Home's leadership," the letter said. The records also described a toxic work environment, according to the letter. An investigative report, also from August, found that one employee had a "reasonable" fear that he was "being targeted for retaliation," according to the letter. Separately, the senior member of Sudders' staff wrote that Johnson imposed "inappropriate discipline" on his staff and was not "forthright in his account of events and issues," according to the letter. The senior staff member concluded that Johnson "lacks candor, professionalism, judgment and does not seem to possess leadership skills," according to the letter. https://tinyurl.com/ScathingLetterChelseaHome
Ageism	**35. AARP The Magazine** November 21, 2022 *Unnatural Causes: The Case of the Texas Serial Elder Murders*

	AARP asked me to investigate the alleged murders of these older Americans, whose ages ranged from 76 to 94. Over 18 months, I sifted through thousands of pages of court records, police reports and witness statements, and interviewed dozens of relatives, lawyers, police, and others. Ultimately, two things became clear. First, although [Billy] Chemirmir has been convicted of two murders, the evidence against him in those and other cases is overwhelming and compelling. **Second, the criminal justice system and the adult living complexes entrusted with protecting these victims' health and safety appeared to be blinded to the crimes by a fatal strain of ageism.** . . In almost every case, investigators failed to collect fingerprints or DNA evidence, order autopsies or photograph crime scenes — all standard death investigation practices, particularly when paired with a theft or burglary report, as was the case with nearly every homicide in this grim procession. Time and again, the deaths were attributed to heart attacks and strokes. Doris Gleason's suspicious death in 2016 was instantly attributed to natural causes. As her daughter, Shannon Dion, puts it: **"The mentality of it was, 'They were old, and they just died.' "** The most damning admission of an ageist and uncaring system came from Jeffrey Barnard, M.D., medical examiner for Dallas County. In Chemirmir's first trial, he conceded that his office rarely orders autopsies for anyone over 65. Instead, thousands of "unattended deaths" (outside a hospital with no doctor present) are handled by phone — even those involving robberies or burglaries. Otherwise, he asserted, the workload would be overwhelming: "No office can handle that. So, you have decisions based on those cases, the findings, and the medical history." . . . A number of the victims' families filed wrongful death suits against the facilities where their relatives lived. Attorney Trey Crawford represents 13 of those families. "The owners and operators prioritized the profits of their private equity investors over the lives of the elderly residents they undertook to protect," he asserted in one suit. . . "It's very frustrating, hearing all of this," says Harris, who helped form SOSS. "It seems like this story should have been on everyone's lips in Dallas. They're saying this is the most prolific serial killer in Texas history. If these were toddlers or children or coeds. … Do elderly lives not matter?" https://tinyurl.com/AARPUnnaturalCauses
Disability Topics	**36. *New York Times** January 7, 2023 *How These Sign Language Experts Are Bringing More Diversity to Theater* As productions increasingly include characters and perspectives from a variety of backgrounds, deaf and hearing people who translate the shows for deaf audiences are trying to keep up. Amid a racial reckoning in theater, the work of DASLs [director of artistic sign language] and theatrical interpreters from a variety of backgrounds has become increasingly sought after in the past few years — both by deaf audiences and theatrical productions. But while there have been efforts to recruit more diverse interpreters, the push for better representation is not without challenges. . . Having deaf people whose first language is ASL working in artistic sign language direction brings a whole other perspective — a deaf one — to a production, Michelle Banks, a Black actress, director, and writer who is Deaf, said through an

	interpreter. DASLs can also have a say in hiring and can choose interpreters who are a better fit for the characters, the culture represented and the chosen signing style. https://tinyurl.com/SignLanguageTheater
Aging Topics	**37. *New York Times** January 7, 2023 *As Asian Societies Age, 'Retirement' Just Means More Work* Across East Asia, populations are graying faster than anywhere else in the world, and while younger generations shrink, older workers are often toiling well into their 70s and beyond. . . With populations across East Asia declining and fewer young people entering the work force, increasingly workers like Mr. Oonami are toiling well into their 70s and beyond. Companies desperately need them, and the older employees desperately need the work. Early retirement ages have bloated the pension rolls, making it difficult for governments in Asia to pay retirees enough money each month to live on. Demographers have warned about a looming demographic time bomb in wealthy nations for years. But Japan and its neighbors have already started to feel the effects, with governments, companies — and most of all, older residents — grappling with the far-reaching consequences of an aging society. The changes have been most pronounced in the workplace. . . For some older people, the demand for workers has given them new opportunities and leverage with employers, especially if they felt pushed out by early retirement ages in favor of younger workers. Now, the question these aging nations are grappling with is how to adapt to the new reality — and potential benefits — of an older work force, while ensuring that people can retire after a lifetime of work without falling into poverty. In East Asia, where populations are graying faster than anywhere else in the world, there is an urgent need for more flexibility. Japan, South Korea, and China have all been forced to experiment with policy changes — such as corporate subsidies and retirement adjustments — to accommodate population shifts. Now, with the rest of the world not far behind, many nations will likely look to Asia for lessons in how to respond to similar crises. . . Japan isn't the only country in East Asia where older people feel they have no choice but to keep working. In South Korea, with a poverty rate among older people close to 40 percent, a similar proportion of those 65 and older are still working. In Hong Kong, one in eight older residents works. The ratio is more than a quarter in Japan — compared to 18 percent in the United States. https://tinyurl.com/AsianSocietiesAge
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.
Websites	**Center for Vulnerable Populations** https://cvp.ucsf.edu/ The UCSF Center for Vulnerable Populations (CVP) is dedicated to improving health and reducing disparities through discovery, innovation, policy, advocacy, and community partnerships.

	The CVP seeks to develop effective strategies to prevent and treat chronic diseases in communities most at risk. Beyond the local communities it serves, CVP is nationally and internationally known for its research in health communication and health policy to reduce health disparities, with special expertise in the social determinants of health, including literacy, language, food policy, poverty, and minority status, with a focus on the clinical conditions of pre-diabetes, diabetes, and cardiovascular disease. **Council on Criminal Justice** https://councilonj.org/ The Council works to advance understanding of the criminal justice policy choices facing the nation and build consensus for solutions that enhance safety and justice for all. **Disability Economic Justice Collaborative** **https://tcf.org/disability-economic-justice-collaborative/** 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.
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in *The Dignity Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Pending nursing home change of ownership in Massachusetts	• Royal Health Cape Cod • Royal Health Cotuit • Royal Health Falmouth • Royal Health Megansett • Royal Health Meadow View – North Reading • Royal Health Wayland • Royal Wood Mill – Lawrence • Royal Health Fairhaven • Royal Health Braintree • Royal Health Norwell https://www.royalhealthgroup.com
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing homes with admission freezes	**Massachusetts Department of Public Health** *Temporary admissions freeze* 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:

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

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

Updated on January 5, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Cedarwood Gardens	Franklin	1/5/2023	Not stated
Holyoke Healthcare Center	Holyoke	1/5/2023	Not stated
Life Care Center of Attleboro	Attleboro	12/30/2022	Not stated
Lynn Shore Rest Home	Lynn	1/5/2023	Not stated
New England Home for the Deaf	Danvers	1/5/2023	Not stated
Tremont Health Care Center	Wareham	1/5/2023	Not stated
Watertown Rehab & Nursing Center	Watertown	1/5/2023	Not stated

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

https://tinyurl.com/SpeciialFocusFacilityProgram

Updated October 26, 2022

CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

What can advocates do with this information?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.

- Post the list on your program's/organization's website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated July 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

- Attleboro Healthcare, Attleboro
  https://tinyurl.com/AttleboroHealthcare

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

Massachusetts facilities that are candidates for listing

- Charwell House Health and Rehabilitation, Norwood
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Mill Town Health and Rehabilitation, Amesbury
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225318
- Plymouth Rehabilitation and Health Care Center
  https://plymouthrehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225207
- Savoy Nursing and Rehabilitation Center, New Bedford
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225423
- South Dennis Healthcare, South Dennis
  https://www.nextstephc.com/southdennis
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225320
- Tremont Health Care Center, Wareham

	https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) # reported Deficiency Tag 250 **B** 82 **C** 7,056 **D** 1,850 **E** 546 **F** 487 **G** 31 **H** 1 I 40 **J** 7 **K** 2 L
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:

	• **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • **Weekend staff**: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.
Long-Term Care Facilities Specific COVID-19 Data	**Massachusetts Department of Public Health** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call to Action	• The MA Senate released a report in response to COVID-19. **Download the DignityMA Response to Reimagining the Future of MA**. • **Advocate** for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals **– State Legislative Endorsements**. • **Support** relevant bills in Washington **– Federal Legislative Endorsements**. • **Join** our **Work Groups**. • **Learn** to use and leverage Social Media at our workshops: **Engaging Everyone: Creating Accessible, Powerful Social Media Content**
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org

Participation opportunities with Dignity Alliance Massachusetts

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Behavioral Health	Frank Baskin	baskinfrank19@gmail.com

<table>
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<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest
Frank Baskin
John Ford
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Dick Moore
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to paul.lanzikos@gmail.com.</td></tr>
<tr><td colspan="4">Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</td></tr>
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