



The Dignity Digest

Issue # 125

February 6, 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.

Spotlight

Tallgrass Economics Finance & Politics

February 4, 2023

THE ENSIGN GROUP 4TH QUARTER REPORT: MARVELOUS IF YOU ARE AN INVESTOR (BUT NOT IF YOU ARE AN EMPLOYEE AND/OR A TAXPAYER).

[This the most recent blog posted by Dave Kingsley, a principal with Tallgrass Economics Finance & Politics.]

As I noted a couple of days ago, The Ensign Group (Ensign) was scheduled to release its 4th quarter financial report and hold a conference call. They did that. This blog post will provide a basic overview of their 4th quarter and annual results.[1] I will be reporting on the Centene Corporation and the real estate investment trusts in the weeks ahead.

It is important to note that the late Roy Christensen, Ensign founder, and current/past Ensign executives were and are very sophisticated financiers. Christensen founded Beverly Enterprises in the 1960s, sold it, and taught business at Brigham Young University until he founded the Ensign Group in 1999. Most Ensign executives and board members have an association with the Marriot School of Business at BYU. There is no other nursing home corporation like the complexly organized Ensign. It is becoming increasingly complex to the advantage of shareholders and executives but apparently not to taxpayers, patients, and employees (as I will demonstrate below).

Highlights of Ensign 4th Quarter Results

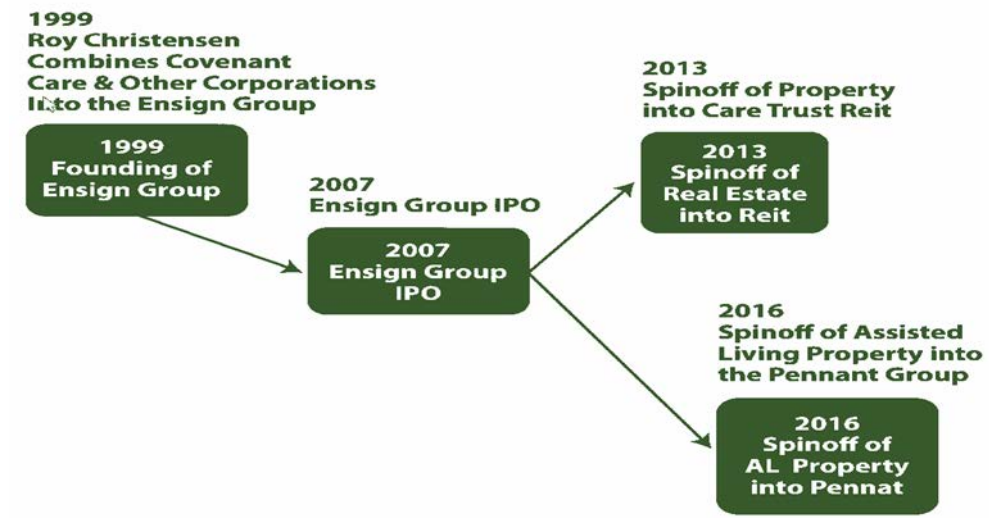
- Earnings per share of \$4.14 – an increase of 13.7% over the prior year.
- Earnings per share for the quarter of \$1.06 – an increase of 23.3%.
- Consolidated revenues for the year were \$3.025 billion – an increase of 398.5 million or 15.1% over the prior year.
- Net income was \$60.5 million for the quarter – an increase of 24.1% over the prior year quarter.
- For the year, adjusted net income was \$235.7 million – an increase of 13.8% over the prior year. Given an annual 2022 revenue of 3.025 billion and a net income of \$235.7 million, percent net income was 7.8%. However, Earnings Before Interest, Taxes, Depreciation & Amortization EBITDA – a more important cash flow statistic – was \$383.5 million or 12.6%).

- The company’s liquidity is increasingly strong with \$316 million in cash and cash equivalents on its balance sheet and a \$593.3 million line of credit.

It’s All About the Real Estate

Quarterly reports, annual reports, and proxy statements can become eye glazing for the public. The way we need to look at Ensign and the rest of the nursing home industry is this: Medicaid and Medicare (mostly Medicaid) provide revenue that sustains a real estate industry. Hence, direct care services are robbed for the sake of shareholder interests.

In the past couple of decades, tax code adjustments have resulted in a financial transformation of long-term and skilled nursing business. Limited liability entities, private equity firms, real estate investment trusts, and individual/family trusts have blossomed like tulips in Springtime. Ensign is a cutting-edge bellwether of financialization, and the tax arbitrage associated with it. Let’s take the separation of property from operations (OPCO/PROPCO).[2] Property has been increasingly separated into separate subsidiaries of parent corporations or sold to REITs and leased back. However, Ensign has upped that game. The following indicates the segmentation of the company into separate entities – most of which were not discussed in the quarterly report.



The above graphic does not include a couple of later entities – Standard Bearer (a captive[3] REIT) and a captive insurance company.[4] A spinoff has tax advantages for shareholders. Added advantages for Ensign in its spinoff of property into CareTrust REIT include avoidance of capital gains taxes and increased corporate assets/value. CareTrust is an “umbrella partnership real estate investment trust,” otherwise known as an UPREIT. By transferring property to an UPREIT, rather than selling it, capital gains taxes are avoided, the transferee receives “operating units” (OPUs), and receives returns from the triple net leases to other nursing homes (under triple net leases, leasees pay insurance, maintenance, and taxes – what a deal!).

As the above diagram indicates, Ensign undertook a spinoff in 2016 by spinning out its assisted living facilities into the Pennant Group – an Ensign spinoff. Ensign leases property to the Pennant Group and retains a major share of the stock. This model illustrates the OPCO/PROPCO set up in which property becomes a tradable commodity rather than a necessary tool for producing care. Finance dominates production.

Financialization

Financialization throughout the U.S. economy has dampened economic growth. Furthermore, stagnant wages, a diminishing upwardly mobile middle-income class, wealth transfer to super-rich individuals and corporations, and a low-wage underclass are due to the separation of finance from productivity.^[5] Nowhere is that phenomenon more apparent than in the U.S. government-funded healthcare system. The massive real estate substrate of industrialized medical care is draining resources from care. There is no rational justification for exceedingly low pay, and poor care when so few are making so much from the trillions of dollars poured by Americans into the health care system.

Summary

From a financial and technical perspective, this post has been somewhat superficial. Nevertheless, we need to outline the overall financialized, industrialized, government-funded U.S. healthcare system and have a very serious public conversation about how the hardworking and patriotic people of the U.S. are being fleeced. I will be clarifying and filling in the concepts that I have introduced in this post. In the future you will see more regarding UPREITs and OPUs, shell companies (Ensign has over 400 subsidiaries, all are LLCs, all incorporated in Nevada), and other financial machinations that are robbing American taxpayers.

[1] You can listen to the conference call and download the text of the call here: <https://investor.ensigngroup.net/news-releases/news-release-details/ensign-group-reports-fourth-quarter-and-fiscal-year-2022-results>

[2] For a very good discussion of REITs, Financialization, and nursing homes, see Rosemary Batt & Eileen Applebaum (July 9th, 2022), “The Role of Public REITs in Financialization and Industry Restructuring.” *Working Paper No. 189*. Washington, D.C.: Institute for New Economic Thinking.

[3] A REIT with the property of only one corporation – The Ensign Group in this case.

[4] An insurance company that underwrites only the entity that incorporates it.

[5] For a very good discussion of financialization, see: Rana Foroohar (2017), *Makers and Takers: How Wall Street Destroyed Main Street*. New York: Crown Publishing.

<https://tallgrasseconomics.org/>

United States Government Accountability Office

February 3, 2023

NURSING HOMES: CMS Should Make Ownership Information More Transparent for Consumers

[Editor's note: The Consumer Voice provided the following text.]

On Thursday, February 3, 2023, the Government Accountability Office (GAO) released a new report, "[Nursing Homes: CMS Should Make Ownership Information More Transparent for Consumers](#)," finding fault with how the Centers for Medicare & Medicaid Services (CMS) currently provides information to consumers regarding nursing home ownership. The report noted that ample evidence demonstrated that different ownership types often lead to disparate health outcomes for nursing home residents. For instance, non-profit homes generally perform better on measures of quality than for-profit nursing homes. The GAO report acknowledged these differences in care quality and emphasized the importance of accurate and accessible ownership interests to consumers.

The report's primary focus was on how CMS provides ownership information on its [Care Compare](#) website. Echoing concerns of Consumer Voice and other advocates, the GAO report found that CMS:

- **Was not providing information in plain language with clear graphics.** For instance, the GAO noted terms such as "5% owners or greater indirect ownership interest" and "operational/managerial control." These terms are vague and undefined and not easily understandable to consumers.
- **Failed to organize information to highlight patterns.** The GAO report found that "the presentation of ownership information on Care Compare does not allow consumers to easily identify relationships and patterns related to quality across nursing homes under common ownership."
- **Did not explain the purpose and value of ownership information on Care Compare.** Nowhere on Care Compare is there an explanation of how the type of ownership may result in worse care. This absence of an explanation may result in consumers overlooking its importance.
- **Did not disclose the key strengths and limitations of the data.** This failure is significant because, as noted by the GAO, nursing home ownership data is often incomplete and inaccurate. CMS admitted in the report that the ownership structures for some nursing homes are so nebulous that they are sometimes unable to ascertain who owns a nursing home. Despite this fact, CMS does not disclose the unreliability of the data to the public on Care Compare.

The GAO report made two recommendations:

- Use plain language to define key terms in the ownership section of Care Compare.
- Organize ownership information by providing consumers easy access to a list of all facilities under common ownership, their respective star ratings, and a distribution of star ratings across nursing homes with common ownership to allow consumers to examine quality patterns across such facilities.

	<p>CMS concurred with both recommendations. Additionally, the Biden Administration announced last year that it would address the issue of inaccurate and incomplete ownership information and take steps to make ownership data available to consumers. The GAO report noted that CMS had taken some steps to release more ownership data, but CMS admitted this data was for researchers and not consumers. However, CMS has promised more action to ensure access to residents and their families. Consumer Voice has long advocated for all consumers to have access to reliable and relevant ownership information for individual nursing homes with care quality information for all nursing homes under common ownership. When deciding on a nursing home, residents and their families must have access to ownership data that is reliable and accurate. It is currently impossible to easily access care quality information across nursing homes with common owners. Further, until CMS ensures that ownership information for all nursing homes is accurate, the system's utility, as a whole, will be undermined.</p> <p>While the GAO report finds fault with CMS' current system of providing nursing home ownership information, Consumer Voice has been encouraged by the steps the agency has taken over the past year. Nevertheless, CMS has significant work to do to realize the goals announced by President Biden and laid out in the GAO report.</p> <p>https://tinyurl.com/GAONursingHomeTransparency</p>
<p>Quotes of the Week</p>	<p><i>“The 100-year life is here. We’re not ready.”</i> The Stanford Center on Longevity, <i>The long-life paradox</i>, DealBook – New York Times, January 21, 2023, https://tinyurl.com/LongLifeParadox</p> <p><i>Addressing the failures of the health care system will require uncomfortable reflection and bold action. Any illusion that medicine and politics are, or should be, separate spheres has been crushed under the weight of over 1.1 million Americans killed by a pandemic that was in many ways a preventable disaster. And many physicians are now finding it difficult to quash the suspicion that our institutions, and much of our work inside them, primarily serve a moneymaking machine. . . To be able to build the systems we need, we must face an unpleasant truth: Our health care institutions as they exist today are part of the problem rather than the solution.</i></p> <p><i>Doctors Aren’t Burned Out from Overwork. We’re Demoralized by Our Health System.</i> *New York Times, February 5, 2023, https://tinyurl.com/Demorali-zedByHealthSystem</p>

The indictment alleges that the scheme operated from January 2015 to September 2018. The indictment charges the defendants with health care fraud, six counts of wire fraud, three counts of mail fraud, conspiracy to commit tax fraud, and conspiracy to commit money laundering.

New Jersey Man and Company Operating Nursing Homes and Assisted Living Facilities in Wisconsin Charged with Health Care Fraud, U. S. Department of Justice, February 2, 2023, {Editor's note: CareOne operates 14 nursing homes in Massachusetts}, <https://tinyurl.com/USJusticeWisconsinCharges>

As a nation we are no longer preparing for an historic demographic shift—we are, in fact, deeply immersed in the opportunities, challenges, realities and necessities of a society with a rapidly growing number of older adults. And COVID-19's tragedies have only brought the varied needs of this population even more to the forefront. This demographic reality must inform policy debates and decisions across a spectrum of critical issues.

Policy Priorities 202s, USAging, <https://www.usaging.org//Files/2022%20Policy%20Priorities.pdf>

Direct care workers in our community can make more money flipping burgers. Those that stay are facing burnout due to being overworked.

CAREGIVER NEEDED: How the Nation's Workforce Shortages Make It Harder to Age Well at Home, USAging, Undated, <https://tinyurl.com/USAgingsCaregiverNeeded>

"We have no illusion that this will be beautiful or graceful, but we will be doing everything we can not to lose anyone in the process."

Dana Hittle, Oregon's interim Medicaid director, speaking about the so-called Medicaid unwinding, As pandemic-era Medicaid provisions lapse, millions approach a coverage cliff, Kaiser Health News, February 5, 2023, <https://tinyurl.com/ACoverageCliff>

Iowa's Health Department fined the [nursing care] center [which declared a resident dead who was discovered breathing at the funeral home] \$10,000 for two violations,

which included a rule that says care homes must preserve the dignity of residents.

*A Patient Declared Dead Is Found in a Body Bag Gasping for Air, *New York Times, February 5, 2023, <https://tinyurl.com/APatientDeclaredDead>*

“We do think that immigrants are critical to this workforce and the future of the long-term care industry. We think the industry would probably collapse without them.”

Robert Espinoza, executive vice president of policy at PHI, As long-term care staffing crisis worsens, immigrants can bridge the gaps, WUSF Public Media, February 5, 2023, <https://tinyurl.com/ImmigrantsBridgeTheGaps>

“Immigration policy is long-term care policy. If we really want to encourage a strong workforce, we need to make immigration more accessible for individuals.”

David Grabowski, professor of health care policy at Harvard Medical School, As long-term care staffing crisis worsens, immigrants can bridge the gaps, WUSF Public Media, February 5, 2023, <https://tinyurl.com/ImmigrantsBridgeTheGaps>


The massive real estate substrate of industrialized medical care is draining resources from care. There is no rational justification for exceedingly low pay, and poor care when so few are making so much from the trillions of dollars poured by Americans into the health care system.

Dave Kingsley, THE ENSIGN GROUP 4TH QUARTER REPORT: MARVELOUS IF YOU ARE AN INVESTOR (BUT NOT IF YOU ARE AN EMPLOYEE AND/OR A TAXPAYER), Tallgrass Economics, February 4, 2023, <https://tallgrasseconomics.org/>


Consequently, the nursing home system remains a closed system that is troubling to most Americans, but they can't articulate the financial machinations responsible for the lack of investment by corporations in an adequately paid workforce and quality of care. Absence of openness in a complex social system funded by government inevitably leads to the bigger problem of corruption.

In 2016, the General Accounting Office Makes Recommendations Regarding Accurate and Reliable Nursing Home Financial Reports: HHS Says “Thanks, but No Thanks.”, Tall Grass Economics, February 4, 2023, <https://tinyurl.com/TallgrassGAORecommendations>

<p>Rally</p>	<p>1. Boston Center for Independent Living Wednesday, March 1, 2023, 1:00 p.m. 26 West Street, Boston (union hall for 32BJ SEIU) <i>Rally to support PCAs! Better wages and benefits to boost the workforce!</i> There’s a dangerous shortage of PCAs, leaving people with disabilities short of vital support and services. We’ll rally in the union hall and then march one block to The Embrace on Boston Common. This event is sponsored by BCIL,1199SEIU, and the Disability Policy Consortium. Sign up to co-sponsor. More information to come. ADA reasonable accommodations for people with disabilities are available upon request. CART and ASL interpreters have been requested. To submit a request, contact Rachel at rchartier@bostoncil.org or (617) 338-6665. As part of your request, please include a description of the accommodation you will need and include as much detail as you can. Please provide your contact information in case we need more information. When possible, please allow at least seven days advance notice. Last-minute requests will be accepted but may be difficult to fill. For more info on the event or to co-sponsor, contact Bill Henning at bhenning@bostoncil.org. https://tinyurl.com/PCARallyMarch1</p>
<p>Funding Availability</p>	<p>2. Administration on Community Living <i>Funding Now Available for Vaccine Promotion Activities</i> On December 19, ACL awarded a total of \$125 million in grants to USAgings and the National Council on Aging to rapidly increase the number of older adults and people with disabilities who have received the updated COVID-19 vaccine and annual flu vaccine. With this funding, NCOA and the Aging and Disability Vaccination Collaborative led by USAging are now awarding grants to communities across the country to support vaccine clinics, in-home vaccinations, transportation to vaccination sites, outreach, and education, and more. Applications for these grants are now being accepted from a broad range of organizations that serve disabled people and older adults, including:</p> <ul style="list-style-type: none"> • Area agencies on aging • Centers for independent living • Senior and community centers • Faith-based organizations • Aging and disability resource centers/No Wrong Door system • Government agencies • Federally recognized nonprofit organizations • Other community organizations that support and serve these populations <p>Applications are being accepted on a rolling basis. For more information and to apply, please visit:</p> <ul style="list-style-type: none"> • USAging’s Aging and Disability Vaccination Collaborative information page and application portal • National Council on Aging information page and application portal <p>3. AARP <i>The 2023 AARP Community Challenge</i></p>

	<p>The 2023 AARP Community Challenge is on! The AARP Community Challenge provides small grants to fund quick-action projects that can help communities become more livable for people of all ages. In 2023, the AARP Community Challenge is accepting applications across three different grant opportunities: 1) Flagship Grants, and new this year: 2) Capacity-Building Microgrants, and 3) Demonstration Grants. The deadline is March 15, 2023.</p> <p>LEARN MORE</p>	
<p>Personnel Transitions</p>	<p>4. Executive Office of Health and Human Services Secretary Governor Maura T. Healey and Lieutenant Governor Kim Driscoll today announced that they are appointing Kate Walsh, the current Chief Executive Officer of the Boston Medical Center (BMC) health system, as Secretary of the Executive Office of Health and Human Services. BMC Health System includes Boston Medical Center, a not-for-profit, academic medical center and the region’s largest safety-net hospital, WellSense Health Plan, a Medicaid Managed Care Organization and Boston HealthNet, a network affiliation of community health centers throughout Boston.</p> <p>“Kate Walsh is exactly the leader Massachusetts needs for this moment in health care,” said Governor Healey. “She has a proven track record of delivering results on health equity, affordability and behavioral health, while also addressing social determinants of health like food and housing insecurity. She will bring an innovative and compassionate approach to the office that centers the needs of patients and providers.”</p> <p>“I’m honored to join the Healey and Driscoll Administration as Secretary of Health and Human Services,” said Walsh. “This is a critical moment for our state, as we continue to address the impacts of the COVID-19 pandemic, widening health disparities, skyrocketing healthcare costs and a devastating behavioral health crisis. Together, we will work to advance racial health equity, address affordability, spur innovative solutions to our health care challenges, and ensure that people live healthy lives.”</p>	

	<p>In her nearly 13 years as CEO of BMC Health System, Walsh managed the system through multiple COVID-19 surges and recoveries by expanding telehealth capabilities, bolstering regional resource management, establishing a COVID Recuperation Unit, and coordinating with state and local government. She also oversaw a Clinical Campus Redesign project at BMC with the goal of decreasing costs and modernizing facilities. Walsh also established BMC Health System’s Health Equity Accelerator in November of 2021 to transform health care and eliminate gaps in life expectancy and quality of life among different races and ethnicities. Throughout her tenure, Walsh maintained a stable financial performance across the BMC Health System, while earning accolades as one of the 100 Great Hospitals by Becker’s Hospital Review, the 4th Most Socially Responsible Hospitals in the Nation by the Lown Group in 2022, and one of Forbes 2022 Best in State Employers. BMC has also been recognized nationally for its sustainability work, and recently opened a 100% carbon neutral behavioral health facility in Brockton to care for patients with co-occurring behavioral health and substance use disorders.</p> <p>Walsh previously served as Executive Vice President and Chief Operating Officer of Brigham and Women’s Hospital, Chief Operating Officer for Novartis Institutes for Biomedical Research, and Senior Vice President of Medical Services and the MGH Cancer Center at Massachusetts General Hospital. She also held positions in a number of New York City hospitals including Montefiore, Columbia Presbyterian Medical Center, Saint Luke’s – Roosevelt Hospital Center and the New York City Health and Hospitals Corporation.</p> <p>Walsh received her Bachelor of Arts degree and a Master’s Degree in Public</p>	
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	<p>Health from Yale University. She has served as a member of the Board of the Federal Reserve Bank of Boston, the board of the American Hospital Association, America’s Essentials Hospitals the Boston Public Health Commission, the Massachusetts Hospital Association, the Association of American Medical Colleges, Pine Street Inn, and Yale University. She lives in Boston. https://tinyurl.com/KateWalshSecretary</p>	
	<p>5. Joint Committee on Children, Families, and Disabled Persons <i>Research Director</i> Shayna Solomon has been named as Research Director for the Joint Committee on Children, Families, and Persons with Disabilities. She joined the committee in 2021 as a researcher, and before that worked at the United States Attorney's office's Affirmative Civil Enforcement Unit as a contracted paralegal and was an intern for Rep. Joan Meschino. Solomon earned a B.A. in international relations and political science from Tufts University. Her email address is: Shayna.solomon@state.ma.us.</p>	
<p>Public Policy</p>	<p>6. Bipartisan Policy Center Undated <i>Making Food and Nutrition Security a SNAP</i> The 2023 Farm Bill gives Congress an opportunity to improve food and nutrition security through federal nutrition assistance programs by expanding access, reducing costs through improved efficiencies and program integrity, and promoting workforce participation. The legislation also is an opportunity to increase the intake of foods recommended by the Dietary Guidelines for Americans (DGA) and to enhance benefits to ensure eligible households can access, afford, and have sufficient knowledge to purchase and prepare a nutritious, balanced diet. The major federal nutrition assistance programs authorized in the farm bill are:</p> <ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP), formerly the food stamp program • The Emergency Food Assistance Program (TEFAP) • Food Distribution Program on Indian Reservations (FDPIR) • Commodity Supplemental Food Program (CSFP) • Fresh Fruit and Vegetable Program (FFVP) • Seniors Farmers’ Market Nutrition Program (SFMNP) • Healthy Food Financing Initiative (HFFI) • Community Food Projects 	

The Bipartisan Policy Center’s Food and Nutrition Security Task Force (FNSTF) makes five key policy recommendations and more than 25 sub-recommendations for strengthening SNAP and other federal nutrition assistance programs authorized in the farm bill.

SNAP Eligibility, Benefit Levels, and Program Administration:

- Ensure that SNAP benefit levels are adequate to achieve a nutritious diet; that eligibility requirements and employment and training programs promote workforce participation and increased earnings without presenting undue barriers to SNAP participation; and that access to SNAP is expanded to all U.S. territories.

Nutrition and Eligible Foods in SNAP:

- Strengthen nutrition in SNAP by encouraging the consumption of nutritious foods through establishment of a fruit and vegetable cash value benefit (CVB), further expansion of and investment in the Gus Schumacher Nutrition Incentive Program (GusNIP), stronger retailer stocking standards, improvements to the SNAP-Ed program, better data collection, and demonstration projects.

SNAP Integrity, Technology, and Retailer Considerations:

- Use data matching, online purchasing, and other technology enhancements to improve SNAP access, integrity, efficiency, and operations for participants and retailers.

Food Distribution Programs:

- Modernize the food distribution programs, including The Emergency Food Assistance Program (TEFAP), the Food Distribution Program on Indian Reservations (FDPIR), and the Commodity Supplemental Food Program (CSFP), to improve nutrition, program access, and program operations.

Other Food and Nutrition Programs Authorized

Through the Farm Bill:

- Improve food and nutrition security for priority populations through other food and nutrition assistance programs, including the Fresh Fruit and Vegetable Program (FFVP), Seniors Farmers’ Market Nutrition Program (SFMNP), Healthy Food Financing Initiative (HFFI), Public-Private Partnerships Program, and Micro-Grants for Food Security Program.

[Download the Report](#)

[Download the Infographic](#)

<https://tinyurl.com/FoodNutritionSecurity>

7. USAging

Policy Priorities 2022

<https://www.usaging.org//Files/2022%20Policy%20Priorities.pdf>

8. USAging

December 2022

FY 2021–FY 2023 Labor/HHS Appropriations

<https://tinyurl.com/LaborHHSAppropriations>

9. MassHealth

MassHealth Eligibility Redetermination Outreach Toolkit

This toolkit serves as a communication guide and provides partner resources to help prepare for the end of the continuous coverage requirements.

All materials created through the campaign will be available in additional languages, including Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, and Cape Verdean Creole.

	<p>Table of Contents:</p> <ul style="list-style-type: none"> • Introduction and Importance of Communications • Phase 1 Key Messages • “Your Family. Your Health.” Campaign • Poster (11” x 17”) • Flyer (8.5” x 11”) • Scam Prevention flyer (8.5” x 11”) • Email Language • Social Media • Phone Scripts • Complete toolkit and supporting materials • Contact • Related <p>https://tinyurl.com/MassHealthEligibilityToolkit</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>10. Bipartisan Policy Center Tuesday, February 7, 2023, 1:00 to 2:00 p.m. <i>Homelessness as a Housing Supply Problem</i> For decades, homelessness has been a challenging policy issue across all levels of government—as well as a contentious political one. While some scholars and researchers emphasize the structural determinants of homelessness and its relation to housing markets, others frame the issue primarily in terms of safety and individual risk factors such as drug use and mental health. As states and local communities develop new policies to address homelessness, it is imperative that key decision makers understand the interplay between homelessness and affordable housing supply. In this event, panelists will discuss the root causes of homelessness, share insights from recent policy interventions, and identify common-sense solutions that can help inform federal action.</p> <p>SPEAKERS</p> <ul style="list-style-type: none"> • Presentation by Marcy Thompson, Director of Policy Initiatives, United States Interagency Council on Homelessness – “All In: The Federal Strategic Plan to Prevent and End Homelessness” <p>Panel Discussion</p> <ul style="list-style-type: none"> • Peggy Bailey, VP for Income and Housing Security, Center on Budget and Policy Priorities • Gregg Colburn, Assistant Professor of Real Estate, University of Washington’s College of Built Environments • Michael Tanner, Senior Fellow, Cato Institute • Francis Torres, Senior Policy Analyst, BPC (Moderator) <p>REGISTER NOW</p> <p>11. Bipartisan Policy Center Thursday, February 16, 2023, 2:00 to 3:00 p.m. <i>Ensuring Medicare’s Sustainability</i> Since Medicare’s inception, lawmakers have debated policies to reduce costs and improve care within the program. But with Medicare’s Hospital Insurance Trust</p>

	<p>Fund projected to be insolvent in 2028 and questions surrounding Medicare payment policies, what can Congress do? Join the Bipartisan Policy Center for a conversation on the future of Medicare. Our experts will address what a divided Congress means for Medicare, as well as short- and long-term policy options for lawmakers.</p> <p>Featured Speakers</p> <ul style="list-style-type: none"> • Introduction by: William Hoagland Senior Vice President, BPC • Panelists: • Joshua Gordon Director of Health Policy, Committee for a Responsible Federal Budget • Josh Trent Principal, Leavitt Partners • Adaeze Enekwechi Operating Partner, Welsh, Carson, Anderson & Stowe • Additional speakers to be announced. <p>REGISTER NOW</p> <p>12. Encore Boston Network Thursday, March 12, 2023, 10:00 to 11:00 a.m. <i>Costly or Unexpected Medical Bills</i> Ever received large medical bills you didn't know were coming and didn't know how to handle? Managing the cost of medical care can be confusing and overwhelming. Learn from Kathryn Koch, staff attorney for Health Law Advocates, what to do before and after you receive medical care to limit surprises, and when the bills arrive, what you can do about it. Offered by Encore Boston Network and co-presented by 50+ Job Seekers in MA. REGISTER HERE</p>
<p>The NGO Committee on Ageing – United Nations</p>	<p>13. The NGO Committee on Ageing Monday, February 6 through Wednesday, February 15, 2023 <i>Commission for Social Development Events</i> Learn more about the Commission for Social Development: 6-15 February 2023 : In summary, the outcome of the Commission's consideration of the priority theme during its 67th session will take the form of agreed conclusions, to be negotiated by all Member States. Zero Draft of the CSW67 Agreed Conclusions The meetings of the Commission can be viewed on UN Web TV: https://media.un.org/en/webtv/ Of particular interest to us will be discussions on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing, 2022, which will take place in the morning of 8 February 2023. A list of the side events. Side events of particular interest to us are: 6 February 2023 from 1:15 pm to 2:30 pm EST. The NGO Committee on Intergenerational Solidarity's side event, co-sponsored by the NGO COA-NY will discuss "Social Trauma and Intergenerational Programmes". Flyer with registration information. 6 February 2023 from 1:15 pm to 2:30 pm. EST The Permanent Mission of Portugal and the European Union Delegation's side event will discuss "Intergenerational dialogue and participation as a tool to create full and productive employment and decent work for all, overcome inequalities and achieve SDGs by 2030". Flyer with registration information. Chair of NGO COA-NY, Cynthia Stuen, is an invited speaker. 8 February 2023 from 11:30 am. – 12:45 pm EST.</p>

	<p>The Baha'i International Community's side event, co-sponsored by the NGO COA-NY will discuss "Reimagining the Future of Work to Meet the Needs of Humanity". Flyer with registration information.</p> <p>8 February 2023 from 1:15 pm – 2:30 pm EST. Permanent Mission of German and UNECE's side event will discuss "MIPAA at 20: fit for the future?" In person only, Conference Room 8.</p> <p>9 February 2023 from 1:15 pm - 2:30 pm The International Federation on Ageing's side event, co-sponsored by the NGO COA-NY, UN/DESA, the Group of Friends of Older Persons and the United Nations regional commissions, will discuss "Prioritizing the Rights of Older Persons for Decent Work, Productive Employment and Full Participation in Society". Flyer is here. Conference Room 8 and live webcast</p> <p>14 February 2023 from 9:45 am - 11:00 am EST The Waseda University's side event, co-sponsored by the NGO COA-NY will discuss "Digital Innovation for Sliver Employment." Flyer with registration information. Learn more about the Commission for Social Development: 6-15 February 2023 :</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>14. WCVB February 5, 2023 <i>Water main break at Massachusetts nursing home forces evacuation of residents</i> Residents of a North Shore nursing home have been displaced by a water main break that happened at the facility. Rockport police and Town Administrator Mitchell Vieira informed the public at 7:15 p.m. Saturday that the water main break caused flooding and damage inside [the Oceanside Rehabilitation and Nursing Center, formerly the DenMar Center]. Under state protocol, residents of that nursing home were evacuated to other facilities. https://tinyurl.com/WaterMainBreakNursingHome</p> <p>15. ABC7News February 5, 2023 <i>82-year-old woman starts breathing at Miller Place funeral home after being pronounced dead</i> An elderly woman in Suffolk County surely shocked a local funeral home on Saturday. Police say an 82-year-old woman was pronounced dead at a rehab and nursing center in Port Jefferson. She was transported to a funeral home in Miller Place a little more than two hours later. About a half an hour later, the woman was breathing. Emergency responders brought her to a local hospital after the incident. Officials say It's unclear if human error played a role or if it was a miraculous recovery. The incident is being referred to the state Attorney General's office. News of this came on the heels of a similar incident in Iowa. Employees at a hospice care facility mistakenly pronounced a woman dead, only for her to be gasping for air in the body bag that arrived at the funeral home. https://tinyurl.com/StartsBreathing</p> <p>16. *New York Times February 5, 2023</p>

A Patient Declared Dead Is Found in a Body Bag Gasping for Air

A 66-year-old woman was taken to a funeral home, where workers discovered her chest moving, a report said. An Alzheimer’s care center in Iowa that declared her dead was fined \$10,000. . .

[W]hen staff members at the funeral home unzipped the body bag, she was alive and gasping for air, [according to a citation from the Iowa Department of Inspections and Appeals](#). . .

The woman was admitted to the special care center in December 2021 with early onset dementia, anxiety and depression. She entered hospice care in late December 2022 with senile degeneration of the brain and was treated with the anxiety drug lorazepam and morphine, a painkiller, according to the report. Funeral home workers unzipped the body bag and noticed that the woman’s chest was moving and watched as “she gasped for air,” the report said. They called 911 and the hospice.

An ambulance transported the woman to an emergency room with a low temperature and shallow breathing. The woman had a do-not-resuscitate directive, so she was brought back to the hospice at the Alzheimer’s care center, where she died two days later.

Iowa’s Health Department fined the center \$10,000 for two violations, which included a rule that says care homes must preserve the dignity of residents. . .

The center is a 66-bed residential facility run by Dallas-based Frontier Management, one of the largest senior housing managers in the United States.

The center or its administrator has been fined more than a dozen times since opening in 2001, according to Iowa Health Department records, for violations that include a lack of specialized staff training in memory care and a lack of infection control during the pandemic, when patients who tested positive for Covid-19 were roomed with other residents.

<https://tinyurl.com/APatientDeclaredDead>

17. Tall Grass Economics

February 4, 2023

In 2016, the General Accounting Office Makes Recommendations Regarding Accurate and Reliable Nursing Home Financial Reports: HHS Says “Thanks, but No Thanks.”

In 2016, the General Accounting Office (GAO) reported the results of its investigation into the reliability and validity of financial information submitted by nursing home corporations. The GAO was tasked with determining how skilled nursing facilities “spend their Medicare and other revenues.”^[1] In its report, the GAO recommended that CMS undertake two actions: “ (1) improve public stakeholders’ ability to locate and use SNF expenditure data and (2) ensure the accuracy and completeness of the data.”^[2] According to the report, “HHS concurred with the first but not the second recommendation, citing resource considerations.”^[3] The agency’s partial concurrence is farcical. What is the benefit of making financial data available to the public if the data is inaccurate and unreliable?

HHS disagreement with a reasonable recommendation by the GAO that CMS demand honest cost reports from contractors, should evoke the public into a profound and angry reaction. For an agency with a FY 2023 request for discretionary budget authority of \$127 billion and \$1.7 trillion in mandatory budget authority^[4] a project for making financial data easily accessible to the

public is de minimus in the overall scheme of its expenditures. The cost of a reasonably accessible database containing well-audited cost reports from each facility would be a trivial expenditure – so trivial that it would have no meaningful impact on government deficits and debt.

The problem is that the public has not been stunned by the rejection of the GAO investigators’ recommendations and their stated belief that “CMS should provide reliable SNF expenditure data”^[5] because the public has not been made aware of the report or what it contains. That in itself is puzzling. A government agency for the responsibility of nearly \$2 trillion worth of federal expenditures is shirking its responsibility for informing the taxpayers – the funders – about how their money is spent – let alone whether it is effectively and efficiently spent. This should be big news but advocates and activists have failed to take advantage of it.

Consequently, the nursing home system remains a closed system that is troubling to most Americans, but they can’t articulate the financial machinations responsible for the lack of investment by corporations in an adequately paid workforce and quality of care. Absence of openness in a complex social system funded by government inevitably leads to the bigger problem of corruption.

^[1] “Skilled Nursing Facilities: CMS Should Improve Accessibility and Reliability of Expenditure Data,” (2016), Washington, D.C. General Accounting Office, Highlights of GAO-16-700.

^[2] Ibid

^[3] Ibid

^[4] <https://www.hhs.gov/about/budget/fy2023/index.html>

^[5] GAO, Op. Cit.

<https://tinyurl.com/TallgrassGAORecommendations>

18. McKnight’s Long-Term Care News

February 3, 2023

Former Atrium CEO, operator charged in \$407 million fraud scheme

An operator behind Atrium Health and Senior Living and a former top executive were indicted Wednesday on an extensive list of healthcare fraud, tax fraud and money laundering offenses, the Department of Justice announced Thursday.

The alleged crimes happened from January 2015 through September 2018, spearheaded by CEO Kevin Breslin and KBWB Operations, doing business as Atrium, at 24 skilled nursing and nine assisted living locations in Wisconsin.

Federal officials painted a complex fraud scheme in which they contend Breslin and Atrium diverted funds from the Wisconsin facilities to make guaranteed payments to Atrium owners, as well as guaranteed payments to investors who were using the proceeds to finance the construction of new nursing homes in New Jersey.

The indictment alleges that in that period, KBWB Operations billed Medicare for more than \$189 million and received more than \$49 million in payments. It also alleges that the company billed Medicaid for more than \$218 million and received more than \$93 million in payments.

But much of that revenue never went toward patient care at Atrium facilities, federal law enforcement officials said after announcing the indictment by a federal grand jury in the Western District of Wisconsin.

“When the defendants obtained money from Medicare and Medicaid, they certified that they would follow all required quality of care standards, but they did not do so,” the Justice Department said statement said. “The diversion of funds caused inadequate care of residents, including a shortage of clean diapers, inadequate wound care supplies, inadequate cleaning supplies, and a lack of durable medical equipment and respiratory supplies.”

Vendor, staff obligations unmet

According to prosecutors, the diversion of funds also caused nonpayment to vendors, leading to the end of services such as physical therapy, fire alarm monitoring and phone and internet services. Necessary repairs and maintenance of the physical plant facilities also went unattended, officials said.

In 2018, food service vendor U.S. Foods Inc., sued various corporations run by Breslin for more than \$2.2 million in alleged unpaid bills, saying in a federal court filing that it had stopped food deliveries to his facilities due to nonpayment.

It is unclear when the federal investigation into a potential fraud scheme began, but the U.S. Foods filing came at the end of the period when federal officials say the scheme was in full swing.

The precise number of facilities Atrium might still own and operate was unclear Thursday night.

In late 2018, *McKnight’s Long-Term Care News* reported that 33 Atrium facilities, mostly in Wisconsin, had [gone into receivership](#). At least two had been set to transfer to new operators at the time of a 2019 [FBI raid](#) on those facilities.

Also unclear Thursday was whether Breslin remained in a leadership position at Atrium or any other skilled nursing company. A largely dormant LinkedIn page lists a Kevin Breslin as an executive vice president at CareOne, a New Jersey company with skilled nursing and assisted living facilities in New Jersey, Massachusetts, Connecticut and Pennsylvania. He also was listed as an owner of several skilled nursing facilities in multiple databases.

Other fraud charges

The indictment also alleges that Breslin and Atrium withheld insurance premiums and 401(k) savings from employees’ paychecks but failed to pay those monies over to the third-party administrators, preventing claims from being paid out and retirement investments from being made.

The indictment also alleges that Breslin and Atrium evaded payment to the Wisconsin Department of Revenue and the Internal Revenue Service of state and federal income taxes and employment taxes withheld from employees’ paychecks.

Breslin faces penalties of up to five years in federal prison on the conspiracy to commit tax fraud charge, and 20 years on each healthcare fraud, wire fraud, mail fraud, and conspiracy to commit money laundering charge. The conspiracy to commit tax fraud charge and each of the healthcare, wire and mail fraud charges carry a \$250,000 fine; the money laundering charge carries a \$500,000 fine.

A [full list](#) of affected facilities is included in the Department of Justice press release.

<https://tinyurl.com/FormerAtriumCEO>

19. U. S. Department of Justice

February 2, 2023

	<p><i>New Jersey Man and Company Operating Nursing Homes and Assisted Living Facilities in Wisconsin Charged with Health Care Fraud</i></p> <p>A federal grand jury in the Western District of Wisconsin returned an indictment yesterday charging Kevin Breslin, 56, of Hoboken, New Jersey, and KBWB Operations, LLC, doing business as Atrium Health and Senior Living (Atrium) in Park Ridge, New Jersey, with a scheme to defraud Medicare and Medicaid in connection with the delivery of or payment for health care benefits, items, or services.</p> <p>The indictment alleges that the scheme operated from January 2015 to September 2018. The indictment charges the defendants with health care fraud, six counts of wire fraud, three counts of mail fraud, conspiracy to commit tax fraud, and conspiracy to commit money laundering. . .</p> <p>If convicted, Breslin and Atrium face penalties of five years in federal prison on the conspiracy to commit tax fraud charge, and 20 years on each health care fraud, wire fraud, mail fraud, and conspiracy to commit money laundering charge. The conspiracy to commit tax fraud charge and each of the health care, wire and mail fraud charges carry a \$250,000 fine; the money laundering charge carries a \$500,000 fine. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.</p> <p>https://tinyurl.com/USJusticeWisconsinCharges</p>
<p>Caregivers / Workforce</p>	<p>20. *New York Times February 5, 2023</p> <p><i>Doctors Aren't Burned Out from Overwork. We're Demoralized by Our Health System.</i></p> <p>Doctors have long diagnosed many of our sickest patients with “demoralization syndrome,” a condition commonly associated with terminal illness that’s characterized by a sense of helplessness and loss of purpose. American physicians are now increasingly suffering from a similar condition, except our demoralization is not a reaction to a medical condition, but rather to the diseased systems for which we work. . .</p> <p>“For me, doctoring in a broken place required a sustaining belief that the place would become less broken as a result of my efforts,” wrote Dr. Rachael Bedard about her decision to quit her job at New York City’s Rikers Island prison complex during the pandemic. “I couldn’t sustain that belief any longer.”</p> <p>Thousands of U.S. doctors, not just at jails but also at wealthy hospitals, now appear to feel similarly. One report estimated that in 2021 alone, about 117,000 physicians left the work force, while fewer than 40,000 joined it. This has worsened a chronic physician shortage, leaving many hospitals and clinics struggling. And the situation is set to get worse. One in five doctors says he or she plans to leave practice in the coming years. . .</p> <p>[T]he burnout rhetoric misses the larger issue in this case: What’s burning out health care workers is less the grueling conditions we practice under, and more our dwindling faith in the systems for which we work. What has been identified as occupational burnout is a symptom of a deeper collapse. We are witnessing the slow death of American medical ideology. . .</p> <p>During the pandemic, physicians have witnessed our hospitals nearly fall apart as a result of underinvestment in public health systems and uneven distribution of medical infrastructure. Long-ignored inequalities in the standard of care available to rich and poor Americans became front-page news as bodies were stacked in empty hospital rooms and makeshift morgues. Many health care workers have</p>

been traumatized by the futility of their attempts to stem [recurrent waves](#) of death, with nearly one-fifth of physicians [reporting](#) they knew a colleague who had considered, attempted or died by suicide during the first year of the pandemic alone. . .

Doctors can no longer be passive witnesses to these harms. We have a responsibility to use our collective power to insist on changes: for [universal health care](#) and [paid sick leave](#) but also investments in [community health worker programs](#) and essential [housing](#) and [social welfare systems](#).

<https://tinyurl.com/Demorali-zedByHealthSystem>

21. WUSF Public Media

February 5, 2023

As long-term care staffing crisis worsens, immigrants can bridge the gaps

The industry has long relied on immigrants to bolster its ranks, and they'll be critical to meeting future staffing needs, experts say. But as the baby boom generation fills beds, policymakers are slow to open new pathways for foreign workers. . .

The U.S. is facing a growing crisis of unfilled job openings and high staff turnover that puts the safety of older, frail residents at risk. In a tight labor market where job options are plentiful, long-term care jobs that are poorly paid and physically demanding are a tough sell. Experts say opening pathways for care workers to immigrate would help, but policymakers haven't moved.

In the decade leading up to 2031, employment in health care support jobs is expected to expand by [1.3 million](#), a nearly 18% growth rate that outpaces that of every other major occupational group, according to the federal Bureau of Labor Statistics. These [direct care workers](#) include nurses of various types, home health aides, and physical therapy and occupational therapy assistants, among others.

Certified nursing assistants, who help people with everyday tasks like bathing, dressing, and eating, make up the largest proportion of workers in nursing homes. In the decade leading up to 2029, nearly 562,000 nursing assistant jobs will need to be filled in the United States, according to a far-reaching report on nursing home quality published last year by the National Academies of Sciences, Engineering, and Medicine.

But as the U.S. population ages, fewer workers will be available to fill those job openings in nursing homes, assisted living facilities, and private homes. While the number of adults 65 and older will nearly double to 94.7 million between 2016 and 2060, the number of working-age adults will grow just 15%, according to an analysis of census data by PHI, a research and advocacy organization for older and disabled people that conducts workforce research.

Immigrants can play a crucial role in filling those gaps, experts say. Already, about 1 in 4 direct care workers are foreign-born, according to a [2018 PHI analysis](#). . .

On his first day in office, President Joe Biden proposed comprehensive immigration reform that would have created a pathway to citizenship for undocumented workers and revised the rules for employment-based visas, among other things, but it went nowhere.

"There hasn't been a lot of interest or political will behind opening up more immigration opportunities for mid- to lower-level care aides such as home health aides, personal health aides, and certified nursing assistants," said Kristie De

Peña, vice president for policy and director of immigration policy at the [Niskanen Center](#), a think tank. . .

Some long-term care experts say the U.S. can't afford to drag its feet on putting policies in place to appeal to immigrants.

"We're competing with the rest of the world, other countries that also want these workers," said Howard Gleckman, a senior fellow at the Urban Institute. Canada, for instance, is going [all in](#) on immigration. In 2022, it welcomed more than [430,000 new permanent residents](#), the most in its history. Immigration accounts for almost 100% of Canada's labor force growth, and by 2036 immigrants are expected to make up 30% of the population, the government said.

In the U.S., immigrants account for about [14% of the population](#), according to an analysis of census data by the Migration Policy Institute.

<https://tinyurl.com/ImmigrantsBridgeTheGaps>

22. *Barron's

February 4, 2023

The Baby Boomer Retirement Crisis Is Here. Why the Richest Generation Is Struggling.

Americans born in the postwar boom are entering their golden years. Despite the financial success of their careers, a disturbing number aren't prepared for the financial challenges ahead.

Elizabeth Boatwright planned to be retired by now. After all, she and her husband Frank saved diligently for decades, and seemed on track to hit their financial goals. But the couple's plan didn't include Frank, a former social worker, developing dementia two years ago, or budget for his caregiving bills of \$5,000 to \$6,000 a month. So, 72-year-old Elizabeth is still working two 12-hour shifts a week as a chaplain at a local hospital and filling in at the local children's hospital whenever she can.

Once the couple's nest egg shrinks to less than a year's worth of caregiving costs, Boatwright says she plans to give up her paid work and care for Frank herself.

"It's hard. The savings are dwindling," says Boatwright, who has a side business helping others with life transitions and financial planning. Her current situation juggling work and Frank's needs "is definitely exhausting," she says. Yet the prospect of giving up her paycheck and watching their savings shrink is even more daunting.

<https://tinyurl.com/RichestGenerationStruggling>

23. USAging

Undated

CAREGIVER NEEDED: How the Nation's Workforce Shortages Make It Harder to Age Well at Home

Top Workforce Challenges Facing Agencies and Providers

USAging asked AAA (Area Agency on Aging) directors which workforce challenges applied to their agency and which challenges they believed applied to their contracted providers.

In the face of increasing numbers of older adults requesting services and the rising complexity of their needs, 74 percent of AAAs are facing staffing shortages within their agencies and 91 percent report that their contracted service

	<p>providers are as well. More than 70 percent of agencies shared that key workforce challenges included staff burnout, high turnover at contracted providers and the inability to provide competitive wages. . .</p> <p>Workforce shortages make it harder for older adults to age well at home AAAs report that due to caregiving workforce shortages, some older adults are unnecessarily experiencing:</p> <ul style="list-style-type: none"> • Declining health • Missed medical appointments • Increased hospitalizations • Nursing home admissions <p>https://tinyurl.com/USAggingCaregiverNeeded</p>
Medicaid	<p>24. Kaiser Health News February 5, 2023</p> <p><i>As pandemic-era Medicaid provisions lapse, millions approach a coverage cliff</i></p> <p>States are preparing to remove millions of people from Medicaid as protections put in place early in the COVID-19 pandemic expire.</p> <p>The upheaval, which begins in April, will put millions of low-income Americans at risk of losing health coverage, threatening their access to care and potentially exposing them to large medical bills.</p> <p>It will also put pressure on the finances of hospitals, doctors and others relying on payments from Medicaid, a state-federal program that covers lower-income people and people with disabilities. . .</p> <p>"We have no illusion that this will be beautiful or graceful, but we will be doing everything we can not to lose anyone in the process," Dana Hittle, Oregon's interim Medicaid director, said of the so-called Medicaid unwinding.</p> <p>With the rate of uninsured Americans at an all-time low, 8%, the course reversal will be painful.</p> <p>The Biden administration has predicted that 15 million people — 17% of enrollees — will lose coverage through Medicaid or CHIP, the closely related Children's Health Insurance Program, as the programs return to normal operations. While many of the 15 million will fall off because they no longer qualify, nearly half will be dropped for procedural reasons, such as failing to respond to requests for updated personal information, a federal report said.</p> <p>https://tinyurl.com/ACoverageCliff</p>
Elder Abuse: Scams	<p>25. *New York Times February 3, 2023</p> <p><i>Retirees Are Losing Their Life Savings to Romance Scams. Here's What to Know.</i></p> <p>Con artists are using dating sites to prey on lonely people, particularly older ones, in a pattern that accelerated during the isolation of the pandemic, federal data show.</p> <p>Con artists are using dating apps to prey on lonely people, and older ones are a growing target. In a pattern that accelerated during the isolation of the coronavirus pandemic, romance scams claimed \$139 million from adults age 60 and older in 2020, according to data from the Federal Trade Commission, up from \$84 million the year before.</p> <p>In one of the more alarming episodes of what has become a leading type of fraud aimed at older Americans, a Holocaust survivor was swindled out of his life savings of nearly \$3 million, according to a federal indictment unsealed in New York last week. . .</p>

	<p>While young people are more likely to fall victim to online scams overall, older people are more susceptible to romance scams. The reason, experts say, is simple: They usually have more money. . .</p> <p>The median loss from a romance scam for people 70 and older in 2021 was \$9,000, according to the F.T.C., compared with \$2,400 across all age groups. https://tinyurl.com/RetireesRomanceScams</p>
Aging Topics	<p>26. DealBook – New York Times January 21, 2023 <i>The long-life paradox</i></p> <p>Countries and companies are facing an aging crisis, and experts say policymakers and business leaders need to rethink how they deal with older workers. In today’s newsletter, DealBook looks at the implications of increased longevity after a week when tens of thousands of French workers protested proposed pension reforms and China revealed that its population was shrinking for the first time in decades.</p> <p>Today’s 5-year-olds have it even better than you think.</p> <p>In the wealthiest nations, more than half of these tykes will live to at least 100, the Stanford Center on Longevity expects.</p> <p>But a society full of centenarians poses a profound challenge for the world’s advanced economies and many of its companies: How do you adapt to an older world and pay for the inevitable pension time bomb ticking in the background as this super-ager cohort approaches retirement age?</p> <p>As the Stanford center puts it: “The 100-year life is here. We’re not ready.”</p> <p>The real-world effect of the worries about the long-life paradox were on full display this week: In France, nationwide strikes and protests brought the country to a standstill at the government’s deeply unpopular attempt to reform pension rules; in China, authorities reported that the population was falling for the first time in six decades; and at the World Economic Forum in Davos, Switzerland, business leaders and policymakers grappled with the consequences of this demographic conundrum. . .</p> <p>At the World Economic Forum, organizers tried their best to change the gloomy Malthusian narrative about aging. Talk of time bombs or a “silver tsunami” were out, replaced by high-level discussions on what the forum calls the “longevity economy.” A central theme: If we’re expected to live longer, we’re going to have to adjust some life goals and work longer, too.</p> <p>Darryl White, the chief executive of the Canadian bank BMO, said society needed to consider a different kind of life hack. For starters, we have to ditch the first-school-then-work-then-retire framework. Life is “nonlinear,” he told a panel on super-aging. “I could decide that I want to start working earlier. I could decide that I want to retire later. I could decide that I want to have various commitments to my career as I reinvent myself.”</p> <p>Upskilling and reskilling are important to this strategy, an investment obligation that will need to be shared by employees, employers and governments. The upside: W.E.F. calculates that by improving access to reskilling and lifelong learning, workplace productivity would increase and add \$8.3 trillion to global gross domestic product by 2030. . .</p> <p>Age discrimination, she said, is growing more pervasive in the corporate world, and that could affect corporate productivity. “I would like to see corporations held accountable for age discrimination just as they are for every other form of</p>

	<p>discrimination,” she said. “I would like companies to have to report how many people are employed at different ages so we can get a sense of, ‘Are you employing people in their 60s and 70s?’” Such a measure, she believes, would pressure management to recruit from a broader talent pool. And companies would see the benefits of building multigenerational workplaces. https://tinyurl.com/LongLifeParadox</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>USAging https://www.usaging.org/</p> <p>Mission USAging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.</p> <p>Vision USAging believes that every person should be able to age with optimal health, well-being, independence and dignity in their homes and communities. To achieve this, we are committed to building a society that values and supports people as they age.</p> <p>Work USAging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities.</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	<p>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</p>

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 February 3, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
AdviniaCare Newton %Wellesley	Wellesley	1/17/2023	Not stated
Apple Valley Center	Ayer	1/25/2023	Not stated
Berkshire Rehab & Skilled Nursing	Sandisfield	1/25/2023	Not stated
Beaumont Rehab & Skilled Nursing	Westborough	2/1/2023	Not stated
D’Youville Senior Care	Lowell	2/1/2023	Not stated
Fitchburg Rehab & Nursing Center	Fitchburg	1/25/2023	Not stated
Holyoke Healthcare Center	Holyoke	1/5/2023	Not stated
Life Care Center of Leominster	Leominster	1/26/2023	Not stated
Royal Meadow View Center	North Reading	2/1/2023	Not stated
Winchester Nursing Center	Winchester	2/1/2023	Not stated
Windemere Nursing & Rehab	Oak Bluffs	2/1/2023	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:
<https://projects.propublica.org/nursing-homes/homes/h-225423>
- South Dennis Healthcare, South Dennis
<https://www.nextstephc.com/southdennis>

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320</p> <ul style="list-style-type: none"> Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488</p> <ul style="list-style-type: none"> 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 																								
<p><i>Nursing Home Inspect</i></p>	<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 Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p>																								

	<p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<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>		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts. Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
Participation opportunities with Dignity Alliance Massachusetts	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com

<p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
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	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Housing	Bill Henning	bhenning@bostoncil.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Bill Henning • Dave Kingsley • Suzanne Lanzikos • Dick Moore • David Rousch <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.</p> <p><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>		
<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 The Tuesday Digest and The Dignity Digest 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>			