



The Dignity Digest

Issue # 124

January 30, 2023

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

*May require registration before accessing article.

Quotes of the Week

“[P]redicting future revenue figures can be a difficult process in normal times. Given the volatile economy we find ourselves in, this will be an especially challenging endeavor.”

House Ways and Means Chairman Aaron Michlewitz, *Analysts See Tax Revenues Holding at Elevated Levels*, **State House News**, January 24, 2023, <https://tinyurl.com/TaxRevenuesHolding>

“I’m able to groom myself without help. I can cook. I can clean. I might not do it all fast and everything as some people can, but I can do it.”

John Simmons, who is 74 years old and stuck in a nursing home because he can’t find an affordable accessible place where he can live, *‘Warehoused’*, **All Things Considered – WGBH**, January 26, 2023, <https://tinyurl.com/WarehousedAllThingsConsidered>

“It’s considered a violation of the Americans with Disabilities Act to unnecessarily keep people with disabilities warehoused in institutional settings when people could safely live in a more integrated setting in the community.”

Deborah Filler, a lawyer with Greater Boston Legal Services, one of the groups representing the plaintiffs in a [federal class action lawsuit](https://tinyurl.com/WarehousedAllThingsConsidered), *‘Warehoused’*, **All Things Considered – WGBH**, January 26, 2023, <https://tinyurl.com/WarehousedAllThingsConsidered>

“Right now, the workforce challenge is really hard ... so those barriers are there [for persons to leave the nursing home]. If they’re in a nursing home for too long, and they lose their housing, that’s even more difficult because we

have to try to find them housing. And there's just not a lot of accessible affordable housing in Massachusetts."

Lisa Gurgone, CEO of Mystic Valley Elder Services, 'Warehoused', **All Things Considered** – WGBH, January 26, 2023, <https://tinyurl.com/WarehousedAllThingsConsidered>

Homelessness pummels the body. "Fifty is the new 75" when it comes to people without a permanent place to reside.

Margot Kushel, M.D., a professor at the University of California San Francisco who has led longitudinal studies on unhoused, older adults, *The Graying of America's Homeless: An Alarming Trend*, **AARP**, December 20, 2022 (updated), <https://tinyurl.com/GrayingAmericasHomeless>

What most patients want is to understand their present situation and to have a clear vision of the goals of care delivered in a thoughtful way—one that allows them to trust the information and maintain their dignity.

Dr. Kenneth Scott, CEO and founder of SilverSage Management Services, providing physicians and consulting to the long-term care industry, *How Nursing Homes Can Increase Accountability And Improve Quality Of Care*, **Forbes**, January 27, 2023, <https://tinyurl.com/IncreaseAccountability>

"Although the original vaccination campaign in nursing homes was highly successful in bringing down case and death rates, and mandates led to staff vaccination rates exceeding the thresholds we found for high effectiveness, these policies cannot remain stagnant. As the pandemic evolves, staff vaccination mandates need to evolve as well."

Up to 50% Higher Infection Risk for Nursing Home Residents Without Boosters, **Skilled Nursing News**, January 27, 2023, <https://tinyurl.com/HigherInfectionRate>

More than 30 states allow CNAs to act as medtechs and pass out medications to residents. It's one of the few things the state can do immediately to address the staffing shortage.

Cautionary Tale: Staffing Mandate Collides with Nursing Home Labor Crisis and Referral Bottleneck, **Skilled Nursing News**, January 27, 2023, <https://tinyurl.com/SNNCautionaryTale>

“For [former State Representative] Alice [Wolf of Cambridge], seeing the dignity of another human being wasn’t a process, it was something that was always intuitive. She modeled what’s possible in terms of caring about the well-being of others and standing up and translating that into better policies.”

State Representative Marjorie Decker, Former Cambridge mayor Alice Wolf, an advocate for refugees and LGBTQ equality, dies at 89, ***Boston Globe**, January 29, 2023, <https://tinyurl.com/AliceWolfDies>

While some brides obsess over their dress, or shoes, or earrings — Sara Hughes wanted “a really cool arm.”

A Bride’s Prosthesis Made Not to Blend In, but to Shine, ***New York Times**, January 27, 2023, <https://tinyurl.com/ABridesProsthesis>

The ratio of grandparents to children is higher than ever before. That has big consequences.

The age of the grandparent has arrived, ***The Economist**, January 12, 2023, <https://tinyurl.com/AgeOfTheGrandparent>

“Risk starts to go up well below levels where people would think, ‘Oh, that person has an alcohol problem’. Alcohol is harmful to the health starting at very low levels.”

Dr. Tim Naimi, director of the University of Victoria’s Canadian Institute for Substance Use Research, Even a Little Alcohol Can Harm Your Health, ***New York Times**, January 13, 2023, <https://tinyurl.com/ALittleAlcoholCanHarm>

Negotiating a pathway out for many of the 20,000 Bay Staters would send a powerful signal to one of the most marginalized populations—people with disabilities in nursing facilities, many of whom are from communities of color. It would also build trust with community partners who excel at coming up with creative solutions to these very challenges.

Avoid unnecessary institutionalization in nursing homes, **CommonWealth Magazine**, January 27, 2023, <https://tinyurl.com/HealeyShouldSettle>

	<p><i>But as much as everyone loves the imaginary Hollywood spectacle of a big courtroom battle over legal rights, the best move is to negotiate and settle this lawsuit.</i></p> <p>Avoid unnecessary institutionalization in nursing homes, CommonWealth Magazine, January 27, 2023, https://tinyurl.com/HealeyShouldSettle</p> <p><i>"The extra COVID SNAP benefits have provided critical support for individuals and families to buy food, and have also indirectly supported our local grocery stores and farmers. The Healey-Driscoll Administration is aiming to be a leader among states in providing households with an offramp to the abrupt end of these extra benefits and will continue to be a food security leader through systemic initiatives like this."</i></p> <p>Acting Health and Human Services Secretary Mary Beckman, <i>Healey-Driscoll Administration Files \$282 Million Supplemental Budget</i>, Office of Governor Maura Healey and Lt. Governor Kim Driscoll, January 30, 2023, https://tinyurl.com/282MillionSupplementalBudget</p> <p><i>Hospitals aren't even the ideal places to heal, oftentimes. Infections spread among patients, occasionally with fatal results. The constant alarms and beeps made by all the monitors and machinery interrupt sleep and recovery. Older patients in particular become agitated and confused by the disruptions. Some patients have to go through rehabilitation afterward, having been confined to a hospital bed for so long. It's no wonder that both patients and clinicians alike might want an alternative to traditional hospital care.</i></p> <p><i>Your Next Hospital Bed Might Be at Home</i>, New York Times (free access), January 27, 2023 (updated), https://tinyurl.com/NextHospitalBedAtHome</p>
Poem	<p>2. *New York Times January 25, 2023 https://tinyurl.com/IAmThePaceOfMyBody</p> <p><i>I Am the Pace of My Body and Not Language</i></p> <p>By Adam Wolfond</p>

I think the days of the week
are paced in the line of rocks
and the water of the ocean
Water talks by pacing waves against them
Rocks respond by allowing their surfaces to be worn
Time is perceived by the appreciation
of language but I am
the pace of my body
and not language
I think there are many times to think about
I want people to understand how hard it is
to always type
My rhythm is long and continuous
not as noises in my head
The noises are forging want
of the howling wind
The noises are in the want
to talk
But I feel the way I always toward the calm body go
Time is perceived by the appreciation
of language but I am
the pace of my body
and not language
and line the rally that I can feel.

	<p>Adam Wolfond is the author of “The Wanting Way” (Milkweed Editions, 2022). He is an autistic poet, an artist, a graduate student and a co-founder/co-director of dis assembly: neurodivergent arts collective.</p>
<p>Recruitment</p>	<p>3. Seeking Current or Former Nursing Homes Residents who lived in room with more than two residents could help this care. <i>River Terrace Operator LLC, et al. v. Commonwealth of Massachusetts et al. Civil Action 2284CV01024</i> Dignity Alliance is assisting the Attorney General opposing about 30 nursing homes that don’t want to limit their facilities to not more than two residents per room as required by state regulations. We think it would be helpful if residents or former residents of nursing homes, or their family members, who may have experienced more than two residents per room to provide information on how this limits each resident’s privacy, health, and safety. If you, or someone you know could provide information on the experience of living with in nursing home rooms with three or more residents, and are willing to talk about that situation, it could help to bolster the state’s defense of the current regulation limiting occupancy to not more than two residents per room. Contact: Dick Moore of Dignity Alliance at rmooore8743@charter.net.</p> <p>4. Simmons v. Healey: An ADA Class Action Seeking to Compel Massachusetts to Stop the Unnecessary Institutionalization of People with Disabilities On October 11, 2022, the Center for Public Representation (CPR), a national disability rights law firm in Easthampton, Massachusetts; Greater Boston Legal Services (GBLS), a local legal services program; Justice in Aging, a national advocacy organization for older adults; and the private law firm of Foley Hoag, LLP filed a class action in federal court against the Commonwealth on behalf of seven people with disabilities unnecessarily institutionalized in nursing facilities and the Massachusetts Senior Action Council. The lawsuit alleges that the Commonwealth violates the Americans with Disabilities (ADA) and the Medicaid Act by failing to provide community residential services and supports, thus forcing thousands of people with disabilities to live in segregated nursing facilities rather than in the community. This class action on behalf of nursing facility residents on MassHealth who have been stuck in a nursing facility for 60 days or more seeks to compel the Commonwealth to expand its existing residential programs so that people with disabilities in nursing facilities can make informed choices and have meaningful options to live successfully in the community. If you have any questions or want more information, or if you know someone who might benefit from the lawsuit, please contact CPR (413-586-6024) or GBLS (617-603-1576):</p> <ul style="list-style-type: none"> • Betsey Crimmins at GBLS -- bcrimmins@gbls.org • Deb Filler at GBLS – dfiller@gbls.org • Jennifer Kaplan at CPR – jkaplan@cpr-ma.org
<p>Simmons v. Healey ADA Class Action Suit</p>	<p>5. Commonwealth Magazine January 27, 2023 <i>Avoid unnecessary institutionalization in nursing homes.</i> by Alex Green and Bill Henning Every day, thousands of Massachusetts residents with disabilities are admitted to segregated nursing facilities, be it to recover from medical procedures, to receive respite and care because they’re homeless, or because of a lack supportive services that are needed to remain at home and in their communities. While many eventually leave, thousands do not, even though they</p>

want to. As a [class action lawsuit filed in October](#) alleges, the determining factor between who stays and who goes often is a matter of race and class. It will be up to an incoming Healey administration—as well as Attorney General Andrea Campbell—to decide whether to fight this case. But as much as everyone loves the imaginary Hollywood spectacle of a big courtroom battle over legal rights, the best move is to negotiate and settle this lawsuit.

The plaintiffs in this case are six of the roughly 20,000 people currently living in nursing facilities in Massachusetts on the Commonwealth’s Medicaid program, called MassHealth. They include Lorraine Simpson, a homeless woman who was refused housing in Worcester County, and John Simmons, a man with mental illness who has languished in an Everett nursing home for three years. What they share is something we have both seen; one of us as someone who was once briefly institutionalized in a psychiatric facility and got out, and the other as someone who fights to get people out of institutions. They are Black, poor, and without friends and family nearby who can help them. As a result, perhaps thankfully, they are entitled to federally-funded care through MassHealth. This comes with an expectation that the rights of individuals protected under the Medicaid Act and the landmark Americans with Disabilities Act will be respected. Within that context, the federal government’s position is clear, and guided by the Supreme Court’s 1999 *Olmstead* case, which said that individuals have a right to live in “the most integrated setting.” Significantly, the Commonwealth’s failure to comply with these laws also is the subject of an ongoing investigation by the US Department of Justice. Taken together, the intent of the legal landscape is clear. It was created as part of the movement against the historical discrimination against people with disabilities, including their unnecessary institutionalization in nursing facilities. This is why the Center for Public Representation and a coalition of legal partners initiated this case with the straightforward goal of allowing people with disabilities to live in the community rather than be forced into an institution just to get basic health care.

Whatever the impasse that led the state to contest the allegations in this suit, Gov. Maura Healey and Attorney General Campbell have the ability, and the obligation, to negotiate a settlement instead of continuing down the path of litigation. The reasons abound. During the campaign for governor, Maura Healey [strongly supported community-based services](#) for persons with disabilities that enable people to live in their homes instead of in facilities. And through her own [prosecution of nursing facilities](#), she has expressed concern about the potential for abuse within this system. Similarly, Campbell has been [a fierce and outspoken critic](#) of the ways in which incarceration is used against BIPOC communities—and certainly many nursing home residents have labeled themselves inmates.

But more broadly, the state has already shown that it is possible to serve people with disabilities in integrated settings instead of unnecessarily institutionalizing them in nursing facilities. The [Rolland](#) and [Hutchinson](#) class action suits against the Commonwealth that were settled years ago successfully led to the release of 3,000 people with intellectual disabilities and brain injuries from nursing facilities and the provision of needed care in new community homes. In those cases, the state was able to design a program that met their needs, that saved money, and that complied with the law.

Perhaps most of all, the timing is right. Sadly, COVID is still with us, and people in facilities are always at inordinate risk of infection and death, as has so tragically occurred since 2020. Providing services and supports in integrated settings in the community is sound public health policy. And the chance to start fresh also should not be ignored. An incoming administration has one opportunity to make a first introduction to communities that it values. This is an opportunity for Healey and Campbell to do just that.

Negotiating a pathway out for many of the 20,000 Bay Staters would send a powerful signal to one of the most marginalized populations—people with disabilities in nursing facilities, many of whom are from communities of color. It would also build trust with community partners who excel at coming up with creative solutions to these very challenges. And it could quickly end the ongoing US Department of Justice investigation of federal law violations.

This approach is not just advisable, it is necessary, because protracted litigation is expensive to the taxpayers, would force the six plaintiffs – and thousands of others like them – to remain in nursing facilities for years, and even could risk the critical gains of the past 30 years, given the current Supreme Court.

Moments of opportunity such as this one do not last long. The details of a negotiated settlement require time to develop. But the incoming administration should signal early on that they want to negotiate, not litigate, this case. They can then do the work to resolve this lawsuit in ways that are constructive for the very people they have sought higher office to defend.

Alex Green teaches at the Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability. Alex was an early supporter of Dignity Alliance MA. Bill Henning is executive director of the Boston Center for Independent Living. Bill is a co-founder and a leader with Dignity Alliance MA.

Read more about [Dignity Alliance MA support for this lawsuit.](#)

<https://tinyurl.com/HealeyShouldSettle>

6. All Things Considered – WGBH

January 26, 2023

'Warehoused'

Nursing homes are a last stop for many people with disabilities who can't find housing.

After being hospitalized from several medical challenges, John Simmons arrived at a nursing home in Everett for what he expected to be a short stay. Three years later, he's still there. Simmons, who uses a wheelchair and relies on portable oxygen to help him breathe, could live on his own. But like many people with disabilities in Massachusetts, he's stuck in a nursing home because he can't find an affordable place where he can live.

"I'm able to groom myself without help. I can cook. I can clean. I might not do it all fast and everything as some people can, but I can do it," Simmons said. He would need a place on the first floor or in a building with an elevator, and some in-house medical care — but can't get those services without housing.

"It's just me getting a roof over my head, to be able to utilize those services," Simmons said. "Where would I go? To a shelter? A shelter doesn't have the accommodations for me — I'm on oxygen, they don't have those accommodations there."

Simmons, 74, is a plaintiff in a [federal class action lawsuit](#) filed in October in Boston that contends the state of Massachusetts is allowing thousands of people with disabilities to languish and often deteriorate in nursing facilities, even

though they could be living independently. The lawsuit seeks to compel the state to expand existing programs and set up new ones to help people with disabilities transition out of nursing homes.

“It's considered a violation of the Americans with Disabilities Act to unnecessarily keep people with disabilities warehoused in institutional settings when people could safely live in a more integrated setting in the community,” said Deborah Filler, a lawyer with Greater Boston Legal Services, one of the groups representing the plaintiffs.

The problem is not new, but when COVID-19 hit nursing homes in the state, advocates say it added a new urgency. According to the lawsuit, more than 6,000 nursing home residents died during the first six months of the pandemic — one in every seven people living in nursing homes.

“It just became even more urgent and more imperative for us to pursue legal action, to try and require the state to get more and more people out of these facilities,” Filler said.

Simmons says he wanted to join the lawsuit because he saw the toll that being inside a nursing home during the pandemic took on people who couldn't get out.

“I know three or four people who are here now, who would be able to suffice on their own if given the opportunity,” he said about his experience at the Rehabilitation & Nursing Center at Everett. “We need to re-enter our life at some point in time because it's almost like a prison sentence.”

GBH News reached out to the Massachusetts Office of Health and Human Services, whose secretary is named as a defendant in the class action lawsuit. The agency declined to comment.

'I haven't seen a full moon in years'

Simmons went to the nursing home because he felt like he had no options after being released from the hospital three years ago. He had been living in a fourth-floor apartment with no elevator in East Boston, which had become increasingly difficult to access. He eventually lost his housing voucher, which had helped him pay the rent.

“When I first got the [housing] voucher, I didn't have any special needs. I was able to go up, up and down the steps, my breathing wasn't that traumatic,” he said. “But after 11 years my breathing deteriorated to the point where I couldn't walk up the steps.”

Simmons is grateful for the medical care he's received in the nursing home, but he says it's taken a toll on his mental health. A pandemic-era policy prevents residents from leaving the facility on their own unless they are going to a medical appointment, and Simmons misses his independence and simple pleasures like grocery shopping, going for a walk outside and doing his own laundry.

“I'm unable to get out, walk around the community. I'm unable to do my own food shopping. I'm unable to do my own laundry,” he said. “I haven't seen a full moon in years. You know, those are things that go into making a wholesome life.”

Simmons' story is not unique, say disability advocates. It underscores the challenge that many disabled people face in finding affordable housing, especially in the Boston area.

For a population that is [twice as likely to live in poverty](#) as people without disabilities, stable housing is a lifeline that can be hard to achieve, especially in a region with so many people already [rent-burdened and struggling with a lack of](#)

[affordable housing](#). In 2021, almost half of all renters with disabilities [struggled to pay their rent](#).

Many people with disabilities who are low-income depend on federal Supplemental Security Income, but it's not enough to cover market-rate rent, according to a report from Boston-based nonprofit Technical Assistance Collaborative, which researches affordable housing. Nationally, the cost of a one-bedroom apartment is about one and a half times the monthly Supplemental Security Income rate. In the Boston area, a person on SSI would have to spend [about twice their allowance to afford a one-bedroom rental](#). "There's really no statistical area in the country where you can be a person on SSI and be able to afford to live just in your own apartment without any sort of rental subsidy from the state or federal government," says Lisa Sloane, a director at Technical Assistance Collaborative. "It's not possible."

When people with disabilities can't find affordable housing, the researchers found that they often end up institutionalized in nursing homes or jails, living on the streets, or spending a large part of their limited income on housing.

"People with disabilities — who have significant disabilities and are stuck in congregate settings or nursing homes — they can't just move on their own. They require support and assistance," Sloane said.

That support can sometimes come from the state — if there are enough resources and political will. Steven Schwartz, the legal director of the Center for Public Representation, one of the groups representing the plaintiffs in the class action lawsuit, says that historically, people who have a combination of complex medical and psychiatric needs — like John Simmons — don't neatly fit under the purview of certain state agencies.

"Some of the agencies that are responsible for providing community services to older adults with physical disabilities, to people with behavioral health conditions — they just don't think of people in nursing homes as really their responsibility," he said.

A lack of funding and "bureaucracy" share part of the blame, according to Sara Spooner, a social worker who is serving as a legal guardian for five of the plaintiffs in the lawsuit, who range in age from mid-thirties to mid-sixties.

"These individuals, at least my five plaintiffs, are only in the facility because there's just nowhere else for them to go," she said. "And so, they are now stuck in the nursing facilities that are not equipped to manage them, and were never equipped to manage them, but have become the last stop for people whose diagnoses are under supported [by] state agencies."

Nursing homes in the state are struggling with a workforce shortage, putting a strain on the facilities. And for people who want to live on their own, there is a shortage of home health care workers — both problems exacerbated by the pandemic. That makes it difficult for people who can and want to transition out of a facility, explained Lisa Gurgone, CEO of Mystic Valley Elder Services.

"Right now, the workforce challenge is really hard ... so those barriers are there," Gurgone said. "If they're in a nursing home for too long, and they lose their housing, that's even more difficult because we have to try to find them housing. And there's just not a lot of accessible affordable housing in Massachusetts."

Like 'falling into hell'

Anne Johansen, 71, has a progressive neuromuscular disease and uses a power wheelchair. She always feared ending up in a nursing home. As the disease

worsened, she found herself spending seven years in four different nursing homes. It was worse than she imagined — an experience “like falling into hell.” Johansen says residents were hungry all the time because the food was not nutritious. The bathrooms were often dirty. Patients with dementia wandered the halls while night shift staff slept.

“I was just very unhappy,” she said. She cried so much that she had to hide her used tissues in a drawer, fearing someone on the staff would notice and get mad.

It made her question her life. “It got so bad there that I just thought, you know, if this is how my life is going to be, I don't want the rest of it. I'm done, I'm outta here,” she said. She attempted suicide and went to Carney Hospital to recover before going to another nursing facility in Wakefield.

Finally, after seven years, she got lucky when a friend connected her with the Boston Center for Independent Living, who helped her secure a mobile Section 8 voucher, federal assistance for paying rent that can be used in any town or municipality.

After an exhausting housing search, Johansen finally found an apartment she loved in Quincy, on a street lined with trees.

“It was such a sanctuary, such a safe place,” she said.

She now lives at a complex for the elderly and disabled in Hanover, close to family, where she gets to spend time with her grandkids. She credits the Boston Center for Independent Living for helping her get that voucher and changing her life.

“I just felt so grateful to them for saving me,” she said.

A blueprint

Advocates say there is a blueprint to follow if the state wants to act. They point to a wide range of services that would help: more accessible affordable housing, more subsidies and vouchers, increased resources home-based medical support, expanded support in group homes and better case management to inform people of their options.

According to Schwartz, the state could increase capacity to help more disabled people by following a model set up by two previous legal cases which required state agencies to allow 3,000 [people with intellectual disabilities and brain injuries to move back into the community](#) by creating residential programs.

Schwartz says the state needs to do the same for people with all types of disabilities.

“We learned through both of those cases that the commonwealth can create community programs. ... But the commonwealth has not done the same thing for everybody else who's in a nursing home,” he said.

Johansen advocates for the Alternative Housing Voucher Program, which provides low-income people with disabilities under the age 60 a voucher that covers up to 70% of the market value of an apartment's rent, in any.

“It's a really important tool that was born out of some housing discrimination,” said advocate Olivia Richard, a member of Boston's Disability Commission Advisory Board.

Richard, who is paraplegic, knows first-hand how important access to housing is. After an accident in her late 20s, she needed to go to a nursing home for physical rehabilitation, but she quickly returned home because she was just about to lose her affordable housing. The apartment that was not set up for someone with her disability, and she caught herself on fire while trying to cook.

	<p>“Housing is everything. I know when at times when my housing has been shaky or has been inadequate, my health has gotten worse,” she said. “People with disabilities want to be successful people. And the way that we start that off is by providing affordable, accessible, integrated housing.”</p> <p>When asked what would help, Simmons had an answer.</p> <p>“More affordable housing — that would help a lot,” he said.</p> <p>Simmons hopes, some day, to enjoy the simple benefits of living an independent life. “I for one would like to go sit down in a restaurant, have a nice cup of coffee, maybe a slice of pizza,” he said. “You understand what I'm saying? And I would like to enjoy my life.”</p> <p>https://tinyurl.com/WarehousedAllThingsConsidered</p>
<p>Reports</p>	<p>7. JAMA Network December 29, 2023 <i>Association of COVID-19 Vaccination Rates of Staff and COVID-19 Illness and Death Among Residents and Staff in US Nursing Homes</i> Key Points Question Are higher staff vaccination rates associated with lower adverse outcomes of COVID-19 in nursing homes? Findings This cohort study of 15 042 nursing homes found that, holding everything else constant prior to the Omicron variant wave, an increase in staff vaccination rates of 10 percentage points was associated with fewer weekly COVID-19 cases among residents, fewer weekly COVID-19 deaths among residents, and fewer weekly COVID-19 cases among staff. During the Omicron wave, increased staff vaccination rates were not associated with lower adverse COVID-19 outcomes. Meaning These findings suggest that before the Omicron wave, increasing nursing home staff vaccination rates was associated with fewer COVID-19 cases and deaths among residents and fewer COVID-19 cases among staff. Conclusions and Relevance The findings of this cohort study suggest that before the Omicron variant wave, increasing staff vaccination rates was associated with lower incidence of COVID-19 cases and deaths among residents and staff in US nursing homes. However, as newer, more infectious, and transmissible variants of the virus emerged, the original 2-dose regimen of the COVID-19 vaccine as recommended in December 2020 was no longer associated with lower rates of adverse COVID-19 outcomes in nursing homes. Policy makers may want to consider longer-term policy options to increase the uptake of booster doses among staff in nursing homes. https://tinyurl.com/JAMACovidVaccinationRates</p> <p>8. American Hospital Association December 2022 <i>Issue Brief: Patients and Providers Faced with Increasing Delays in Timely Discharges</i> Patients requiring additional care after a hospitalization — such as skilled nursing, behavioral health, or therapy-at-home — face growing delays in accessing that care. Delays in discharges as patients move through the continuum of care can cause harm to patients’ health outcomes and can impact their quality of life by slowing their recovery. . . Data from Strata Decision Technology, a health care technology and consulting firm, show that the average length-of-stay (ALOS) in hospitals has increased 19.2% across the board for patients in 2022 as compared to 2019 levels. The</p>

	<p>increase is more pronounced for patients being discharged to post-acute care providers — with an increase in ALOS of nearly 24% from 2019 to 2022. . . Additionally, CMI-adjusted ALOS has increased for patients being discharged from acute care hospitals to post-acute care providers, with a 12.6% increase for patients being discharged to home health agencies and a 20.2% increase for patients being discharged to skilled-nursing facilities (SNFs). Similarly, patients being discharged from acute care hospitals to other hospital settings have also seen increases, with a 28.9% increase for discharges to psychiatric hospitals. https://tinyurl.com/IncreasingDelaysDischarges</p>
Public Policy	<p>9. State House News Service January 30, 2023 <i>Healey Seeks \$282 Mil for Shelter, Food Aid Programs</i> Reviving debate on an issue that lawmakers left untouched at the end of last session, Gov. Maura Healey on Monday filed a \$282 million spending bill she said is necessary to manage a surge in demand for emergency shelter and prevent the free school meals program from running out of money. . . Her bill (H 47) targets the same growing shelter strain, fueled in part by an influx of migrant arrivals to Massachusetts, that prompted Gov. Charlie Baker to unsuccessfully seek \$130 million in November. . . Another federal program's looming end featured in Healey's proposal. Early on in the COVID-19 crisis, the federal government expanded Supplemental Nutrition Assistance Program (SNAP) benefits, allowing eligible households to receive at least \$95 more per month to purchase food. SNAP aid is now set to return to its pre-pandemic levels in March. Healey called for using \$130 million to provide recipients with 40 percent of their previous enhanced SNAP allotment for another three months, which her office dubbed an "offramp" to stave off a more abrupt end to the expanded benefits that more than 630,000 families receive. https://tinyurl.com/282MilForShelter</p> <p>10. Massachusetts Department of Transitional Assistance January 2023 <i>Pandemic SNAP Emergency Allotments End in February 2023.</i> The federal government (through the Congressional Consolidated Appropriations Act of 2023) ends the extra COVID SNAP benefits, known as SNAP Emergency Allotments, as of February 2023. This means that households will receive their last payment on March 2, 2023. Below is a link to data on the impact of these temporary extra benefits ending on Massachusetts individuals and families, including by demographic characteristics and cities/towns. Note: This report will be updated monthly through April 2023. Data on Emergency SNAP Allotments Ending as of December 2022</p> <p>11. State House News January 24, 2023 <i>Analysts See Tax Revenues Holding at Elevated Levels</i> State tax revenues have grown at a torrid pace, surging nearly 40 percent, over the last two fiscal years. But while that sharp upward trajectory is not expected to continue, analysts and economists mostly agreed Tuesday that Beacon Hill can count on collections to remain at their elevated levels over the next year and a half with growth slowing back into the low single digits. https://tinyurl.com/TaxRevenuesHolding</p>

Dignity Advocates 2023	<p>Healey / Driscoll Transition Team https://healeydriscolltransition.com</p> <p>Andrea Campbell Transition Committee https://www.andreacampbell.org/transition/</p> <p>Diana DiZoglio Transition Committee info@dianaforma.com</p>
Webinars and Online Sessions	<p>12. AARP Massachusetts Chapter Tuesday, January 31, 2023, 11:00 a.m. to 12:00 p.m. <i>Virtual Volunteer State Legislative Briefing</i> Join AARP Massachusetts for a virtual volunteer state legislative briefing. The 2023-2024 Massachusetts legislative session offers new opportunities to raise your voice and speak up in support of family caregivers, nursing home residents, retirement security, and people aged 50 and older across the Commonwealth. Join this virtual event to learn about legislation being considered in Massachusetts and what you can do to help get it passed into law. We need you to make your voice heard! Everyone is welcome, including AARP Members, Non-Members, and existing AARP Volunteers. REGISTER HERE</p> <p>13. Gray Panthers NYC Tuesday, January 31, 2023, 2:00 to 3:00 p.m. <i>Solutions to Ageism in Nursing Homes</i> Panelists include:</p> <ul style="list-style-type: none"> • Annie Rhodes, MS, PhD(c), CGCM Brain Health Triage Coordinator, Richmond Brain Health Institute • Deke Cateau, CEO A.G. Rhodes Health & Rehab, Atlanta, Georgia • Anne Montgomery Noted Policy Consultant in Long Term Care AHM Enterprises: NASEM Steering Committee; ACL Workforce Initiatives RSVP here <p>14. AARP Massachusetts Thursday, February 2, 2023, 1:00 p.m. AARP Massachusetts is hosting a live Telephone Townhall on Energy Assistance programs in the Bay State. Moderated by AARP’s Mike Festa, the panel will comprise of Joe Diamond of MASSCAP, Liz Berube of Citizens for Citizens, Inc. Fall River and Susan Carp of the Massachusetts Councils on Aging. There are energy assistance programs such as LIHEAP that can help older residents with heating bills. They’ll rundown what’s still available and how to apply. REGISTER NOW</p>
Recorded Webcasts	<p>15. American Society on Aging <i>Multisector Plan for Aging January 2023</i> In season six of Future Proof Live, West Health, The SCAN Foundation and The John A. Hartford Foundation have come together to provide an in-depth look at how states can plan strategically to transform infrastructure and coordination of services to address the needs of a rapidly aging population.</p>

	<p>In this Future Proof Live episode, panelists discuss what a Multisector Plan for Aging is, what it looks like at different stages, across different communities and with different priorities. They also will explore key tools and concepts to create a movement toward change through an aging and disability lens that goes beyond traditional health and community services.</p> <p>https://vimeo.com/793341920</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>16. Forbes January 27, 2023 <i>How Nursing Homes Can Increase Accountability and Improve Quality of Care</i> In his State of the Union Address last year, President Biden took aim at improving the quality of care administered in nursing homes across the nation. He doubled down on that plan more recently in October, announcing a series of new actions designed to increase accountability by ramping up enforcement for the worst-performing facilities. Ensuring that money goes toward nursing homes providing a high quality of care—while simultaneously weeding out the worst-performing facilities—is the main thrust of the president’s plan. Biden and the Centers for Medicare and Medicaid Services (CMS) plan to improve the nursing home experience by cracking down on substandard facilities, accentuating new areas of emphasis and bringing down rehospitalization rates. While most nursing homes show some deficiencies, facilities that exhibit excessive issues or shortcomings—as determined by state agency oversight in a points-based methodology—will be assigned to the Special Focus Facility (SFF) program watchlist. This includes nursing homes exhibiting a pattern of problems that have continued over a period of time without correction. . . Prioritize readmission rates. Biden’s plan for strengthening skilled nursing facilities (SNFs) continues to involve fortifying the Value-Based Purchasing (VBP) program. In particular, the VBP recognizes the quality of care based, in part, on readmission rates from nursing homes to hospitals. One way of reducing rehospitalizations would be to have a full-time doctor on staff at each SNF. (Disclosure: My company helps with this, as do others.) Nursing homes have long realized they are no longer the respite homes of 50 years ago. Rather, they often function more like a free-standing medical/surgical ward similar to a hospital—only they don’t have the help of an in-house pharmacy, lab, X-ray, ER or subspecialist. Many of them don’t even have a doctor that shows up on a daily basis. Readmission rates also can be reduced by quickly recognizing changes to a patient’s condition. I’ve found early recognition by an observant nurse—and prompt team communication during the middle of a busy shift to think critically about what that change means—can often divert rehospitalization. Finally, rehospitalizations can be reduced by realizing that not all patients who begin to trend down should be immediately readmitted to the hospital. This requires meaningful conversations about quality of life and helping families define long-term expectations well before downhill trends begin. https://tinyurl.com/IncreaseAccountability</p> <p>17. Skilled Nursing News January 27, 2023</p>

Up to 50% Higher Infection Risk for Nursing Home Residents Without Boosters
Nursing home residents who were not up-to-date with recommended COVID-19 vaccines had a 30% to 50% higher risk for contracting Covid compared with residents who were up-to-date with the vaccines, according to a new report released by the Centers for Disease Control and Prevention (CDC). . .
Beyond vaccinating residents, JAMA researchers [found](#) that an increase in staff vaccination rates of 10 percentage points was associated with fewer weekly COVID-19 cases among residents, fewer weekly COVID-19 deaths among residents, and fewer weekly COVID-19 cases among staff.
Researchers estimated that if they extrapolated their findings to one year, a 10 percentage point increase in staff vaccinations would have prevented 102.9 cases per 1,000 residents, 15.6 deaths per 1,000 residents, and 21, 000 staff cases nationwide.

<https://tinyurl.com/HigherInfectionRate>

18. Skilled Nursing News

January 27, 2023

Cautionary Tale: Staffing Mandate Collides with Nursing Home Labor Crisis and Referral Bottleneck

As a federal minimum staffing standard looms over the nursing home industry, operators and their advocacy organizations look to learn from existing state mandates to better understand how things will play out on a national stage. New York is providing a cautionary tale at the moment, with a mandate exacerbating access to care, industry professionals warn. And the repercussions extend across the continuum, putting hospitals and other providers in ever-more precarious positions.

Post-acute operators in the Empire State are being forced to limit new admissions to comply with staffing ratios, creating bottlenecks, providers told Skilled Nursing News. Based off PBJ data, 75% of the state's 614 nursing homes cannot meet the state's 3.5 hour staffing mandate, and from 2019 to 2022, the number of empty nursing home beds in the state increased to 6,700. . .
Average length of stay in hospitals increased 19.2% last year, compared to 2019, according to [data cited](#) by the American Hospital Association. And average length of stay jumped 24% among patients being discharged to post-acute providers. Furthermore, these patients are generally sicker and require more complex care as compared with pre-pandemic case-mix levels. . .

Mandate fallout in NY

New York, in November 2021 approved its staffing minimum mandate for nursing homes. The rule applies to certified nursing assistants (CNAs), licensed practical nurses (LPNs) and registered nurses (RNs).

Under the mandate, facilities must provide 3.5 hours of care per resident per day; no less than 2.2 hours of care must be provided by a CNA or nurse aide, and at least 1.1 hour must be provided by an RN or LPN.

Gov. Kathy Hochul [temporarily suspended](#) the mandate at the beginning of 2022, while nursing homes and major trade groups in the state [filed a lawsuit](#) to block the law from going into effect. The mandate eventually [went into effect](#) in April of last year. . .

The Medicaid rate isn't the only factor, Clyne said, but it's "by far the biggest" piece of the puzzle that allows operators to compete with other companies in the community. Other scenarios, he said, involve rural areas and their unique difficulties in recruiting and retaining staff.

<https://tinyurl.com/SNNCautionaryTale>

19. JDSupra

January 27, 2023

CMS Announces Initiatives to Strengthen Nursing Home Safety and Transparency
On January 18, 2023, CMS issued a Quality, Safety & Oversight Group memorandum announcing its initiative to improve nursing home safety and transparency. Specifically, CMS will conduct audits to determine whether nursing homes are appropriately diagnosing and coding patients for schizophrenia, and based on the audit findings, CMS will adjust the quality measure star ratings if inaccurate coding is discovered. Additionally, CMS will post all citations that a nursing home receives on the Nursing Home Care Compare website to provide consumers with transparency.

Adjusting Quality Measure Ratings Based on Audit of Schizophrenia Coding in Nursing Homes

In a pilot audit of nursing homes conducted earlier this year, CMS found several issues related to inaccurate coding and diagnosis of residents with schizophrenia, including a lack of comprehensive psychiatric evaluations and misdiagnosis based on conditions or behaviors related to dementia, rather than schizophrenia. Accordingly, CMS will launch off-site audits of nursing homes to identify problematic coding and diagnosis, with the goal to reduce the use of unnecessary antipsychotic drugs, which CMS indicates are often prescribed to residents who are erroneously diagnosed with schizophrenia.

CMS notes that antipsychotic drugs can be dangerous, especially among the nursing home population, because of their severe side effects, including death. The use of antipsychotic drugs among long-stay nursing home residents is one Quality Measure (QM) used in the Five-Star rating system on the Nursing Home Care Compare website. However, CMS is concerned that this measure does not include residents with a diagnosis of schizophrenia, which can mask the nursing home's true rate of antipsychotic drug use.

Accordingly, if an audit identifies that a nursing home has inaccurately coded residents with a diagnosis of schizophrenia, the nursing home's QM ratings will be adjusted as follows:

- The overall QM and long stay QM ratings will be downgraded to one star for six months (this drops the facility's overall star rating by one star).
- The short stay QM rating will be suppressed for six months.
- The long stay antipsychotic QM will be suppressed for 12 months.

Nursing homes selected for an audit will receive a letter from CMS explaining the purpose and process of the audit, and they will have an opportunity to discuss the audit results with CMS at the conclusion of the audit. Additionally, nursing homes will have the opportunity to forgo the audit by admitting they have error and committing to correct the issue.

Posting Citations on the Nursing Home Care Compare Website

CMS will also increase transparency of nursing home information by posting on the Nursing Home Care Compare website all citations that a nursing home receives. Currently, citations are not posted until nursing homes complete the dispute process under the Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR), which takes approximately 60 days. In the interest of increasing transparency and nursing home accountability, CMS will be posting all citations regardless of their dispute status under the IDR/IIDR. While

	<p>the citations will be displayed, they will not affect the Five-Star rating until the disputes are complete. The CMS memorandum is available here. https://tinyurl.com/StrengththeNursingHomeSafety</p> <p>20. AARP Blog January 13, 2023 <i>Court Declares ‘Resident Dumping’ by Nursing Homes Illegal, Thanks to a Lawsuit by AARP Foundation</i></p> <p>In 2017, Gloria Single, an 82-year-old person with dementia, was sent to a hospital by her Sacramento nursing home after she grew upset and allegedly threw utensils at residents in the dining room. Within hours, the hospital evaluated her and cleared her to leave, but her nursing home, Pioneer House, barred her from returning — a move often referred to as “resident dumping.” . . . Single languished in the hospital for more than four months, Jones told AARP in 2021. She lost her ability to walk, her verbal and cognitive skills slipped, and she stopped asking about her husband, Bill, who remained at Pioneer House. The two never saw each other again. Single never returned to Pioneer House and died in 2019.</p> <p>AARP Foundation, which helps defend vulnerable people over 50 through legal advocacy, filed suit against the nursing home on Single’s behalf in 2017. In 2021, a California court agreed her rights had been violated. . . . [T]he same court issued a sweeping final order for the case, declaring that any facility’s refusal to accept a resident back from a hospital “constitutes an involuntary transfer under state and federal law.” . . . Although the order arose out of California litigation, [Attorney Kelly Bagby, vice president of AARP Foundation Litigation] hopes it creates a ripple effect that protects nursing home residents in other states, since it references federal law. https://tinyurl.com/ResidentDumpingDeclared</p>
Home and Community Based Services	<p>21. AARP Public Policy Institute December 8, 2022 <i>CAPABLE: A Model of Empowering Older Adults to Remain Independent</i></p> <p>CAPABLE stands for Community Aging in Place – Advancing Better Living for Elders. It is a restorative services model: person-centered, holistic services that help individuals remain independent in their homes, reducing their need for institutional long-term services and supports (LTSS). Restorative or “re-ablement” services are common in other countries but have limited reach in the United States.</p> <p>CAPABLE is, by design, a time-limited, short-term intervention and is not designed for older adults living in a residential care setting or a nursing home. In fact, CAPABLE cost savings are often measured in comparison to potential nursing home costs, with the idea being that CAPABLE as an intervention may delay or prevent entirely the need for an expensive nursing home stay. Research has suggested that if CAPABLE could delay a nursing home stay by even three weeks, it could be cost neutral to public payers.</p> <p>How It Works</p> <p>CAPABLE’s approach relies on three professionals working in conjunction with the participating older adult to identify and deliver services and supports in the home over a five-month period: a registered nurse, an occupational therapist, and a handyperson. The registered nurse (RN) makes four home visits and helps the participant with medical-oriented goals. The occupational therapist (OT)</p>

conducts six home visits and helps the participant achieve goals related to functional tasks. The OT also helps identify potential environmental barriers in the person's home to develop a scope of work for the handyman, who makes those identified repairs/installations with a budget of up to \$1,300.

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Further Expansion

CAPABLE may have better capacity to grow in models where payment and delivery are integrated. In PACE, for example, one entity receives a capitated payment and then in turn is responsible for all care delivery. A PACE organization that deploys CAPABLE would be able to realize any associated cost savings. Threading the needle between cost savings and provider payment is critical to CAPABLE's scaling.

Also, as Medicare Advantage plans continue to expand among the Medicare population, and those plans have greater flexibility to offer supplemental benefits to their beneficiaries, plans could add CAPABLE to those benefits and deliver restorative services to more people.

The same goes for others in a payer role, including the VA and even private insurance plans. Each has the demonstrated capacity to bring CAPABLE to new communities, and with the right implementation, the model could reach older adults nationwide.

Additionally, the 2021 American Rescue Plan (ARPA) provided states with enhanced federal funding for Medicaid home and community-based services (HCBS). As states continue to spend those dollars, monitoring how they invest in and implement CAPABLE will be critical.

<https://tinyurl.com/CAPABLEEmpoweringModel>

Full Report:

[CAPABLE: A Model of Empowering Older Adults to Remain Independent](#) (PDF)

22. AARP Public Policy Institute

November 3, 2022

LTSS Choices: From Ideation to Standard Practice: Scaling Innovations in Long-Term Services and Supports

Five Promising LTSS Innovations

1) Program of All-Inclusive Care for the Elderly (PACE)

The genesis for PACE was called On Lok, and began in the early 1970s in the Chinatown district of San Francisco, helping older adults of Chinese, Filipino, and Italian heritage live at home while receiving LTSS. It began providing medical services, social rehabilitation, and daily care; over time, it added meals, transport, and at-home services and day-care centers. The heart of the PACE model is person-centered services led by an interdisciplinary team that includes primary care providers, social workers, dietitians, therapists, personal care

attendants, and drivers. A combination of Medicare Parts A, B, and D and Medicaid cover the associated costs.

Although today more than 140 PACE sites exist, most are small; they serve, on average, about 470 people.

2) Green House® Nursing Homes

Bill Thomas, a medical director at a nursing home in rural New York State in the early 1990s, noticed that residents lived according to a fixed schedule, had little to do, were lonely, and had no control over their lives. Among the changes he implemented to remedy this were a focus on person-centered care and empowering staff to learn more about residents so they could better meet residents' individual needs. He also created a more homelike environment by bringing animals into the building, giving residents more choices, and decreasing use of psychotropics. Thomas called his program the Eden Alternative, and hundreds of nursing homes adopted his principles, likely due to his active promotion through presentations and articles. Later, the Robert Wood Johnson Foundation (RWJF) provided a small grant, then a five-year, \$10 million grant to fund the Green House Replication Initiative.

The first four Green House nursing homes were built in 2003; there are now 371 trademarked homes on about 70 campuses in 32 states. These homes serve about 3,200 people.

Read the [LTSS Choices report on Green House homes](#) for more information including a discussion of their unique staffing model.

3) Self-Directed Home and Community-Based Services (HCBS)

Self-directed HCBS (home and community-based care) programs typically give beneficiaries a monthly allowance they can use to hire their own workers, including family members, and, in many cases, to purchase care-related services and supplies. This type of program originated in the 1960s at the local and state levels and via a federal veterans home care allowance after World War II. One of the first major efforts was California's independent living model, based on a program operated for college students with disabilities in Berkeley through the first Center for Independent Living. After successful testing of the "Cash and Counseling" program in the late 1990s and early 2000s, Medicaid, at the federal level, recognized two forms of self-direction: beneficiaries can employ workers directly, or they can manage a budget and purchase HCBS.

As of 2019, the National Inventory of Self-Directed Programs reported that self-direction models reached 1,234,214 participants through 267 separate programs, 71 of which were veteran directed. In fiscal year 2018, up to 4.8 million beneficiaries received Medicaid HCBS.

4) Supportive Services in Housing for Older Adults

Supportive services in housing programs for older adults are designed to connect residents with services that can help them remain at home. State and federal involvement began in the late 1980s; some funding from RWJF came in the late 1980s and early 1990s. In 1990, Congress permitted certain federally funded housing projects to hire service coordinators for elderly and disabled residents. In 2009, Cathedral Square, a Vermont nonprofit housing and services provider, piloted the SASH® (Support and Services at Home) model, which has led to important improvements in residents' health. As a result, supported services in housing are poised for more replication, particularly if a related innovation, IWISH (Integrated Wellness in Supportive Housing) proves effective.

	<p>Read the LTSS Choices report on the SASH housing model, its multiple positive outcomes for residents and lower costs.</p> <p>5) ABLE and CAPABLE</p> <p>Two innovations, initiated by Johns Hopkins researchers, rely on occupational therapy, physical therapy, and home repair professionals to improve LTSS for older adults and help them remain at home.</p> <p>The initial program, Advancing Better Living for Elders (ABLE), provided four visits and one telephone contact from an occupational therapist and one visit from a physical therapist during a six-month period. The occupational therapist worked with participants to identify problem areas and helped them to improve function through behavioral and environmental modifications. Physical therapists delivered strengthening and balance exercises to support improvement in targeted areas. In the second six-month period, occupational therapists had three telephone contacts with participants.</p> <p>Community Aging in Place, Advancing Better Living for Elders (CAPABLE) built on the ABLE model by adding a registered nurse to address pain management, medications, depression, and a handyman to perform home repairs and install assistive devices and modify the home. Participants work with an occupational therapist and a registered nurse to identify up to three achievable goals with each.</p> <p>The CAPABLE innovation, when thoroughly implemented, is of real benefit to older adults in terms of function and quality of life as well as emotional well-being. It also shows sustained cost savings. It is poised to expand but needs more attention from the federal government and foundations</p> <p>https://tinyurl.com/AARPLTSSChoices</p>
Behavioral Health	<p>23. *Boston Globe</p> <p>January 29, 2023</p> <p><i>Two people in crisis shot dead by police, two years apart. Will Massachusetts rethink armed response to mental health emergencies?</i></p> <p>The recent police killing of Sayed Faisal in Cambridge has reignited demands to use unarmed clinicians for mental health emergencies. . .</p> <p>Some Massachusetts communities are already trying. In July, Amherst swore in the state’s first team of unarmed responders. Meanwhile, similar efforts by Cambridge and Lynn have inched along over the past year, amid fierce debate over who should oversee crisis workers and how closely they should work with police.</p> <p>While joint responses by police and crisis workers to certain emergencies are used across the state, including in Boston, Lowell, and Framingham, a fully unarmed alternative has been slower to gain traction. . .</p> <p>The model most often cited in Massachusetts started in Eugene, Oregon, which has an emergency response group called Crisis Assistance Helping Out On The Streets, or CAHOOTS, that can be dispatched alongside police. But, unlike the co-response model widely adopted across the Commonwealth, crisis workers are not an “integrated” part of the police response, said Berkley Carnine, a CAHOOTS worker.</p> <p>https://www.bostonglobe.com/2023/01/29/metro/two-people-crisis-shot-dead-by-police-two-years-apart-will-massachusetts-rethink-armed-response-mental-health-emergencies/</p>
Homelessness	<p>24. AARP</p> <p>December 20, 2022 (updated)</p>

	<p><i>The Graying of America's Homeless: An Alarming Trend</i></p> <p>Elder homelessness “is increasing dramatically right now,” says Jeff Olivet, executive director of the U.S. Interagency Council on Homelessness. “Seniors over the age of 55 are likely the fastest-growing group of people experiencing homelessness ... and for many of them, it is first-time homelessness.”</p> <p>The reasons are complex. As the population ages, more people are at risk of poverty, more will survive the death of a partner and more will subsist on limited incomes while housing costs skyrocket in many communities. Pandemic housing protections and assistance have mostly expired.</p> <p>In addition, many people with stagnant incomes are of retirement age or working part-time, hourly jobs or positions with little potential for raises. The growing number of people without a place to live, across all ages, is so significant that on Dec. 19 President Biden released a federal strategic plan to reduce homelessness by 25 percent by 2025. The plan, created by the U.S. Interagency Council on Homelessness, will address a lack of affordable housing, help people in crisis and prevent people from losing their homes in the first place. And it pays particular attention to those who are most seriously affected — people of color, veterans, those who are disabled and older adults. . .</p> <p>From 2009 to 2017, the number of homeless people ages 51 to 61 grew from 14 percent of the homeless population nationally to close to 18 percent, Cho says. The percentage of people 62 or older that are homeless nearly doubled. And a 2019 study by University of Pennsylvania researchers and others that analyzed the populations of shelters in New York City, Los Angeles and Boston predicted by 2030, the number of people 65 and older who are homeless will nearly triple compared with 2017. . .</p> <p>Nearly 1 in 5 people in the U.S. without a permanent place to live are 55 and older, HUD’s most recent data shows. In 2020, the number HUD counted as homeless nationally was 580,466, and 18 percent — roughly the population of Boulder, Colorado — were 55 and older. The spike in unhoused older folks has been called the graying of America’s homeless. . .</p> <p>But the issue goes beyond the financial bottom line. Studies show that older unhoused people have problems performing daily activities and have greater difficulty with “walking, vision and hearing, and falls and frailty compared to the general population,” McSpadden says, adding that “they’re much more likely to suffer from cognitive impairments, compared to younger homeless adults.”</p> <p>https://tinyurl.com/GrayingAmericasHomeless</p>
<p>Caregivers / Workforce</p>	<p>25. *Boston Globe</p> <p>January 13, 2023 (updated)</p> <p><i>North Shore Workforce Board program aims to recruit and train more mental health counselors</i></p> <p>After completing their initial courses, students could start working at one of the hospitals while they continue their training.</p> <p>At a time of growing demand for mental health services, a regional job agency north of Boston is trying to help local hospitals fill jobs in the field.</p> <p>The MassHire North Shore Workforce Board was recently awarded a \$319,880 state grant for a two-year program to prepare 40 participants for mental health counselor and specialist positions at Salem Hospital and at Beverly Hospital and two of its affiliates — Addison Gilbert Hospital in Gloucester and BayRidge Hospital in Lynn.</p>

	<p>The workforce board is undertaking the initiative in partnership with the hospitals and in collaboration with North Shore Community College and Salem State University. . .</p> <p>Under the program, participants will pursue a certificate or an associate’s degree in human services at North Shore Community College. After completing their initial two courses, those students would be eligible to be hired by one of the hospitals, enabling them to start working even as they continue their training at the college.</p> <p>https://tinyurl.com/NorthShoreWorkforceBoard</p>
Medicare	<p>26. National Center on Law and Elder Rights <i>Final Rules to Streamline and Expand Enrollment in Medicare Parts A and B</i> On November 3, 2022, the Centers for Medicare and Medicaid Services (CMS) finalized rules that implement provisions of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act. Among other things, those provisions, which went into effect January 1, 2023:</p> <ul style="list-style-type: none"> • Abolish lags in the effective date for Medicare enrollments during the Initial Enrollment Period and General Enrollment Period; • Establish new Special Enrollment Periods; • Erase late enrollment penalties for individuals using the Special Enrollment Periods; and • Extend Part B coverage of immune-suppressive drugs for kidney transplant recipients. <p>https://tinyurl.com/FinalRulesMedicareEnrollment</p>
Health Care	<p>27. New York Times (free access) January 27, 2023 (updated) <i>Your Next Hospital Bed Might Be at Home</i> In a time of strained capacity, the “hospital at home” movement is figuring out how to create an inpatient level of care anywhere. . .</p> <p>[Nurse Erica] Guardiola prefers to care for her patients in this intimate way — by seeing how they live and being able to offer relevant advice, not just injecting them with medicines. “In the hospital, you’re like hustle and bustle, moving from room to room,” she says. “But here, we get to go into all different walks of life all over town and do a whole lot.” Now, because of a serendipitous — or mercenary, depending on one’s perspective — hand dealt by the pandemic, hospital-at-home services may soon be available to millions of Americans. Instead of being hospitalized, patients might be able to stay home, while doctors, nurses and other medical workers come to them, sometimes in person, sometimes virtually. “You see patients in their place of power, it’s a totally different thing,” De Pirro says. “That magical difference.”</p> <p>The American health system needs more hospital beds. This reality became terrifyingly palpable during the pandemic’s worst surges, when I.C.U.s and other wards were forced to turn sick people away. In urban emergency rooms, admitted patients frequently languish for hours, sometimes even days, and occasionally in hallways, before they are moved onto inpatient floors. The situation can be more dire in rural areas; some communities may soon be left without any hospitals at all. In 2020, 19 rural hospitals were shuttered, more than in any year during the previous decade. Nearly 30 percent of all rural hospitals are at risk of closing, especially tiny, stand-alone facilities. These circumstances are likely to get worse as the baby-boomer generation continues to age.</p>

	<p>https://tinyurl.com/NextHospitalBedAtHome</p> <p>28. *New York Times January 13, 2023 <i>Even a Little Alcohol Can Harm Your Health</i> Recent research makes it clear that any amount of drinking can be detrimental. After decades of confusing and sometimes contradictory research (too much alcohol is bad for you but a little bit is good; some types of alcohol are better for you than others; just kidding, it's all bad), the picture is becoming clearer: Even small amounts of alcohol can have health consequences. Research published in November revealed that between 2015 and 2019, excessive alcohol use resulted in roughly 140,000 deaths per year in the United States. About 40 percent of those deaths had acute causes, like car crashes, poisonings and homicides. But the majority were caused by chronic conditions attributed to alcohol, such as liver disease, cancer and heart disease. When experts talk about the dire health consequences linked to excessive alcohol use, people often assume that it's directed at individuals who have an alcohol use disorder. But the health risks from drinking can come from moderate consumption as well. . . More recent research has found that even low levels of drinking slightly increase the risk of high blood pressure and heart disease, and the risk goes up dramatically for people who drink excessively. The good news is that when people stop drinking or just cut back, their blood pressure goes down. Alcohol is also linked to an abnormal heart rhythm, known as atrial fibrillation, which raises the risk of blood clots and stroke. . . Alcohol is known to be a direct cause of seven different cancers: head and neck cancers (oral cavity, pharynx and larynx), esophageal cancer, liver cancer, breast cancer and colorectal cancer. Research suggests there may be a link between alcohol and other cancers as well, including prostate and pancreatic cancer, although the evidence is less clear-cut. . . Notably, none of the experts we spoke to called for abstaining completely, unless you have an alcohol use disorder or are pregnant. "I'm not going to advocate that people completely stop drinking," Dr. Koob said. "We did prohibition, it didn't work." Generally, though, their advice is, "Drink less, live longer," Dr. Naimi said. "That's basically what it boils down to." https://tinyurl.com/ALittleAlcoholCanHarm</p>
Covid / Long covid	<p>29. MedPage Today January 27, 2023 <i>COVID Risk Up to 50% Higher for Nursing Home Residents Behind on Vaccination</i> Nursing home residents who were not up to date with their COVID-19 vaccines had a 30% to 50% higher risk of getting infected compared with those who were up to date, CDC researchers said. From Oct. 10, 2022 to Jan. 8, 2023, weekly COVID incidence rates ranged from 7.2 to 15.6 per 1,000 nursing home residents among those who were up to date with vaccinations compared with rates of 9.5 to 18.8 per 1,000 among those who were not up to date. Recent studies have shown that bivalent boosters produced a robust immunologic response in nursing home residents opens in a new tab or window, and provided additional protection against severe outcomes opens in a new tab or window from COVID, compared with monovalent vaccination alone.</p>

	<p>https://tinyurl.com/RiskUp50Increase</p> <p>30. AARP Public Policy Institute Undated <i>AARP Nursing Home Covid-19 Dashboard - Massachusetts Fact Sheet</i> Data for four weeks ending December 18, 2022 https://tinyurl.com/AARPCovidDashboardMA</p>
Disability Topics	<p>31. *New York Times January 27, 2023 <i>A Bride's Prosthesis Made Not to Blend In, but to Shine</i> While some brides obsess over their dress, or shoes, or earrings — Sara Hughes wanted “a really cool arm.” Born without the hand that traditionally wears a wedding ring, Sara Hughes never dreamed of a diamond. Where would she wear a ring when she got married, was a question she would frequently get asked. To her, even attempting the convention felt stressful, so she gave herself permission to opt out. . . With a mix of nerves and excitement, she walked through London to Old Marylebone Town Hall, where the ceremony was held, then to Dishoom King’s Cross for lunch, in a sequined dress and holding flowers, with her husband and their six wedding guests. People stared, but with smiles that didn’t veer into, “Oh, what a shame.” “When I’m wearing the alternative limb, and people speak to me about it, I feel like I have a lot more power in that conversation,” she said. “I think that a lot of that comes from the fact that I’m choosing to wear an arm that looks significantly different, rather than trying to mask it.” https://tinyurl.com/ABridesProsthesis</p>
Aging Topics	<p>32. *The Economist January 12, 2023 <i>The age of the grandparent has arrived</i> The ratio of grandparents to children is higher than ever before. That has big consequences. . . First, people are living longer. Global life expectancy has risen from 51 to 72 since 1960. Second, families are shrinking. Over the same period, the number of babies a woman can expect to have in her lifetime has fallen by half, from 5 to 2.4. That means the ratio of living grandparents to children is steadily rising. https://tinyurl.com/AgeOfTheGrandparent</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	<p>AARP Foundation Litigation www.aarp.org/aarp-foundation/our-work/legal-advocacy AARP Foundation conducts legal advocacy through its litigating arm, AARP Foundation Litigation, which advocates for systemic change in federal and state courts nationwide to advance the legal rights and interests of people 50 and older, particularly vulnerable individuals and those living with low income. Specifically, they file and support lawsuits that will have a significant impact on senior poverty by:</p>

	<ul style="list-style-type: none"> • Reducing barriers to employment, including self-employment • Increasing access to public and private benefits • Protecting consumers by stopping unlawful business practices and securing refunds for those who lost money • Lowering out-of-pocket costs for key expenses, such as housing, food, and health care • Promoting more equitable outcomes across these areas <p>Current Litigation Cases Recent Amicus Cases</p> <p>AARP LTSS Choices Series www.aarp.org/ltsschoices</p> <p>AARP Public Policy Institute has launched <i>LTSS Choices</i>—a multifaceted project with an overarching mission to catalyze the transformation and modernization of the nation’s long-term care system into one that meets the dynamic needs and preferences of consumers and their families. This series of reports, blogs, videos, podcasts, and virtual convenings seeks to spark ideas for immediate, intermediate, and long-term options for reforming LTSS. It will showcase current models that could be ramped up now as well as potential innovative models that may take time to fully create. It will emphasize evidence-based solutions and identify regulatory and funding barriers that limit the widespread use of promising practices.</p> <p>AARP Nursing Home Covid-19 Dashboard www.aarp.org/nursinghomedashboard</p> <p>The AARP Public Policy Institute, in collaboration with the Scripps Gerontology Center at Miami University in Ohio, created the AARP Nursing Home COVID-19 Dashboard to provide four-week snapshots of the virus’ infiltration into nursing homes and impact on nursing home residents and staff, with the goal of identifying specific areas of concern at national and state levels in a timely manner. AARP’s Nursing Home COVID-19 dashboard has tracked five categories of impact since summer 2020, as well as vaccination rates of nursing home residents and health care staff, updated every month to track trends over time.</p> <p>AARP Nursing Home Hub www.aarp.org/nursinghomes</p> <p>Extensive collection of news articles and advice columns on nursing home care in the U.S.</p> <p>The Alternate Limb Project https://thealternativelimbproject.com/about/</p> <p>Founded by Sophie de Oliveira Barata, using the unique medium of prosthetics to create highly stylized wearable art pieces.</p>
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 <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing homes with admission freezes	Massachusetts Department of Public Health <i>Temporary admissions freeze</i>

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 20, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
AdviniaCare Newton %Wellesley	Wellesley	1/17/2023	Not stated
Bear Mountain West Springfield	West Springfield	1/10/2023	Not stated
Holyoke Healthcare Center	Holyoke	1/5/2023	Not stated
Memory Care at Heritage	Agawam	1/17/2023	Not stated
Mount Carmel	Lenox	1/10/2023	Not stated
Walpole Healthcare	Walpole	1/10/2023	Not stated

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated October 26, 2022

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

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

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated July 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

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

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

Massachusetts facilities that are candidates for listing

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

	<p>https://projects.propublica.org/nursing-homes/homes/h-225423</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://www.nextstephpc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 • Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpecialFocusFacilityProgram 																								
<i>Nursing Home Inspect</i>	<p>ProPublica <i>Nursing Home Inspect</i> 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</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p>																								

	<p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>
<p>Data on Ownership of Nursing Homes</p>	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
<p>DignityMA Call to Action</p>	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content
<p>Access to Dignity Alliance social media</p>	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>

Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Please contact workgroup lead for more information	Workgroup	Workgroup lead	Email
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	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
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	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Wynn Gerhard • Suzanne Lanzikos • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			