



The Dignity Digest

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

*May require registration before accessing article.

Spotlight

'It's flooding an already completely congested market.' Nursing home closures in Western Mass. leave families and hospitals scrambling.

Boston Globe

by Kay Lazar

February 26, 2023

<https://tinyurl.com/NursingHomeCloseWestMA>

The abrupt announcement that four nursing homes in Western Massachusetts will be closing this spring has forced hundreds of people to scramble to find alternative facilities for their fragile family members.

At the same time, overwhelmed hospitals in the region that frequently discharge patients to the four nursing homes are bracing for potential gridlock — elders with nowhere to go languishing in beds needed for new-arriving patients — underscoring the precarious condition of the state's overwhelmed health care system.

"I was calling so many other nursing homes and either not getting a call back or being told they are full," said Edward Czepiel, a retired Chicopee deputy fire chief who scrounged to find his 98-year-old mother another nursing home after learning Feb. 7 that Willimansett Center East in Chicopee is among those closing. His struggle — and his mother's predicament — could soon be replicated across the state, as nursing homes and their frail residents head into a time of heightened uncertainty and risk.

And Czepiel is among the lucky ones. He has secured a nursing home in Amherst, about a half hour's drive away, that has a bed for his mother, who has dementia. "She is fearful," Czepiel said. "It's like anything else, if you move anyplace else, you are apprehensive about what will happen."

Northeast Hospital Group, the Pennsylvania company that owns the nursing homes — Willimansett Center East and West in Chicopee, Chapin Center in Springfield, and Governor's Center in Westfield — declined to speak to the Globe. But two weeks earlier, on Feb. 6, in letters to residents and families, the company said it could not financially keep the four facilities afloat after meeting state requirements to reduce occupancy from three and four residents in a room to no more than two per room.

After COVID-19 [deaths tore through nursing homes](#), the state in March 2021 [updated regulations requiring](#) the facilities to have no more than two residents in a room by April 30, 2022. Nursing homes were able to apply for a waiver if they

	<p>could demonstrate that other mitigation measures acceptable to the state were in place and that each resident has a minimum of 108 square feet of space and at least 6 feet between the beds.</p> <p>“We are in regular communication with Northeast Health Group about possible alternatives to closure which prioritize patient safety, quality, and infection control,” the Executive Office of Health and Human Services said in a statement. State records show that two of the four facilities, Chapin and Governor’s, score below the state average on recent inspections and were cited for deficiencies in care last year that, inspectors found, resulted in harm to patients.</p> <p>The state’s HHS agency recently told families searching for alternate nursing homes that there are 25 other facilities with approximately 450 open licensed beds within a 10-mile radius of the four facilities closing. Still, the agency acknowledged that finding available beds might be challenging because the average occupancy in the region where the four facilities are located is 85 percent, slightly above the statewide nursing facility occupancy of 82 percent.</p> <p>The agency also said in a statement that it is “mindful of the impact” a nursing home bed shortage could have on the region’s hospitals, which already struggle to find appropriate discharge destinations for patients who require a nursing home level of care.</p> <p>Hospital administrators put it more bluntly.</p> <p>“It’s flooding an already completely congested market,” said Christine Scibelli, senior director of patient care services at Baystate Health, a system of hospitals and medical providers in Western Massachusetts.</p> <p>“Having four skilled nursing facilities close and essentially removing 300 people from their homes will just further narrow that window of available beds,” she said.</p> <p>Baystate Health includes Baystate Medical Center in Springfield and three community hospitals in Greenfield, Palmer, and Westfield. The roughly 1,000-bed health system has up to 100 patients awaiting discharge daily, often to a nursing home for rehabilitation or long-term care.</p> <p>The latest survey by the Massachusetts Health and Hospital Association shows Western Massachusetts has the second-highest number of people in the state languishing in hospitals waiting for a nursing home bed to become available, outside of the metro Boston area. In January, that was 103 people.</p> <p>Across the state, hospitals have been filled to capacity, often forcing new patients to wait for hours in emergency rooms for available beds. Those hospital beds are filled with people not able to be discharged because nursing homes are overwhelmed.</p> <p>The full impact on the state’s health care system from the new rule on nursing homes is still an open question.</p> <p>Several nursing homes, including ones in Lexington, Wrentham, Falmouth, and Norwell, have taken steps to comply with the new occupancy rule, filing plans with the state to expand their facilities so they can stop housing more than two residents per room.</p> <p>Yet 31 other nursing homes have sued the state, claiming the rule is “expected to push many of them to the brink of closure.” If their multi-bed rooms were</p>
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	<p>eliminated, they said, they collectively stand to lose more than \$54 million per year and would be forced to lay off more than 436 staff members. The regulations would also effectively force them to eliminate close to 800 of their beds, they said.</p> <p>A judge has temporarily suspended the two-bed rule for those nursing homes. Meanwhile, state Senator John Velis, a Hampden and Hampshire counties Democrat, is leading a group of state lawmakers trying to find a middle ground that would help keep the four Western Massachusetts nursing homes open, but only if they are deemed safe for residents. The four did not join the lawsuit, so the judge's ruling does not apply.</p> <p>"I have heard from multiple constituents, many family members crying saying they have no place for their loved ones to go," Velis said.</p> <p>"It makes all the sense in the world that three and four bed rooms could present a very serious problem, particularly in light of what we learned during COVID," Velis said. "No one is asking for anything that would compromise the physical and mental health for the residents there."</p> <p>State Representative Bud Williams, a Hampden County Democrat, said he worries that low-income families and those who are Black and Hispanic may be disproportionately affected by the closures.</p> <p>"Some folks may be in position to go to assisted living and other nursing homes if they meet the specifications, but I know the burden of proof will always be on Black and brown folks, who are less likely to afford it, and less likely to have the insurance, so that is a real concern," Williams said.</p> <p>"This is very devastating to Western Massachusetts," he said.</p> <p>Czepiel, in Chicopee, said he is relieved to have tentatively secured a place for his mom in Amherst but is bewildered why the situation became so dire so abruptly for hundreds of families.</p> <p>"I don't know who to blame more; the administration at the nursing home, or the legislators, or the [state health department]," he said. "I don't know who the real culprit is."</p> <p>Right now, his family is just concentrating on finalizing plans to move his mother to her new facility. In addition to suffering from dementia, she is in a wheelchair, and her health is failing.</p> <p>"I am hoping," he said, "Mom survives the move."</p> <p>https://tinyurl.com/NursingHomeCloseWestMA</p>
<p>Quotes of the Week</p>	<p><i>"As the climate crisis continues to cause an increase in severe weather events, greater strain is going to be placed on those that care for the most vulnerable. This report ["Left in the Dark", issued by the Senate Finance Committee and Senate Special Committee on Aging] is a case study of just one in an increasing number of circumstances where elderly or infirm Americans are subjected to difficult conditions due to severe weather. Whether it's a winter storm, hurricane or wildfire, more must be done to ensure long-</i></p>

term care facilities are adequately prepared to handle these events and care for their residents.”

Senate Finance Committee Chair Ron Wyden, D-Ore., *Left in the Dark*, **Senate Finance Committee and Senate Special Committee on Aging**, February 23, 2023, <https://tinyurl.com/LeftInTheDarkMediaRelease>

Unwinding [from the special provisions stemming from the COVID-19 public health emergency] will be an immense challenge for Medicaid agencies and enrollees. But states have proven strategies and solutions at their disposal and can take action to minimize coverage losses among eligible enrollees.

States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears, **The Center on Budget and Policy Priorities**, February 6, 2023, <https://tinyurl.com/StatesMustActToPreserveMedicaidCoverage>

Most public housing authority policies are even more exclusionary than the federal regulations require, needlessly denying housing assistance to those likely to need it most.

How your local public housing authority can reduce barriers for people with criminal record, **Prison Policy Initiative**, February 15, 2023, <https://tinyurl.com/BarriersPeopleCriminalRecords>

Many of last night's SAG (Screen Actors Guild) Awards' [most heartfelt—and viral—moments](#) came from Michelle Yeoh, 60, and Jamie Lee Curtis, 64, who took home best lead actress and best supporting actress for Everything Everywhere All at Once. And never change, Jennifer Coolidge (61). As our [50 Over 50 franchise](#) says, success has no age limit."

Forbes Daily, February 27, 2023, <https://tinyurl.com/ForbesDaily>

Health-related social needs ([HRSN](#)) are an individual's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age). To expand opportunities for states to use Medicaid to address health-related social needs, CMS recently issued new guidance that builds on [guidance](#) released in 2021.

A Look at Recent Medicaid Guidance to Address Social Determinants of Health and Health-Related Social Needs, Kaiser Family Foundation, February 22, 2023, <https://tinyurl.com/HRSNMedicaidGuidance>

"[CMS] is supportive of increasing pre-release services for the justice involved populations and of supporting individuals' transitioning from institutional settings back into the community, and will continue to work with the state on this component of its proposal."

Section 1115 Waiver Watch: Approvals to Address Health-Related Social Needs, Kaiser Family Foundation, November 15, 2022, <https://tinyurl.com/ApprovalsHRSN>

"This is very devastating to Western Massachusetts. I don't know who to blame more: the administration at the nursing home, or the legislators, or the [state health department]. I don't know who the real culprit is." Right now, "I am hoping Mom survives the move."

Edward Czepiel, a retired Chicopee deputy fire chief whose 98-year-old mother was Willimansett Center East in Chicopee which is closing, 'It's flooding an already completely congested market.' Nursing home closures in Western Mass. leave families and hospitals scrambling. Boston Globe, February 26, 2023, <https://tinyurl.com/NursingHomeCloseWestMA>

"People block it out and memory hole it, but we can't continue to memory hole something that killed hundreds of thousands of people and continues to kill thousands each week."

Jennifer Ritz Sullivan, whose mother, Earla Dawn, died due to COVID-19, Salem News, February 23, 2023, Lawmakers consider COVID-19 memorial day, <https://tinyurl.com/LawmakersCovidMemorialDay>

"The loved ones we've lost to COVID-19 and those severely harmed by the pandemic — people living with Long Covid and those grieving losses — deserve recognition by the federal government. Memorialization and recognition are essential to the process of healing and recovery."

Marked by Covid advocacy group statement, Salem News, February 23, 2023, Lawmakers consider COVID-19 memorial day, <https://tinyurl.com/LawmakersCovidMemorialDay>

"It's considered a violation of the ADA to unnecessarily keep people with disabilities warehoused in institutional settings when people could safely live in a more integrated setting in the community."

	<p>Deborah Filler, Greater Boston Legal Services, <i>A lawsuit could force the state to help thousands of people with disabilities find housing</i>, WGBH, January 26, 2023, https://tinyurl.com/WGBHWarehoused</p> <p><i>“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. I haven’t seen a full moon in years. You know, those are things that go into making a wholesome life.”</i></p> <p>John Simmons, age 74 who is a nursing home resident in Everett and s plaintiff in <i>Simmons v. Commonwealth</i>, <i>A lawsuit could force the state to help thousands of people with disabilities find housing</i>, WGBH, January 26, 2023, https://tinyurl.com/WGBHWarehoused</p> <p><i>Some closures of low-quality homes [are] warranted, but it should be done rationally.</i></p> <p>Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, <i>Three- and four-bed nursing home rooms should be phased out</i>, Boston Globe, February 21, 2023 (updated), https://tinyurl.com/ThreeFourBedPhaseOut</p>
Dignity Alliance in the News	<p>1. Boston Globe February 21, 2023 (updated) <i>Three- and four-bed nursing home rooms should be phased out</i> Meanwhile, though, state policy makers should allow nursing homes to continue operating in a financially sustainable way. . . Would you want to share a bedroom with two strangers? Most adults past their college dorm days would probably answer no. Yet in Massachusetts, many older residents are living in three- and four-bed rooms due to aging nursing homes that were built without the benefit of modern health standards. Those outdated rooms should be phased out. But it is incumbent on state policy makers and nursing homes to find a way to do that while allowing nursing homes to continue operating in a financially sustainable way. If nursing homes are forced to close — a danger highlighted by the recent announcement that four Western Massachusetts nursing homes will shutter — that does a major disservice to patients, their families, and the community. Studies have shown that single-occupancy rooms are best for nursing home residents, though some may prefer to live with a spouse or friend. Residents living in single-occupancy rooms tend to have lower rates of infectious diseases, better sleep patterns, fewer medication errors, and a greater sense of privacy and control, according to a 2021 report by national health care consulting firm Health Management Associates. The Biden administration has talked about the need to phase out nursing home rooms with more than two beds. Federal rules require nursing homes built after 2016 to have no more than two residents per room. While older nursing homes may have up to four residents, the Centers for Medicare and Medicaid Services has urged facilities to consider updating spaces to have no more than double occupancy. In Massachusetts, the Baker administration aggressively pursued similar reforms, first raising the possibility of eliminating multi-bed rooms in 2016. The nursing home industry lobbied against the shift. In its fiscal 2018 budget, the Legislature tried to prohibit the</p>

	<p>administration from imposing new construction standards on older facilities, but then Governor Charlie Baker vetoed the language.</p> <p>In September 2020, during the COVID-19 pandemic, Baker offered to invest \$140 million into nursing homes as long as they complied with certain standards, including eliminating three- and four-bed rooms. In March 2021, the Department of Public Health issued regulations requiring all long-term care facilities to eliminate three- and four-bed rooms by April 30, 2022, with waivers available for facilities that made a “good faith effort” to comply but could not meet the deadline.</p> <p>Thirty-one long-term care facilities sued to overturn the regulations. All applied for hardship waivers — arguing that physical facility constraints prevented them from expanding — and were denied. The facilities said in a court complaint filed in Suffolk Superior Court in June 2022 that 800 beds would need to be taken out of commission under the new rules, of which 585 were occupied. The lawsuit argues that it would be disruptive to residents to transfer them elsewhere. It would also threaten nursing homes’ financial viability, since they entered into payment contracts relying on revenue from having three or four residents per room. The facilities collectively would lose \$54 million if they had to eliminate those beds, leading to 436 staff layoffs, according to the lawsuit. The facilities say there are infection-control measures that can prevent the spread of disease other than removing beds.</p> <p>“These are facilities that have been successfully operating in their communities for decades, providing a valued service to their residents, jobs for workers, in proximity to [residents’] families,” said Howard Sollins, an attorney representing the nursing homes. “The viability of these facilities is being jeopardized.”</p> <p>In September 2020, during the COVID-19 pandemic, Baker offered to invest \$140 million into nursing homes as long as they complied with certain standards, including eliminating three- and four-bed rooms. In March 2021, the Department of Public Health issued regulations requiring all long-term care facilities to eliminate three- and four-bed rooms by April 30, 2022, with waivers available for facilities that made a “good faith effort” to comply but could not meet the deadline.</p> <p>Thirty-one long-term care facilities sued to overturn the regulations. All applied for hardship waivers — arguing that physical facility constraints prevented them from expanding — and were denied. The facilities said in a court complaint filed in Suffolk Superior Court in June 2022 that 800 beds would need to be taken out of commission under the new rules, of which 585 were occupied. The lawsuit argues that it would be disruptive to residents to transfer them elsewhere. It would also threaten nursing homes’ financial viability, since they entered into payment contracts relying on revenue from having three or four residents per room. The facilities collectively would lose \$54 million if they had to eliminate those beds, leading to 436 staff layoffs, according to the lawsuit. The facilities say there are infection-control measures that can prevent the spread of disease other than removing beds.</p> <p>“These are facilities that have been successfully operating in their communities for decades, providing a valued service to their residents, jobs for workers, in proximity to [residents’] families,” said Howard Sollins, an attorney representing the nursing homes. “The viability of these facilities is being jeopardized.”</p> <p>West Springfield Representative Michael Finn said until now, lawmakers didn’t appreciate the severity of the regulation’s impact. “I think it’s incumbent upon us as legislators ... to look at the regulations that were put in place during those real chaotic moments at the height of COVID and see if those rules should still apply, and if they should, what can we do to prop up an industry that’s so important,” he said.</p>
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	<p>There may be ways to make better use of the state’s nursing homes. According to federal data compiled by Dignity Alliance Massachusetts, a coalition of senior and disability rights advocates, the average daily occupancy rate of Massachusetts nursing homes in December was 76 percent. Some beds may be empty due to staffing, COVID-related admissions freezes, or regulatory issues.</p> <p>Yet at the same time, hospitals are having trouble getting patients into nursing homes. The Massachusetts Health and Hospital Association reported in January that hospitals statewide had 594 patients awaiting beds in skilled nursing facilities — although many were waiting for reasons other than bed availability, like insurance barriers, lack of a guardian, COVID status, or a need for specialized services.</p> <p>Paul Lanzikos, a cofounder of Dignity Alliance Massachusetts, said some closures of low-quality homes may be warranted, but it should be done rationally. “Having four facilities close precipitously in one region is chaotic,” he said.</p> <p>The Massachusetts Senior Care Association, which represents nursing homes, has suggested convening experts to recommend ways to mitigate infections other than removing beds. The group also suggests using COVID recovery money to fund construction projects related to creating more private rooms or developing specialized care units. Long-term, three- and four-bed rooms should be phased out. In the short term, the Healey administration should work with nursing homes to move toward that goal in a way that harms patients the least.</p> <p>https://tinyurl.com/ThreeFourBedPhaseOut</p>
<p>2023-24 “Dignity Dozen+One” Co-Sponsorship Day at the State House</p>	<p>2. Dignity Alliance Hosts First Co-Sponsorship Day at the State House – February 16, 2023 <i>Legislators, Staff, Advocates Join to Advocate for the “Dignity Dozen+” 2023-2024 Legislation for Older Adults, People with Disabilities and Caregivers</i></p> <p>Dignity Alliance Massachusetts held a very successful open house event to recruit legislative co-sponsors got “DIGNITY DOZEN+,” the thirteen bills it is proposing for the current legislative session. The well-attended event was held at the State House in Room 428.</p> <p>The proposals, referred to as the “Dignity Dozen plus One”, include legislation affecting older adults, persons with disabilities, caregivers, and the provision of long-term services, support, and care.</p> <p>Dignity Alliance members were available to answer questions about the bills. Other advocacy partner organizations also participated to promote legislation they are offering, including the Disability Policy Consortium, the Disability Law Center, the Massachusetts Developmental Disability Council, MassPACE, and the Massachusetts Guardianship Policy Institute. The event was open to all legislators and staff.</p> <p>For questions, contact former state senator Dick Moore, Chair of Dignity Alliance’s Legislative Workgroup, rmooore8743@charter.net, or Paul Lanzikos, Dignity Alliance Coordinator, paul.lanzikos@gmail.com.</p> <p>Photography by Sue Rorke, MetroWest Center for Independent Living</p> <p>Below is a selection of the photographs. To view the complete set, visit: https://dignityalliancema.org/2023/02/21/2023-24-dignity-dozen-co-sponsorship-day-at-the-state-house/</p>

(L) Paul Lanzikos, Sen. Pat Jehlen, Reps. Kay Kahn, Sally Kerans, and Rodney Elliott



(R) Panoramic view of room



(L) Rep. Kay Kahn and Dorothy Weitzman (DignityMA)



(R) Sen. Patricia Jehlen, Paul Lanzikos, Rep. Kay Kahn



(L) Rep. Sally Kerans



(C) Jonathan Gardner (MA Developmental Disability Council)



(R) Sen. Patricia Jehlen



(L) Chris Hoeh (DignityMA)



(C) Ellen Leigh (Boston Center for Independent Living)



(R) Candy Kuebel, MassPACE



Reports	<p>3. Senate Finance Committee and Senate Special Committee on Aging <i>Left in the Dark</i> <i>The impact of the 2021 Texas Blackout on Long-Term Care Residents and the Need to Improve Emergency Preparedness</i></p> <p>Left in the Dark is an investigative report released by Senate Finance Committee Chair Ron Wyden and Senate Special Committee on Aging Chair Bob Casey that tells the story of older adults and people with disabilities living in long-term care facilities affected by extreme weather events, which are becoming more frequent due to climate change. Extreme weather and other disasters can affect long-term care residents directly—tornadoes tearing off roofs, wildfires degrading air quality, floods forcing hurried evacuations. They also can affect facilities indirectly, such as when a winter storm interrupted electricity and water services for millions of Texans in February 2021. The number of people in the United States over the age of 65 is projected to reach 80 million by 2040, more than double the number in 2000. As the nation ages and demand for long-term care grows, we must ensure nursing homes are delivering quality care and protecting residents when disaster strikes.</p> <p>Key Findings:</p> <ul style="list-style-type: none"> • Texas Blackout Took a Severe Toll on Long-Term Care Residents • Extreme Weather Emergencies Extend Beyond Texas • Power Outages are on the Rise • Backup Power is Still Not Required • Staffing Shortages Hinder Emergency Preparedness <p>Recommendations:</p> <ul style="list-style-type: none"> • Improve Inclusivity of Disaster Planning, Preparedness and Management in Communities • Improve Staffing—Nursing Home Inspectors • Improve Staffing—Nursing Homes • Increase the Transparency of Emergency Plans • Incorporate Climate Change Risks into Emergency Preparedness • Incorporate Renewable Energy into Emergency Preparedness • Ensure Equitable Emergency Preparedness • Emergency Power for Long-Term Care <p>These recommendations draw on the report’s findings, as well as Casey’s REAADI for Disasters Act, which calls for including older adults and people with disabilities in emergency planning and management. The report also restates 18 recommendations Wyden issued in his 2018 report, Sheltering in Danger, which have drawn support from patient advocates, a major nursing home industry group and federal regulators. Media release: https://tinyurl.com/LeftInTheDarkMediaRelease A summary of the report can be found here. The full report can be found here.</p>
Rally	<p>4. 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></p> <p>There’s a dangerous shortage of PCAs, leaving people with disabilities short of vital support and services.</p> <p>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, Disability Policy Consortium, Southeast Center for Independent Living, Our Bodies Ourselves, Ad Lib, Independence Associates, CORD, MetroWest CIL, Northeast IL Program, Center for Living and Working, Stavros, Tri-Valley</p>

	<p>Elder Services, Ethos, Mystic Valley Elder Services, Mass Senior Action Council, and the Dignity Alliance Massachusetts.</p> <p>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.</p> <p>Remote link to the Rally at West Street available by registering at: https://us02web.zoom.us/webinar/register/WN_vtGk17LuSQpZ6BxeKXkhw</p> <p>For more info on the event or to co-sponsor, contact Bill Henning at bhenning@bostoncil.org. https://tinyurl.com/PCARallyMarch1</p>
Public Policy	<p>5. The Center on Budget and Policy Priorities February 6, 2023 <i>States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears</i></p> <p>In December, Congress passed its year-end omnibus spending bill, which delinked the Medicaid continuous coverage requirement from the COVID-19 public health emergency (PHE), established the certain date of April 1, 2023, for resuming Medicaid terminations, and set standards to help mitigate coverage losses as the requirement ends. With this advance notice, states must now act to ensure that eligible individuals stay covered. With this advance notice, states must now act to ensure that eligible individuals stay covered.</p> <p>The continuous coverage requirement has required states to maintain Medicaid coverage for most enrollees — and barred terminations — since March 2020. On April 1, 2023, states will resume reviewing all Medicaid enrollees' eligibility — a process often called “unwinding” — and will begin ending coverage for those found ineligible. <i>Eligible</i> individuals and families — particularly people of color and children — are at risk of losing coverage during the unwinding process, however, despite remaining eligible for Medicaid or becoming eligible for other types of low-cost coverage, due to administrative hurdles they must overcome to maintain their coverage.</p> <p>But massive coverage losses aren't inevitable. There are many proven strategies that states can and should take to streamline the renewal process and ensure that eligible people remain enrolled.</p> <p>State Agencies Can Act to Minimize Coverage Losses. States should focus on:</p> <ul style="list-style-type: none"> • Obtaining updated enrollee contact information. • Communicating with enrollees via text message and email. • Collaborating with community partners. • Partnering with MCOs. • Increasing the rate of <i>ex parte</i> renewals. • Allowing enrollees to renew their coverage online or over the phone. • Bolstering Medicaid agency staffing. • Facilitating transitions to the marketplace. <p>Unwinding will be an immense challenge for Medicaid agencies and enrollees. But states have proven strategies and solutions at their disposal and can take action to minimize coverage losses among eligible enrollees.</p>

	<p>States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears</p> <p>6. The Centers for Medicare and Medicaid Services (CMS) February 3, 2023 <i>Medicare Savings Programs Eligibility and Coverage</i></p> <p>The Centers for Medicare and Medicaid Services (CMS) recently approved Washington’s Medicaid state plan amendment to disregard all resources for Medicare Savings Program (MSP) eligibility, retroactive to January 1, 2023. Washington joins 10 other states and the District of Columbia that have eliminated asset tests for their MSPs which include Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Disabled Working Individual (QDWI). MSPs help make Medicare affordable for millions of older adults by covering Part B premiums. The QMB program also protects enrollees from Medicare cost-sharing and covers Part A premiums for individuals who do not qualify for free Medicare Part A.</p> <p>The National Council on Aging has updated information about each state’s Medicare Savings Programs Eligibility and Coverage. Learn more about the importance of MSPs for older adults and how to advocate for expanding access in Justice in Aging’s Guide for Expanding Health Care Affordability for Older Adults and People with Disabilities.</p>
Nursing Home Closures Public Hearings	<ul style="list-style-type: none"> <p>Chapin Center, Springfield 160 beds; current census: 91 Owner: The Northeast Health Group, Inc. Star rating: 3 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Thursday, March 2, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>Governor’s Center, Westfield 100 beds; current census: 70 Owner: The Northeast Health Group, Inc. Star rating: 1 star Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Thursday, March 2, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>Willimansett Center East, Chicopee 85 beds; current census: 65 Owner: The Northeast Health Group, Inc. Star rating: 4 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Wednesday, March 1, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 8045037</p>

	<p>Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <ul style="list-style-type: none"> Willimansett Center West, Chicopee 103 beds; current census: 71 Owner: The Northeast Health Group, Inc. Star rating: 5 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Wednesday, March 1, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 8045037 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Voluntary nursing home closure process When a facility decides to voluntarily close, there are several requirements that it must fulfill before it can complete the closure. This process is outlined in the Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000)
Dignity Advocates 2023	<p>Healey / Driscoll Transition Team https://healeydriscolltransition.com Andrea Campbell Transition Committee https://www.andreacampbell.org/transition/ Diana DiZoglio Transition Committee info@dianaforma.com</p>
Webinars and Online Sessions	<p>7. National Center on Law & Elder Rights (NCLER) Tuesday, February 28, 2023, 2:00 p.m. <i>Closing the Justice Gap for Older Adults Part One: Representing Older Adults in Nursing Facility Eviction Cases</i> This webinar in the Closing the Justice Gap for Older Adults training series will provide legal aid attorneys and staff with practical and readily actionable information and tools to represent older adults in nursing facility evictions. Far too frequently, residents of nursing facilities are threatened with improper evictions. Sometimes the facility alleges that it cannot meet the resident's needs, even though the facility is legally obligated to provide the required care. Sometimes evictions are based improperly on discrimination against Medicaid-eligible residents. Legal assistance and legal services attorneys play an important role partnering with Long-term Care Ombudsman advocates in fighting these evictions. Presenters will share action-oriented strategies for representing nursing facility residents in these cases, including:</p> <ul style="list-style-type: none"> • Recognizing common, and possibly improper actions; • Building partnerships, such as with long-term care ombudsmen, to connect with residents threatened with eviction; • Establishing an attorney-client relationship with residents; • Using facility records to support the resident's case; • Strategies for effectively navigating short timelines, preparing for and appearing at administrative hearings; and • Next steps after the hearing decision issues. <p>Presenters:</p> <ul style="list-style-type: none"> • Introduction: Hilary Dalin, Administration for Community Living & Ron Flagg, Legal Services Corporation • Eric Carlson, Justice in Aging • Stephanie Langguth, Legal Aid of the Bluegrass

- Beverly Laubert, Administration for Community Living
 - Amity Overall-Laib, National Long-Term Care Ombudsman Resource Center
- Closed captioning will be available on this webinar.
<https://tinyurl.com/JusticeGapNHEvictions>

8. Aging and Disability Business Institute – American Society on Aging

Wednesday 1, 2023, 1:00 p.m.

Driving Health Equity Through Funded Caregiving

Webinars are free and open to the public. You do not need to be an ASA member to attend.

Includes one complimentary Continuing Education (CE) credit. [CE Application Guide](#)

To request speech-to-text captioning during this event, please [contact us](#).

Learn about how “California Advancing and Innovating Medi-Cal” (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal (Medicaid in CA), offering Californians a more equitable, coordinated and person-centered approach to maximizing their health and life trajectory. Our presenters will discuss how newly approved personal care, homemaker and respite benefits are driving health equity and impacting people’s lives via the lens of a health plan and a provider.

Participants in this webinar will be able to:

- Explain the high-level goals of CalAIM.
- Name 2 models of caregiving that can be funded through state and federal funding.
- Name 3 equity benefits for the Agency with Choice model of care.
- Name at least 3 financial and health outcome benefits of caregiving.

Presenters:

Lisa Chan-Sawin is CEO and founder of Transform Health, LLC, and has more than 15 years of experience in policy analysis, program development, strategic planning, and implementation of large systems transformation projects, with expertise in Medicaid waivers. Her prior experience includes serving as a chief innovation officer for a delivery system reform incentive payment program at a national health policy consulting firm, as well as the California Coverage and Health Initiatives organization, the California Assembly Health Committee and California Senate Health Committee.

<https://asaging.org/web-seminars/driving-health-equity-through-funded-caregiving>

9. Stanford Center for Longevity

Wednesday, March 1, 2023, 2:30 p.m.

Longevity Book Club with Dr. Marc Milstein

The kick-off of the Longevity Book Club series with brain health expert Dr. Marc Milstein, author of *The Age Proof Brain*. Longevity Project chair Ken Stern will talk with Marc about the future of aging, recent research in brain studies, and tools for maintaining brain health as you age.

About Dr. Milstein

Dr. Marc Milstein specializes in taking the leading scientific research on health and happiness and presents it in a way that entertains, educates, and empowers his audience to live better. His presentations provide science-based solutions to keep the brain healthy, lower the risk of dementia, boost productivity and maximize longevity. He earned both his Ph.D. in Biological Chemistry and his Bachelor of Science in Molecular, Cellular, and Developmental Biology from UCLA. Dr. Milstein has researched topics including cancer biology and neuroscience, and his work has been published in multiple scientific journals. Dr. Milstein has been quoted breaking down and analyzing the latest research in popular press such as USA Today, New York Post, and Oprah Daily. Dr. Milstein has also been featured on television, explaining the latest scientific breakthroughs that improve our life. Dr. Milstein's new book "The Age-Proof Brain" has been nominated for "The Next Big Idea

Award" for best non-fiction work and has been a #1 best seller on Amazon in several categories, including, Aging, Longevity, and Neuroscience.

[Register now for free!](#)

10. Justice in Aging

Thursday, March 2, 2023, 2:00 p.m.

Unwinding of COVID Medicaid Continuous Coverage Requirements—What Advocates for Older Adults Need to Know

Starting in February 2023, states can begin redetermining Medicaid eligibility, including for older adults who are dually eligible for Medicare and Medicaid, a process that had been suspended during the COVID-19 public health emergency (PHE). Emergency flexibilities in the delivery of Medicaid services will also begin to expire. This “unwinding” process will present significant challenges for millions of dually eligible individuals and for states. In December, Congress passed the Consolidated Appropriation’s Act of 2023 which included a glidepath to reduce, and eventually eliminate, the enhanced federal funding that was conditioned on states providing continuous Medicaid coverage. Under the law, states can begin Medicaid disenrollment April 1, prior to the end of the PHE. The enhanced funding, which will phase down quarterly beginning April 1 through the end of the year, will continue so long as states abide by certain guardrails and procedures.

This webinar will provide advocates with information about the Medicaid unwinding process, including key dates and specific challenges individuals dually eligible for Medicare and Medicaid may encounter during this transition. Presenters will identify steps that advocates can take with their states, partners, and clients to address these challenges and minimize coverage disruptions.

Who should attend: Aging and legal advocates, disability providers, and community-based organizations working with individuals dually eligible for Medicare and Medicaid.

[Unwinding of COVID Medicaid Continuous Coverage Requirements—What Advocates for Older Adults Need to Know](#)

11. Aging and Disability Business Institute – American Society on Aging

Monday, March 6, 2023, 1:00 p.m.

Let’s Talk About It: An Educational Journey with Jennifer Horn, MSW

Webinars are free and open to the public. You do not need to be an ASA member to attend.

Includes one complimentary Continuing Education (CE) credit. [CE Application Guide](#)

To request speech-to-text captioning during this event, please [contact us](#).

We cannot dive into Diversity, Equity, and Inclusion (DEI) without knowledge of the sociohistorical context, of the transmission of generational trauma, and of the influence of intersectionality on world views and beliefs. The goal of this training is to provide a foundational knowledge and understanding of DEI principles for individuals, organizations and communities.

DEI implementation and training is a bit of buzz phrase right now; however, foundational understanding is missing. This session will provide various perspectives from those who have been historically marginalized. During this webinar there will be plenty of room for asking questions, seeking clarification, understanding the importance of historical and social context, and viewing the world through the lenses of underrepresented, underserved, historically marginalized communities of color. It is an opening for individuals to learn firsthand how these factors impact families and how they navigate the world.

Participants in this webinar will:

- Learn foundational information on the historical context of DEI and how to implement this knowledge into their work.

- Identify key components associated with the impact of historical trauma and how historical context affects non-Anglo-Saxon/White communities.
- Learn how transmission of generational trauma presents itself within non-Anglo-Saxon/White communities.

Presenter:

Jennifer Horn, MSW, is a care manager at the Pikes Peak Area Agency on Aging in Colorado Springs and has spent nearly two decades researching older LGBT adults' transmission of trauma, historical context, intersectionality and racial injustice. She is an active member of American Society on Aging's equity and justice advisory council and an ASA RISE inaugural cohort Fellow. She volunteers with Spark the Change Colorado and is a board member with ZAMI NOBLA (National Organization of Black Lesbians on Aging). In 2022, she was the awardee of the Pikes Peak Region DEI Champions in Advocacy award. Additionally, she is a published co-author in the Hispanic Journal of Behavioral Sciences. As a community researcher, she has worked with ZAMI NOBLA completing a mixed methods research study and with UNC–Chapel Hill, Department of Social Medicine: Meeting the pandemic needs of older sexual minority women.

[Let's Talk About It: An Educational Journey with Jennifer Horn, MSW](#)

12. Aging and Disability Business Institute – American Society on Aging

Tuesday, March 7, 2023, 1:00 p.m.

How to Engage in Cultural Humility When Working with Minoritized Individuals Ages 65 and Older

Webinars are free and open to the public. You do not need to be an ASA member to attend. Includes one complimentary Continuing Education (CE) credit. [CE Application Guide](#)

To request speech-to-text captioning during this event, please [contact us](#).

There is a common misconception that people older than age 65 are all alike. This stereotype couldn't be further from the truth. A recent Gallup poll found that 7% of American adults identify as LGBTQ, the highest number of LGBTQ residents in the United States since Gallup began polling. Other studies show that 22% of people ages 65 and older reported having a disability, and yet another study found that by 2030, the population of older racial/ethnic minority populations will increase by 89%, compared to a 39% increase in White older adults.

This webinar will review in-depth intersecting minority identities among older adults (focusing primarily on race, disability, social class, and LGBTQ+ identities) and will encourage participants to explore their own biases and assumptions, as well as strategies for reducing cultural bias in clinical interactions. A model will be shared for deepening interpersonal cultural humility and vignettes will be used to apply knowledge.

Participants in this webinar will:

- Define cultural humility.
- Illustrate intersecting minority identities among people older than age 65 (focusing primarily on age, race, disability, social class, and LGBTQ+ identities).
- Describe the important role of resilience factors among minoritized people older than age 65.

Presenter:

Dr. Regina Koepp is a board-certified clinical psychologist and founder and director of the Center for Mental Health & Aging. She is the lead medical psychologist at University of Vermont Medical Center and creator and host of the Psychology of Aging Podcast. She is a

sought-after speaker on the topics of mental health and aging, caregiving, ageism, cultural humility, sexual health and aging, intimacy in the context of life-altering illness and dementia and sexual expression. She is creator of the only dementia and sexual health certification program in the United States. Dr. Koepp a contributing writer at Psychology Today and Psychotherapy Networker, where she discusses mental health and sexual health in the context of aging and illness. She has been featured in the New York Times, Chicago Tribune, Baltimore Sun, Insider, and other national periodicals.

[How to Engage in Cultural Humility When Working with Minoritized Individuals Ages 65 and Older](#)

13. Aging and Disability Business Institute – American Society on Aging

Wednesday, March 8, 2023, 1:00 p.m.

Advancing Equity in Aging through Policy: Barriers and Opportunities

Webinars are free and open to the public. You do not need to be an ASA member to attend.

Includes one complimentary Continuing Education (CE) credit. [CE Application Guide](#)

To request speech-to-text captioning during this event, please [contact us](#).

Advocates for older adults may not think of their work as relevant to advancing equity, but advancing equity in aging is critical if we want to build a society that values the lives of all older adults. Older adults, especially those who are low-income, face structural discrimination in the form of ageism, and many also experience additional forms of discrimination stemming from their intersecting identities. All these challenges result in structural barriers that must be decimated to allow all older adults to thrive. Come to this presentation to learn how structural discrimination impacts older adults and how policy can be leveraged to eliminate structural barriers that older adults experience. In addition, gain practical strategies on how you as a professional working with older adults can advance equity in your work.

Participants in this webinar will:

- Identify three ways in which structural discrimination impacts older adults.
- Articulate four programs or policies that can or have had the impact of advancing equity for older adults.
- Identify three types of opportunities to advance equity in their work/community.

Presenter:

Denny Chan serves as the managing attorney of Justice in Aging's Equity Advocacy team. In this role, he is responsible for developing and leading Justice in Aging's Strategic Initiative on Advancing Equity, with a primary focus on race equity for older adults of color, and he also coordinates the organization's equity team. He joined Justice in Aging as an attorney on the health team in 2014 and is based in Los Angeles. The son of working-class Chinese immigrant parents, Denny has worked significantly on non-discrimination, language access and healthcare delivery reform issues for low-income older adults and brings all of these experiences to his advocacy. Previously he served as a rotating law clerk for the U.S. District Court in Los Angeles and participated in the Fulbright English Teaching Program as a fellow in Macau, China.

[Advancing Equity in Aging through Policy: Barriers and Opportunities](#)

14. Aging and Disability Business Institute – American Society on Aging

Friday, March 9, 2023, 1:00 p.m.

Bringing Equity to Life: A Self-assessment Checklist for Aging Services

Webinars are free and open to the public. You do not need to be an ASA member to attend.

	<p>Includes one complimentary Continuing Education (CE) credit. CE Application Guide</p> <p>To request speech-to-text captioning during this event, please contact us.</p> <p>This session will introduce the Equity Checklist self-assessment tool and provide an overview of the five Minority Aging Technical Assistance Resource Centers (TARCs) that make up the Older Adults' Equity Collaborative (OAEC). Presenters will discuss the current landscape of equity in the aging services network and equip attendees with the knowledge and skills to incorporate meaningful changes in their organization to better serve diverse older adults. Attendees will receive the Equity Assessment Checklist developed by the OAEC to assist in efforts to evaluate their current level of inclusion and to identify areas of improvement for future planning.</p> <p>Participants in this webinar will:</p> <ul style="list-style-type: none"> • Identify five national Technical Assistance Resource Centers that can provide expert guidance on how to meet the needs of diverse older adults. • Understand key characteristics of older adults and their caregivers across five priority populations • Utilize the online Older Adults' Equity Collaborative Resource Library. • Implement the OAEC Equity Checklist to assess their organization's areas of growth concerning cultural competence and diversity, equity, and inclusion. <p>Presenters:</p> <p>Elana Kieffer, MBA, directs the New York Academy of Medicine's (NYAM) Center for Healthy Aging. She has 15 years of experience working in a wide range of older adult services, with a focus on project management, program development and sales and marketing.</p> <p>Bringing Equity to Life: A Self-assessment Checklist for Aging Services</p> <p>15. Justice in Aging</p> <p>Wednesday, March 8, 2023, 2:00 p.m.</p> <p><i>Topics in SSI—ABLE Accounts and Supplemental Security Income</i></p> <p>Supplemental Security Income (SSI) is a critical program which provides financial assistance for people who are aged, blind, or disabled and have limited income and limited resources. The ABLE Act offers the opportunity for millions of ABLE eligible people who have a disability to save without affecting SSI or other means tested benefits such as Medicaid. The ABLE Act builds on the Americans with Disabilities Act (ADA), recognizing the extra, significant costs for those living with a disability. ABLE accounts empower people to save and invest to pay for qualified disability expenses that can provide for a better future and enhanced quality of life.</p> <p>This webinar, <i>Topics in SSI—ABLE Accounts and Supplemental Security Income</i>, will provide information and training on:</p> <ul style="list-style-type: none"> • SSI and ABLE account basics • How ABLE accounts can increase financial independence for those receiving SSI payments • How ABLE accounts interact with SSI and Medicaid • Resources and tools <p>Who Should Participate: Advocates working with older adults and people with disabilities, including SSI beneficiaries.</p> <p>Topics in SSI – ABLE Accounts and Supplemental Security Income</p>
Training Series	<p>16. National Center on Law & Elder Rights (NCLER)</p> <p><i>Closing the Justice Gap for Older Adults</i></p> <p>Join the Legal Services Corporation (LSC) and the Administration for Community Living (ACL) for a new training series hosted by the National Center on Law & Elder Rights, <i>Closing</i></p>

	<p><i>the Justice Gap for Older Adults</i>. Topics will cover nursing facility evictions, decisional capabilities, APS and legal aid collaboration, and guardianship. The full schedule and descriptions are available on the NCLER website. The series will launch on Tuesday, February 28th, with the first training in the series on <i>Representing Older Adults in Nursing Facility Eviction Cases</i>.</p> <p>Learn more and register for the training.</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>17. Justice in Aging February 13, 2023 <i>25 Common Nursing Home Problems & How to Resolve Them (Updated)</i> Justice in Aging has updated its essential guide, <i>25 Common Nursing Home Problems—& How to Resolve Them</i>. The revised guide includes focused information on how to fight evictions, updated eligibility standards for Medicare coverage, and more. The 25 problems identified in the guide are common across the country and in all types of nursing homes. The guide gives residents, family members, friends, and other advocates the tools they need to identify and solve the problems residents most frequently face. Get the guide.</p>
Home and Community Based Services	<p>18. HUD Releases Guidance on Supportive Service Programs in Senior Housing The Department of Housing & Urban Development (HUD) recently released new guidance on the importance of supportive services such as personal assistance and health-related services that enhance independent living for older adults. This guidance applies to owners of properties participating in project-based rental assistance contracts (PRACs) under HUD’s Section 202 Supportive Housing for the Elderly program. The guidance provides requirements on the scope, content, and timeline for supportive services plans when property owners develop new plans or update existing plans. https://tinyurl.com/HUDSupportiveHousingGuidance</p> <p>19. Health Services Research October 21, 2023 <i>The effect of the right care, right place, right time (R3) initiative on Medicare health service use among older affordable housing residents</i> Objective To determine the effect of an affordable housing-based supportive services intervention, which partnered with health and community service providers, on Medicare health service use among residents. Principal Findings Analyses for Phase 1 found that hospital admission rates, emergency department admissions and payments, and hospital readmission rates grew more slowly for intervention sites than comparison sites. These findings were strengthened after the introduction of risk-targeting in Phase 2. Compared to selected control buildings, residents in intervention buildings experienced significantly lower rates of increases in inpatient hospitalization rates (–16% vs. +6%), hospital admission days (–25% vs. +29%), average hospital days (–12% vs. +14%), hospital admission payments (–22% vs. +33%), and 30-day hospital readmission rates (–22% vs. +54%). When accounting for the older age of the intervention residents, the size of the decline recorded in emergency department admissions was 6.7% greater for the intervention sites than the decline in comparison sites. Conclusions A wellness-focused supportive services intervention was effective in reducing select health service use. The introduction of risk-targeting further strengthened this effect. Age-friendly</p>

	<p>health systems would benefit from enhanced partnerships with affordable housing sites to improve care and reduce service use for older residents.</p> <p>The effect of the right care, right place, right time (R3) initiative on Medicare health service use among older affordable housing residents</p>
<p>Simmons v. Commonwealth Class Action</p>	<p>20. WGBH</p> <p>January 26, 2023</p> <p><i>A lawsuit could force the state to help thousands of people with disabilities find housing</i></p> <p>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. . .</p> <p>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.</p> <p>"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.</p> <p>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. . .</p> <p>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.</p> <p>"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."</p> <p>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.</p> <p>"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." . . .</p> <p>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.</p> <p>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.</p>

	<p>“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.</p> <p>https://tinyurl.com/WGBHWarehoused</p>
Medicare	<p>21. Kaiser Family Foundation February 17, 2023 <i>Is the Biden Administration Proposing Cuts to Medicare Advantage?</i></p> <p>[D]iscussion about Medicare cuts is heating up, partly based on two announcements by the Centers for Medicare and Medicaid Services (CMS) related to Medicare Advantage. Medicare Advantage is the private plan alternative to traditional Medicare that now provides Medicare coverage to approximately half of Medicare beneficiaries. The federal government pays private insurers a capitated payment to provide Medicare-covered services to enrollees based on a formula set by statute and implemented by CMS. Last week, CMS finalized a rule making changes to how Medicare Advantage risk adjustment data validation (RADV) audits are conducted and released the annual notice of proposed changes to Medicare Advantage plan payments for the forthcoming year. What’s the issue? To improve program integrity, the RADV rule modifies how CMS calculates the amount a plan is required to pay back to the federal government when diagnoses codes submitted for risk adjustment are not supported by information in the medical records. Risk adjustment is a process where payments to plans are adjusted based on the health status of their enrollees. Under the finalized rule, CMS will extrapolate error rates in the audit sample to the full contract – a practice common to other audits, but not previously included in the RADV program. CMS estimates that it will collect \$4.5 billion over the next decade by applying this and other changes to audits starting with plan year 2018 (though no new collections will come in until 2025). These are recouped payments that should not have been made in the first place, based on an extrapolation of audited records.</p> <p>..</p> <p>Some in the industry say the payment changes will lead to premium increases or cuts in benefits for Medicare beneficiaries, though there is no clear evidence to suggest that. Plans use payments from the federal government in excess of the cost of providing Medicare benefits to provide extra benefits or lower premiums to beneficiaries. In theory, lower payments from the federal government could reduce the surplus available for extra benefits. However, plans also compete aggressively for enrollees with zero premiums and those extra benefits.</p> <p>https://tinyurl.com/ProposingCutsMedicareAdvantage</p>
Medicaid	<p>22. Kaiser Family Foundation February 22, 2023 <i>A Look at Recent Medicaid Guidance to Address Social Determinants of Health and Health-Related Social Needs</i></p> <p>While there are limits, states can use Medicaid to address social determinants of health (SDOH), or associated health-related social needs. Health-related social needs (HRSN) are an individual’s unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age). To expand opportunities for states to use Medicaid to address health-related social needs, CMS recently issued new guidance that builds on guidance released in 2021. This guidance supports the current Administration’s goal to advance health equity as well as end hunger by 2030 and stem increases in homelessness during the COVID-19 pandemic. This policy watch discusses the new opportunities available to states to address HRSN through managed care and through Section 1115 demonstration waivers.</p>

In [January 2023](#) CMS released [guidance](#) that paves the way for interested states to allow Medicaid managed care plans to offer services, like housing and nutrition supports, as substitutes for standard Medicaid benefits (referred to as “in lieu of” services (or ILOS)). Under federal rules, states may allow Medicaid managed care organizations (MCOs) the option to offer services or settings that substitute for standard Medicaid benefits, if the substitute service is medically appropriate and cost-effective. . .

This guidance follows the approval of a [California proposal](#) to use ILOS to offer a range of health-related services through managed care. Managed care plans provide [enhanced care management](#) and “community supports” to targeted high-need beneficiaries. [Community supports](#) address social drivers of health and build on and scale work from previous pilot programs and waivers. Service examples include housing transition and navigation services, housing deposits, housing sustaining services (e.g., landlord coordination, assistance with housing recertification), home modifications, medically tailored meals, asthma remediation, and sobering centers. . .

In December 2022, CMS presented guidance about how states can address HRSN through [Section 1115 demonstration waivers](#). HRSN services that will be considered under the new framework include housing supports, nutrition supports, and HRSN case management (and other services on a case-by-case basis). Under Section 1115, states may have more flexibility to define target populations and services compared to the ILOS option (e.g., states cannot cover rent/temporary housing under ILOS) as well as the ability to add the services to the benefit package and require that plans must offer the services to eligible enrollees. . .

This guidance follows the approval of [waivers](#) in [four states](#) (Arizona, Arkansas, Massachusetts, and Oregon) that authorize evidence-based HRSN services to address food insecurity and/or housing instability for specific high-need populations. CMS approved Medicaid coverage of rent/temporary housing for up to 6 months for certain high-need individuals as well as other new/unique housing and nutrition supports (e.g., meal support, including for a *household* with a child or pregnant woman identified as high risk). CMS also approved federal expenditures to build the capacity of community-based, non-traditional HRSN service providers, that may require technical assistance and infrastructure support to become Medicaid providers.

<https://tinyurl.com/HRSNMedicaidGuidance>

23. Centers for Medicare and Medicaid Services

December 6, 2023

Addressing Health-Related Social Needs in Section 1115 Demonstrations (PowerPoint Slides)

Focuses on nutrition and housing aspects.

<https://tinyurl.com/Section1115PowerPointSlides>

24. Kaiser Family Foundation

November 15, 2022

Section 1115 Waiver Watch: Approvals to Address Health-Related Social Needs

Section 1115 demonstration waivers provide states an avenue to test new approaches in Medicaid and generally reflect changing priorities from one presidential administration to another. The Biden Administration has encouraged states to propose waivers that expand coverage, reduce health disparities, and/or advance “whole-person care,” including by addressing health-related social needs (HRSN). . .

A number of states have used Section 1115 waivers to address the social needs of Medicaid enrollees. [SDOH](#) are the conditions in which people are born, grow, live, work, and age that shape health; these include but are not limited to housing, food, education, employment, healthy behaviors, transportation, and personal safety. . .

	<p>In fall of 2022, CMS approved Section 1115 waivers for AR, AZ, MA, and OR that authorize evidence-based HRSN services to address food insecurity and/or housing instability for specific high-need populations. . .</p> <p>In addition to HRSN services, CMS approved continuous eligibility provisions for MA and OR and is continuing to work with these and other states on pre-release requests. States can elect a state plan option to provide 12-month continuous eligibility (CE) to children in Medicaid but not other populations. The recent OR waiver approval included CE for children through age 6 and two-year CE for <i>all</i> enrollees above age 6. The MA approval included 12-month CE for enrollees upon release from correctional settings and 24-month CE for enrollees experiencing homelessness. CMS also recently approved 12-month CE for eligible parents and other caretaker relatives in KS. Additional states with pending CE requests include WA and NM (whose waiver recently completed state-level public comment), who are both pursuing CE for children through age 6, similar to OR. Another eligibility-related Section 1115 issue to watch is pre-release services: eleven states (including AZ, MA, and OR) have requested waivers of the Medicaid inmate exclusion policy to provide pre-release coverage to certain incarcerated individuals. Although CMS has not approved (or denied) any of these requests, the agency wrote to AZ, MA, and OR that it “is supportive of increasing pre-release services for the justice involved populations and of supporting individuals’ transitioning from institutional settings back into the community, and will continue to work with the state on this component of its proposal.”</p> <p>https://tinyurl.com/ApprovalsHRSN</p>
Covid / Long Covid	<p>25. Salem News February 23, 2023 <i>Lawmakers consider COVID-19 memorial day</i></p> <p>More than 22,000 Massachusetts residents have died from COVID-19 since the pandemic began nearly three years ago, more than double the number who were killed during World War II, and the Vietnam and Korean wars combined.</p> <p>But unlike those who perished during wartime, there are no public memorials or days of remembrance to honor those who were killed by the coronavirus.</p> <p>On Beacon Hill, state lawmakers are hoping to change that with proposals to set a ‘remembrance day’ for those who’ve died of the virus, or are still struggling with lingering health impacts.</p> <p>One proposal, backed by nearly 30 lawmakers, would designate the first Monday of every March as “COVID–19 Remembrance Day.” The date is meant to mark the advent of the pandemic in Massachusetts in early-March 2020.</p> <p>The bill, whose co-sponsors include Sen. Barry Finegold, D-Andover, and Rep. Tram Nguyen, D-Andover, would mark the day to honor the “lives lost to the pandemic, those suffering from the disabling effects of long-COVID, and frontline essential workers who continue to provide support to victims of the pandemic.”</p> <p>Another proposal would designate March 10 — the day in 2020 when then-Gov. Charlie Baker declared a state of emergency in response to virus — to “honor all who died or were stricken and their families from COVID-19 and subsequent variants” and “appreciate those first responders, caregivers, and researchers who cared for victims or developed treatments or vaccines in response to the virus.”</p> <p>If approved, neither proposal would create a public holiday, but would require the governor to issue a proclamation every year designating the remembrance day, and to recommend that it be observed in an “appropriate manner.” Jennifer Ritz Sullivan, who lost her mother Earla Dawn to COVID-19, is among advocates leading the charge for a COVID-19 remembrance day.</p>

	<p>She said people whose loved ones died haven't really had an opportunity to stop and mourn in the wake of the pandemic, with society eager to get back to normalcy. "People who've lost loved ones to this disease have not been forwarded space to grieve," Ritz Sullivan said. "My mom spent the final two weeks of her life isolated in an ICU room. My last text message to her went unread. When she died, I was only given 15 minutes with her body in a funeral home."</p> <p>On average, seven people die every day in Massachusetts from COVID-19, according to data from the state Department of Public Health. There have been 22,132 confirmed deaths in the state and nearly 2 million infections, the data shows.</p> <p>Nationally, COVID-19 has killed nearly 1.1 million people, according to the Centers for Disease Control and Prevention's data tracker. More than 250,000 children have lost a parent or caregiver to the pandemic.</p> <p>It's a loss that seems so unfathomable that many people try to forget what happened and move on, Ritz Sullivan said.</p> <p>"People block it out and memory hole it," she said. "But we can't continue to memory hole something that killed hundreds of thousands of people and continues to kill thousands each week."</p> <p>Ritz Sullivan volunteers for the nonprofit Marked by Covid, which has been lobbying Congress to approve a national COVID-19 Memorial Day. The group is supports legislation that would designate the first Monday of every March as a memorial day, but not proposals tied to specific government proclamations.</p> <p>"The loved ones we've lost to COVID-19 and those severely harmed by the pandemic — people living with Long Covid and those grieving losses — deserve recognition by the federal government," the group said in a statement on its website. "Memorialization and recognition are essential to the process of healing and recovery."</p> <p>In Congress, lawmakers filed similar resolutions in the previous session but the measure failed to gain traction. Supporters say they plan to refile the proposal in the new session, which just got underway.</p> <p>https://tinyurl.com/LawmakersCovidMemorialDay</p>
Incarcerated Persons	<p>26. Prison Policy Initiative</p> <p>February 15, 2023</p> <p><i>How your local public housing authority can reduce barriers for people with criminal records</i></p> <p>Millions of people with criminal records likely meet the income eligibility requirements for public housing assistance. But needlessly strict local policies lock them out of housing. Housing is a human right: the right to adequate housing is recognized by international law, including the Universal Declaration of Human Rights. But we know that in the U.S., hundreds of thousands of people face homelessness, and there are particularly high rates of homelessness and housing insecurity among formerly incarcerated people across the country. . .</p> <p>There are over 3,000 public housing authorities (PHAs) granting access to the more than 970,000 public housing units for low-income families and individuals across the country. PHAs are local agencies that determine public housing eligibility based on general guidelines published by the federal Department of Housing and Urban Development (HUD). In 1968, the Fair Housing Act expanded the Civil Rights Act of 1964, prohibiting discrimination in housing transactions (renting, buying, and selling) on the basis of race, religion, sex, national origin, family status, and disability. Importantly, the 1968 Fair Housing Act — nor any subsequent revision — has not considered criminal history status as a protected class, meaning that housing policies can legally discriminate based on criminal legal system involvement.</p>

	<p>However, in 2016, HUD issued a memo to PHAs clarifying that while having a criminal record is not a protected status, criminal records alone do not justify an automatic denial without justification. . .</p> <p>Doubling down on its 2016 guidance, in June 2022, HUD published the most recent changes to federal public housing policies. These guidelines advocated for PHAs to make their 2023 public housing policies as inclusive as possible for people with histories of criminal legal system involvement. It remains to be seen how PHAs will — or will not — incorporate this directive, as there is no evidence that HUD is limiting the amount of discretion permitted within the existing rules. . .</p> <p>It's not always clear how or why people with criminal histories are denied public housing assistance, nor which rules could be changed through advocacy efforts.</p> <p>Here are 5 major questions to look at in your local policy:</p> <ul style="list-style-type: none"> • What actions and behaviors that exclude people from public housing? • How does the PHA define “current” and “currently”? • What evidence does the PHA use to identify prohibited actions and behaviors? • How does the PHA denial process work? • Who are the decision makers? <p>https://tinyurl.com/BarriersPeopleCriminalRecords</p>
Emergency Preparedness	<p>27. Health Services Research</p> <p>July 31, 2023</p> <p><i>Applying the age-friendly-health system 4M paradigm to reframe climate-related disaster preparedness for nursing home populations</i></p> <p>Introduction:</p> <p>Climate change has increased the frequency and severity of weather-related disasters such as hurricanes, exposure to heat and cold temperatures, flooding events, and wildfires. Between 1980 and 2020, the United States incurred 285 separate billion-dollar weather-related disasters.¹ In 2020, there were 22 billion-dollar events, including seven hurricanes, three tornadoes, eight severe weather events, two hail storms, a historic drought, and a wildfire. Prior studies have repeatedly demonstrated that exposure to natural disasters has significant effects on the 1.4 million nursing home (NH) residents around the US.² Recognizing that the effects of most disasters are local but require the assistance of federal and state agencies, it is imperative that stakeholders assess for vulnerabilities and strengthen their preparedness to respond to all-hazards disasters.</p> <p>In 2017, the Institute of Healthcare Improvement (IHI) and the John A. Hartford Foundation introduced a framework for evaluating age-friendly healthcare systems based on four evidence-based core elements.⁴ We believe that this 4M's paradigm (What Matters, Medication, Mentation, and Mobility) provides a foundation upon which to consider a more nuanced approach to NH disaster preparedness. Specifically, this requires the application of the 4M model to all phases of disasters (i.e., prevention, mitigation, preparedness response, and recovery). Research has found that the consistent use of evidence-based strategies and assessment approaches across care settings, as envisioned by the 4Ms framework, improves the quality of outcomes.⁵ We propose that such an approach has the potential to improve disaster preparedness in NHs. This commentary describes the 4M's paradigm and how it might guide emergency planning and decision making in NHs facing complex disasters. We also propose the addition of a fifth M that is relevant to disaster planning: Marshaling Staff and Resources.</p> <p>Conclusion:</p> <p>NHs care for residents of increased acuity. Combined with cognitive and functional impairments, this acuity makes NH residents susceptible to the detrimental effects of climate change-related disasters. As these disasters increase in frequency and severity, a</p>

	<p>more proactive approach to preparedness is required. A modified Age-Friendly 4M Framework provides an important person-centered and organizational framework for stakeholders to develop improved disaster preparedness.</p> <p>Applying the age-friendly-health system 4M paradigm to reframe climate-related disaster preparedness for nursing home populations</p>
Veteran Services	<p>28. Health Services Research December 7, 2022 <i>Age-Friendly Health Systems: Improving care for older adults in the Veterans Health Administration</i> Recommendations: Over 60% of health care organizations fail to successfully implement change.²⁹ For health systems working to implement Age Friendly Health Systems (AFHS), leaders are encouraged to (a) set an aim for the organization that clearly presents an age-friendly vision, (b) build a coalition of champions supported by dedicated national staffing, (c) promote the value of 4Ms care (what matters, medication, mentation, and mobility), and (d) incorporate the 4Ms into the EHR to make this information accessible and measurable over time. We believe the principles of AFHS should be regularly communicated with teams and leaders at all levels of the organization, highlighting impactful stories from patients and staff. Health systems should designate a lead for the movement and add additional staff as the initiative grows to continue to support the teams involved. One consideration might be to lead an action community for the organization. Health systems should begin planning early on in their age-friendly journey on how to document 4Ms care in the EHR. It is important to make information about what matters to older adults accessible to all members of the care team. When documentation of all 4Ms is being captured consistently in the EHR, health systems may further explore the link between each M, positive health outcomes for older adults, and opportunities for improvement to ensure equitable access to age-friendly care.</p> <p>Age-Friendly Health Systems: Improving care for older adults in the Veterans Health Administration</p>
Health Care	<p>29. Health Services Research and The John A. Hartford Foundation <i>Special Issue on Age-Friendly Health Systems</i> This special issue is motivated by a collaboration of The John A. Hartford Foundation, Institute for Healthcare Improvement, American Hospital Association and Catholic Health Association to improve the safety and effectiveness of care for older adults. Together, these organizations launched the Age-Friendly Health Systems initiative to build on evidence-based models of geriatric care and integrate them with a wider ecosystem of age-friendly public health, public policy, cities and states. The goal is for all care for older adults to be age-friendly, meaning equitably applied in ways that minimize patient harms and are consistent with what matters to older adults and their families. The initiative is guided by a set of evidence-based practices: What Matters, Medication, Mentation, and Mobility. The papers below highlight cutting-edge research within this 4Ms framework. For more information on the 4Ms framework and Age-Friendly Health Systems, visit AHA.org/agefriendly.</p> <p>Applying the age-friendly-health system 4M paradigm to reframe climate-related disaster preparedness for nursing home populations</p> <p><i>David Dosa MD, MPH, Dylan Jester PhD, MPH, Lindsay Peterson PhD, Debra Dobbs PhD, Kathy Black PhD, Lisa Brown PhD, ABPP</i></p> <hr/> <p>Perceived Benefits of Geriatric Specialty Telemedicine among Rural Patients and Caregivers Research</p>

Eileen M. Dryden PhD, Meaghan A. Kennedy MD, MPH, Jennifer Conti MPH, Jacqueline H. Boudreau MPH, Chitra P. Anwar MA, Kathryn Nearing PhD, MA, Camilla B. Pimentel PhD, MPH, William W. Hung MD, MPH, Lauren R. Moo MD

[Geriatric Fracture Program Centering Age-Friendly Care Associated with Lower Length of Stay and Lower Direct Costs](#)

Kathleen Breda NP, MSN, BBA, AGACNP-BC, ONP-C, Michelle S. Keller PhD, MPH, Hiroshi Gotanda MD, PhD, Alexander Beland DO, Karma McKelvey PhD, MPH, Carol Lin MD, Sonja Rosen MD

[Provider discussion of health goals and psychosocial needs: Comparing older to younger veteran experience](#)

Alison M. Cogan PhD, OTR/L, Debra Saliba MD, MPH, W. Neil Steers, Stephen Frochen PhD, Kimberly A. Lynch MD, MS, David A. Ganz MD, PhD, Donna L. Washington MD, MPH, FACP

[Telehealth for geriatric post-emergency department visits to promote age-friendly care](#)

Colleen M. McQuown MD, Kristina T. Snell, Lauren M. Abbate MD, PhD, Ethan M. Jetter MPH, Jennifer K. Blatnik MSW, Luna C. Ragsdale MD, MPH

[Impact of a collaboration revolving around virtual capacity evaluations](#)

Ronan Factoria MD, Ardeshir Z. Hashmi MD

[Achievement of age-friendly health systems committed to care excellence designation in a convenient care health care system](#)

Anne M. Pohnert MSN, RN, FNP-BC, Nicholas K. Schiltz PhD, Lilia Pino PhD, RN, FNP-C, Sarah Ball MSN, RN, APRN, Evelyn G. Duffy DNP, AGPCNP-BC, FAANP, Mary E. McCormack MSN, MPH, RN, APNC, Brant Oliver PhD, MS, MPH, FNP-BC, PMHNP-BC, Angela Patterson DNP, FNP-BC, NEA-BC, FAANP, Leslie Pelton MPA, Mary A. Dolansky PhD, RN, FAAN

[Collaborating toward equity in Pennsylvania: The Age-Friendly Care, PA project](#)

Diane Berish PhD, Erica Husser PhD, Jenny Knecht-Fredo MSN, CRNP, Jacqueline Sabol MEd, George Garrow MD, Judith Hupcey EdD, CRNP, FAAN, Donna Fick RN, GCNS-BC, PhD, FGSA, FAAN

[An Age Friendly population health dashboard geolocating by clinical and social determinant needs](#)

Ardeshir Z. Hashmi MD, James Christy, Saket Saxena MD, Ronan Factoria MD

[Unmet needs for food, medicine, and mental health services among vulnerable older adults during the COVID-19 pandemic](#)

Ming Tai-Seale MPH, PHD, Michael W. Cheung BA, Jamie Kwak BSPH, Victoria Harris MPH, Samantha Madonis MSN, RN, PHN, Lc Russell MSN, BSN, RN, Eileen Haley MSN, RN, CNS, CCM, Parag Agnihotri MD

[How “age-friendly” are deprescribing interventions? A scoping review of deprescribing trials](#)

Jinjiao Wang PhD, RN, Jenny Y. Shen MD, Yeates Conwell MD, Eric J. Podsiadly BA, Thomas V. Caprio MD, MPH, MS, Kobi Nathan PharmD, Fang Yu PhD, RN, GNP-BC, FGSA, FAAN, Erika E. Ramsdale MD, Donna M. Fick PhD, FAAN, Amanda S. Mixon MD, MS, MSPH, Sandra F. Simmons PhD

	<p><u>The effect of the right care, right place, right time (R3) initiative on Medicare health service use among older affordable housing residents</u> Jane Tavares PhD, Liz Simpson MPH, MS, Edward Alan Miller PhD, MPA, Pamela Nadash PhD, BPhil, Marc Cohen PhD</p> <hr/> <p><u>Effects of an electronic health record-based mobility assessment and automated referral for inpatient physical therapy on patient outcomes: A quasi-experimental study</u> Aileen Chou PT, DPT, Joshua K. Johnson DPT, PhD, Daniel B. Jones PhD, Tracey Euloth MPT, Beth A. Matcho PT, Andrew Bilderback MS, Janet K. Freburger PT, PhD</p> <hr/> <p><u>Age-Friendly Health Systems: Improving care for older adults in the Veterans Health Administration</u> Kimberly Church MS, Shannon Munro PhD, APRN, BC, NP, Marianne Shaughnessy PhD, AGPCNP-BC, GS-C, Carolyn Clancy MD, MACP</p> <p>30. U. S. Department of Health and Human Services <i>Snapshot: How HHS is Building a Healthier America</i> In 2022, the U.S. Department of Health and Human Services (HHS) worked to deliver on the Biden-Harris Administration’s commitment to build a healthier America. Key areas of focus included tackling the COVID-19 pandemic, reducing health care costs, expanding access to care, strengthening behavioral health care, and reducing health disparities. In 2023, HHS will continue to play a major role in the Administration’s efforts to expand access to affordable health care to millions more people by implementing the Inflation Reduction Act. Our commitment to advancing health equity and to ensuring that no one gets left behind is central to all our work. The following is a snapshot of key HHS accomplishments from the past year that support the health and well-being of everyone living in America: Key Areas <ul style="list-style-type: none"> o Tackling the COVID-19 Pandemic o Reducing Health Care Costs and Expanding Access to Coverage and Care o Strengthening Mental and Behavioral Health Care o Improving Nutrition and Encouraging Healthy Choices o Tackling Climate Change as a Public Health Issue o Investing in the Public Health Workforce and Supporting Care Givers o Strengthening Supports for Vulnerable Children and Families o Investing in Health Innovation o Strengthening Public Health Preparedness and Response o Advancing Equity and Increasing Opportunity for Communities <u>https://tinyurl.com/SnapshotHealthierAmerica</u> </p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <u>https://tinyurl.com/DignityLegislativeEndorsements</u> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <u>rmoore8473@charter.net</u> .
Websites	Homemods.org <u>https://homemods.org/</u>

	<p><i>This web site</i> is provided to you as a service of the Fall Prevention Center of Excellence (FPCE), a project of the <i>University of Southern California (USC) Leonard Davis School of Gerontology</i>.</p> <p><i>What is Home Modification?</i> Home modification refers to converting or adapting the environment in order to make performing tasks easier, reduce accidents, and support independent living. Home modification, ranging from low-cost to more expensive adaptations, includes removing hazards (e.g., clutter, throw rugs), adding special features or assistive devices (e.g., grab bars, ramps), moving furnishings, changing where activities occur (e.g., sleeping on the first instead of second floor) and renovations (e.g., installing a roll-in shower). In some cases, modifying the home may also require repairs such as improved wiring to eliminate the need for dangerous extension cords or fixing loose stair treads.</p> <p>Home Modification Toolkit https://toolkit.homemods.org/</p> <p>Welcome to the Home Modification Toolkit: Lessons from the Field! This Toolkit is designed to provide professionals with tools to enhance home modification availability and awareness for older adults and persons with disabilities. It is a collection of resources developed by the USC Fall Prevention Center of Excellence, with support from the Administration for Community Living.</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 home closures	<ul style="list-style-type: none"> Chapin Center, Springfield 160 beds; current census: 91 Owner: The Northeast Health Group, Inc. Star rating: 3 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Thursday, March 2, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Governor's Center, Westfield 100 beds; current census: 70 Owner: The Northeast Health Group, Inc. Star rating: 1 star Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Thursday, March 2, 2023, 6:00 p.m.

	<p>Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <ul style="list-style-type: none"> Willimansett Center East, Chicopee 85 beds; current census: 65 Owner: The Northeast Health Group, Inc. Star rating: 4 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Wednesday, March 1, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 8045037 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Willimansett Center West, Chicopee 103 beds; current census: 71 Owner: The Northeast Health Group, Inc. Star rating: 5 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Public hearing: Wednesday, March 1, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 8045037 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Voluntary nursing home closure process When a facility decides to voluntarily close, there are several requirements that it must fulfill before it can complete the closure. This process is outlined in the Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000).
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i></p> <p>On November 6, 2021 the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.</p> <ul style="list-style-type: none"> 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 Health determines a facility can be removed from the list.

Updated on February 24, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
Chapin Center	Springfield	2/1/2023	Closure	3
Continuing Care at Brooksby Village	Peabody	2/22/2023	Cases	5
Fall River Jewish Home	Fall River	2/22/2023	Cases	3
Governor's Center	Westfield	2/1/2023	Closure	1
Holyoke Healthcare Center	Holyoke	1/5/2023	Cases	n/a
Lynn Home for Elderly Persons	Lynn	2/22/2023	Cases	n/a
Oasis at Dodge Park	Worcester	2/22/2023	Cases	2
Timberlyn Heights Nursing Homes	Great Barrington	2/22/2023	Cases	5
Westfield Center	Westfield	2/22/2023	Cases	4
Willimansett – East	Chicopee	2/1/2023	Closure	4
Willimansett – West	Chicopee	2/1/2023	Closure	5
Willowbrook Manor Rest Home	Millis	2/22/2023	Cases	n/a

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.

	<ul style="list-style-type: none"> 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. <p>Massachusetts facilities listed (updated July 27, 2022)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> None <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> Oxford Manor, Haverhill Worcester Health Center, Worcester <p>Massachusetts facilities that are candidates for listing</p> <ul style="list-style-type: none"> 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.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
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	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757</p> <ul style="list-style-type: none"> Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpecialFocusFacilityProgram</p>																								
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect</p> <p>Data updated November 2022</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table> <tr> <th># reported</th><th>Deficiency Tag</th></tr> <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> </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. https://tinyurl.com/NursingHomeCompareWebsite</p>																								

Data on Ownership of Nursing Homes	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.		
Long-Term Care Facilities Specific COVID-19 Data	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> Table of Contents <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	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
The Dignity Digest	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• Scott Harshbarger• Justice in Aging• Dick Moore• Sue Rorke 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 Digest@DignityAllianceMA.org.</i>		
<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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i> <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>			